

Wednesday 11.15am – 12.30am

Keynote Presentation



Professor Liz Ward B.Sp.Thy(Hons) Grad Cert Ed., PhD

Liz is the Professor and Director of the *Centre for Functioning and Health Research (CFAHR)* within Queensland Health and a conjoint Professor within the School of Health and Rehabilitation Sciences, The University of Queensland. Commencing in 2010, her position within CFAHR is an exciting initiative co-funded by

Queensland Health and The University of Queensland which has been designed to facilitate quality clinical health research and build research capacity within Queensland Health. Prior to this position she worked as an academic for The University of Queensland for 16 years, and was the co-ordinator of the Masters of Speech Pathology program for seven years. Liz currently supervises a large group (>10) of research higher degree students and continues to lecture the dysphagia course within the Division of Speech Pathology at The University of Queensland. She is committed to high quality teaching and learning and has received numerous teaching awards.

Her research is primarily clinically based, and aims to enhance the evidence base regarding our clinical populations, the assessment and treatment techniques used and new models of care. Her research areas include telehealth service delivery models, and speech and swallowing disorders in a range of clinical populations including head and neck cancer, critical care populations (including tracheostomy management) and degenerative disorders. She also is interested in models of student and professional training and optimising professional skill development. Professor Ward has published extensively and currently has over 160 peer reviewed journal publications, 29 book chapters as well as two academic text books. Her textbook *“Ward EC & van As Brooks, CJ (2007) Head and Neck Cancer: Treatment Rehabilitation and Outcomes”* is recognised internationally as the leading textbook in the H&N rehabilitation field. The first edition has sold out and the second edition will be available in 2014. Liz has received over two million in competitive grant funding to date. She has presented multiple invited speaker presentations and workshops across Australia, as well as internationally in New Zealand, Hong Kong, China, Taiwan, England, The Netherlands, Germany, Sweden and Switzerland.

Keynote Presentation:

Improving access to dysphagia services: The evidence base for telerehabilitation

Early diagnosis and intervention is recognized as integral to reducing dysphagia related patient morbidity and mortality. However there remain multiple challenges impacting the provision of timely and equitable dysphagia services. Though not an exhaustive list, key issues impacting services globally include: remoteness, distance, access, lack of skilled professionals, paucity of local and specialist services and increasing population demands. Finding new ways to enhance patient access to speech pathology services for dysphagia management is a current challenge. In response to this, there has been increasing interest in the potential of telerehabilitation to help improve access to both clinical and instrumental dysphagia assessment services. This keynote presentation will discuss telerehabilitation services and specifically detail the current evidence base regarding the validity and reliability of clinical and instrumental dysphagia assessment conducted via telerehabilitation. Although the presentation will focus on the current research evidence relating to dysphagia management, it will be presented within a generic framework, and discuss issues that need to be considered when evaluating the use of telerehabilitation within any aspect of speech pathology.

Wednesday 1:30pm – 3:00pm

W1: Early literacy (Withdrawn)

W2: Keynote workshop presentation by Professor Liz Ward (Workshop) –
Chair: Annabel Grant

W3: Auditory processing disorder (paper and workshop) (Workshop) –
Chair: Marion Kazakos

W4: Early intervention – Chair, Thomas Klee

W2: Advancing practice in speech pathology: The challenges of making change and moving forward (Workshop)

Professor Liz Ward

As the speech pathology profession develops and evolves there has, and will always be, ongoing practice change. However, this past decade has seen speech pathology practice extend into new areas of care (eg., ICU, tracheostomy management), and more recently there is increased pressure for training and work in areas considered advanced (eg., FEES assessment) and/or extended scope (ENT screening clinics). How do we manage this? Creating change is not easy and requires commitment and willingness at both (a) the clinician and (b) the service levels.

This workshop will discuss some of the issues and challenges of making change to speech pathology services. This will include discussion of changing models of care, expanding services into new/previously unserved areas, as well as advanced and extended scope roles. Specifically, issues for the clinician include preparation and training for practice beyond the basic caseload. For the service, there are issues relating to change management, regulations, and credentialing. To help facilitate change we need to ensure we have the appropriate evidence to support our role. We also need to step away from traditional paradigms and embrace new training initiatives and service delivery models.

Learning objectives:

This workshop will discuss current issues relating to practice change and changing scope of practice. By the end of the workshop attendees will

1. Understand the different levels of practice (basic, experienced, advanced, and extended scope)
2. Be aware of current and (possible) future speech pathology practice roles
3. Have increased awareness of issues central to advancing practice, including: how to involve speech pathology in new areas of care, issues with developing advanced and extended scope roles, changing models of care, credentialing, professional development and advanced training
4. Be exposed to experiences learned through current/prior research which can help inform practice change and its implementation.

Prerequisites:

This workshop will be of interest to clinicians of any level as it will discuss issues facing the future direction of our profession. However those clinicians currently exploring practice in areas of advanced and/or extended scope may directly benefit from the resources and clinical learnings presented. Although the examples discussed will focus primarily on issues impacting adult practice (with a particular focus on dysphagia and acute care management) the issues discussed are generic and can be taken and applied to any aspect of speech pathology practice.

W3: Auditory processing disorder (paper and workshop)

Evidence-based treatment for Auditory Processing Disorder (Paper)

Chloe Cheung, Bill Keith

SoundSkills Auditory Processing Clinic, Auckland, New Zealand

Auditory Processing Disorder (APD) is more responsive to correction than some other hearing losses. This is due to neuroplasticity. Because of neuroplasticity, APD is very treatable as the brain is able to learn new skills and lay down more efficient neural pathways.

There is a plethora of treatments available for auditory processing disorder. Not all of the treatments are effective and not all are evidence-based. Some interventions for APD treat the hearing disorder itself, whereas others treat the consequences of the hearing disorder such as impaired development of phonological awareness and other aspects of language or learning that result from not having heard correctly in the past. The hearing disorder itself should be treated before addressing consequences of the disordered hearing.

Treatments for APD can be classified as "bottom-up" or "top-down". This presentation will review the range of available treatments for APD then discuss in more detail several "bottom-up" treatments. This includes the ARIA method for correcting amblyaudia and the use of remote microphone hearing aids (RMHAs). Approximately half of the children with APD have amblyaudia, an abnormal interaural asymmetry of the auditory system. Otherwise known as the auditory equivalent of amblyopia or 'lazy eye', it is where the 'dominant' ear inhibits the 'weak' (usually the left) ear. This can affect the child's hearing in certain auditory environments. The ARIA treatment protocol corrects amblyaudia in just four weeks and this improvement has been found to maintain over time. Remote microphone (FM) hearing aids have long been known to provide assistive benefit to the user. In addition to this, there is now a growing research base providing evidence of the positive long-term neuroplastic changes which result from amplification with RMHAs in children with APD. Evidence for these treatments and some case examples will be given.

W3: Auditory Processing Disorder (APD): Development of intervention approaches and application at the University of Canterbury (Workshop)

Shannon Emmerson

The University of Canterbury, Christchurch, New Zealand

Knowledge about APD appears to be increasing within community and professional settings - as noted by a steady flow of referrals to the University of Canterbury Speech & Hearing Clinic following the development of the Auditory Processing Clinic in 2009. Reasons for referrals included: difficulty with listening in background noise, following multistep instructions, literacy challenges, and concerns regarding academic progress and participation. This workshop will discuss intervention approaches that are utilised within the University of Canterbury APD Intervention Clinic. Discussion regarding challenges that arise when working with children with APD will also be explored. APD is recognised as co-occurring with other learning difficulties (Sharma, Purdy & Kelly 2009) therefore challenges may arise with how to target the specific attributes associated with APD. An outline of the diagnostic process will also be discussed to provide an overview of how therapy goals are determined.

W4: Early intervention

It takes two to talk case studies: A snapshot of New Zealand children and families/whānau outcomes and experiences

Elizabeth Doell¹, Maryanne O'Hare², Cheryl Palmer³

¹*Massey University, Auckland, New Zealand*, ²*Ministry of Education, Auckland, New Zealand*, ³*Ministry of Education, Central, New Zealand*

Over the past five years there has been an increase in the number of It Takes Two to Talk (ITTT) Hanen parent programmes (Pepper & Weitzman, 2004) provided as evidenced-based early intervention for New Zealand children. This paper presentation provides an opportunity to consider whether this intervention is meeting the needs of New Zealand children and their families/whānau. ITTT is based on a robust evidence base, predominantly from North America, and speech-language therapists (SLTs) have reported that ITTT has positive outcomes in New Zealand contexts. However, SLTs have queried aspects related to cultural validity, engagement of families/ whānau and flexibility of service delivery (Iancovitz, 2012). To explore these dimensions further, a Ministry of Education and Massey University research partnership developed an embedded mixed methods study to create a snapshot of New Zealand families/whānau experiences of ITTT.

The Massey University researcher and Ministry of Education speech-language therapists collected data from 8 ITTT programmes across Auckland, Tai Tokerau and Central districts. To identify changes in child and adult communicative behaviours, repeated video recorded interactions for 20 children and their primary conversational partners (parent, whānau or caregiver) from baseline through to follow-up three months post ITTT were collected and analysed. Patterns in the quantitative data were explored through the analysis of pre- and post-programme measures of adults' perceptions about their child's social-communication and socio-emotional development. Families/whānau also shared their overall reflections about the ITTT experience.

Quantitative outcome measures and qualitative data related to perceptions and experiences for a selection of case studies will be summarised in this presentation. Themes related to children with complex communication needs, families/ whānau from different ethnicities and fathers' engagement with ITTT will assist SLTs to consider potential developments for ITTT service delivery.

Understanding the perspectives of children with speech, language and communication needs: what outcomes are important?

Sue Roulstone^{1,2}, Helen Hambly², Anne Ayre², Jane Coad³, Geoff Lindsay⁴

¹*The University of the West of England, Bristol, Bristol, UK*, ²*Bristol Speech & Language Therapy Research Unit, Bristol, UK*, ³*Coventry University, Coventry, UK*, ⁴*The University of Warwick, Warwick, UK*

Although outcome measurement has been discussed in the literature for over twenty years, the use of outcome measures has not yet transferred into routine practice. Recent government health policy in the UK has seen a shift in interest from process data to clinical outcomes and in particular, those that reflect the concerns of services users.

Despite this, recent surveys suggest that there is ongoing confusion about what is meant by 'outcomes' and the difference between this and other types of data that can be used to analyse services. Furthermore, they suggest a gap between outcomes that are of interest to speech and language therapists and those of interest to their patients.

This paper will report on a study to investigate the outcomes that are valued by children with speech, language and communication needs and by their parents. Qualitative data were collected in focus groups with parents and arts-based workshops with children. Thematic analysis identified some overlapping themes between parents and children in that both were concerned about the behaviour of other people: the children wanted people to stop interrupting, stop shouting, listen more; parents were concerned at the lack of knowledge of both professionals and the public regarding the nature of speech and language impairments. Parents talked about their children's communication as a means of achieving social inclusion and independence. On the other hand, the children rarely talked about their own communication skills; rather they focused on the things that were fun and where they felt supported. Their targets in school were not regarded with enthusiasm.

The paper will conclude with a discussion of how these perspectives might be used to drive changes in service design and evaluation.

Growing great readers: Helping teenage parents engage their children with books

Amy Collings, Anne van Bysterveldt, Brigid McNeill

The University of Canterbury, Christchurch, New Zealand

Engaging children with books at a young age is imperative for later literacy development. Children at highest risk of not developing adequate literacy for educational achievement include children of at-risk populations, such as teenage parents. Children who have poor literacy skills are at higher risk of expressive and receptive language delay, lower vocabulary knowledge, poor phonological awareness skills, and reduced success with reading later in life (Hesketh, 2004). Intervening early is considered best practice and it is known that targeted intervention at emergent and early literacy stages leads to the most effective outcomes for equalising disparities between lower and higher achieving children in their reading development (Justice, 2006). The literature suggests print engagement programmes targeting parents and early childhood educators are a promising method of enhancing future literacy success in at-risk populations (Ezell, Justice, & Parsons, 2000), however there is not yet an equivalent programme in New Zealand targeting teenage parents. This study evaluated the effectiveness of an intervention designed to teach teenage parents techniques and strategies to engage their young children with books and support emergent literacy development. Twenty-five young parents participated in a seven week intervention entitled 'Growing Great Readers'. The programme focussed on teaching young parents how to engage their children with books and how to introduce a variety of emergent literacy skills to their children during shared reading interactions. Response to intervention was measured using a videoed five minute shared book interaction before and after the intervention programme. Changes in parents' shared reading behaviours, and children's emergent literacy skills were measured. The intervention programme will be presented and implications for supporting children's emergent literacy development will be discussed.

Preschool screening and intervention communication programme: Alexandra Kindergarten Project

Bridget McArthur

SHOUT (Speech Language Therapy) LTD, Alexandra, New Zealand

Speech-language therapists often talk about the need for early intervention; research indicates the benefits of early intervention for long-term communication outcomes. Would screening of all 4-year-olds in the preschool setting with targeted interventions have a positive effect on communication skills prior to school entry?

The Alexandra kindergarten community perceived a need for children to have easy access to a speech language therapy service and therefore the screening and intervention programme was developed.

Sixty children between 4-5 years of age were screened across the spectrum of communication skills. Screening tools used included: the NZ Articulation Test, oral narrative sample using photo prompts, Gail Gillion Preschool Phonological Awareness screen and an informal receptive language probe. Children were excluded from the screening and intervention if they were already receiving a targeted intervention service from a speech-language therapist.

Results of this screening and intervention programme indicated that 29 of the 60 children screened presented with some level of communication issue, either in speech production, phonological awareness and/or language. Having been identified, the children were put into one of three intervention programmes: phonological awareness group, language group or 1:1 speech production therapy with parent involvement. Following the respective intervention period, 14 children out of the 29 increased their communication skills to typically developing. The remaining 15 required ongoing communication support.

The increased communication skill level of children prior to school entry demonstrates the success of the communication intervention programme. The overall conclusion made is the need for focused early intervention communication programmes to ensure children gain skills necessary for school entry. This type of screening programme also allows children to have needs identified prior to school entry and targeted programmes implemented and continued as a child transitions to the school environment.

Wednesday 3:30pm – 5:00pm

W5: Whānau centred practice (paper and workshop) (Workshop)
Chair: Karen McLellan

W2: Keynote workshop presentation by Professor Liz Ward *Continued*
(Workshop) – Chair, Annabel Grant

W6: Child language – Chair, Clare McCann

W7: Evidence in preschool speech and language (Workshop) –
Chair: Jane Carroll

W5: Whānau centred practice

Speech-language therapy and Maori immersion settings: What do SLTs in NZ need to know and to do for this context to work for both sides? (Paper)

Nicky-Marie Hitaua, Linda Hand
Te Whare Wananga o Tamaki Makaurau, Auckland, New Zealand

There are relatively few SLTs in NZ who have whakapapa Maori and fluent te Reo. There is also some reason to think that, in spite of te Tiriti o Waitangi and the principles of cultural competence operating in the profession, Maori are not necessarily as well served by SLT as dominant culture pakeha (McLennan et al, 2010). The Kura Kaupapa and Kohanga Reo are sites of te Reo Maori immersion that few SLTs go into, and it is possible that those who do go there are not as effective as they could be, due to a lack of knowledge and lack of guidance on practices that would work best.

This paper will present on the results of a research study which used kaupapa Maori research principles and practices. The first author, herself a graduate of Maori immersion education and an entry-level SLT, investigated how tikanga Maori manifested in her pilot SLT work in this setting, and using a combination of autoethnography, observation and interview/discussion, along with guidance from the community, gathered data on what this setting wanted from SLT, and what awareness would help the service be effective.

The principles of te Tiriti o Waitangi operated in this study, whereby research is done for Maori by Maori and that results are shared with and owned by the participants. It is therefore useful not only in its results but also for its methods.

Getting it right for whānau - "Ko te whānau te pūtake, Ko ngā kaimahi he tautoko"- Whānau at the centre and SLTs as the supports (Workshop)

Michelle Dawe

Ministry of Education, Central South, New Zealand

Many speech-language therapists want to use family/whānau centred practice models in their work and are looking for ways to link their specialist skill-set to 'getting it right for whānau.' Whānau centred practice makes sense from the perspectives of building capability, being culturally affirming, having the professional work satisfaction factor and providing intervention that is strongly evidence-based.

The work of Siskin Research Institute lead by Robin McWilliam, 'Routines Based Early Intervention (RBEI),' has gained traction internationally as an effective model of family centred practice. It has been used successfully within an Auckland Special Education, Early Intervention Team for the past 18 months and is currently being embedded into early intervention practice nation-wide within the Ministry of Education.

The first part of this workshop aims to build your knowledge base of how a family/whānau centred model can be applied to speech-language therapy practice through an in-depth case study. The application of the Routines Based Early Intervention model is shown through a speech-language therapist's assessment, goal selection and construction of functional participation goals for a child with suspected global developmental delay.

The second part of the workshop will focus on participants practicing one aspect of the RBEI model; writing functional participation-based goals in pairs. A goal construction model will be shared and there is the opportunity to turn some of your previous 'child outcomes' or 'goals' into functional participation based goals.

W2: Advancing practice in speech pathology: The challenges of making change and moving forward *Continued* (Workshop)

Professor Liz Ward

W6: Child language

Language and learning intervention: Are we transforming practice?

Jane Musgrave, Maryanne O'Hare, Carmen Fairlie, Claire Winward, Liza Brown, Marion Kazakos
Ministry of Education, Wellington, New Zealand

Language and Learning Intervention (LLI) is an innovative classroom-based approach developed in early 2011 by a Ministry of Education working party led by Dr Elizabeth Doell. LLI is based on evidence that language intervention for children is most effective when it is embedded within frequently occurring interactions with significant adult conversational partners in the child's life. LLI is a collaborative approach for supporting children during their first three years at school. LLI allows speech-language therapists to work closely with teachers, teacher aides, whānau and parents, and other specialists to develop priority goals for language intervention in the classroom.

The initial funding for LLI, from the '*Success for all- Every School, Every Child*' initiative, was allocated to support 1,000 children with significant language and learning needs. In July-September 2013, the Ministry of Education carried out a stock-take of LLI. We sought to answer these questions; How many children have been supported through LLI? What are the demographics of these children? What does their LLI service look like? What are the outcomes for these children? How many teachers have been supported through LLI? Which modules have been used? How many SLTs are using LLI? How much does an LLI service cost?

This presentation will report on the outcome of the stock-take of the Language and Learning Intervention approach.

Early identification of language impairment: The role of working memory in language acquisition

Jayne Newbury, Thomas Klee, Stephanie Stokes, Catherine Moran
The University of Canterbury, Christchurch, New Zealand

Many children are late to talk at age two years, but this does not necessarily indicate an ongoing language difficulty. Predicting which late talkers will resolve over the short term and which children will later be diagnosed with language impairments is problematic (Dale, Price, Bishop & Plomin, 2003; Rice, Taylor & Zubrick, 2008). Due to the strong association between working memory skills and language in a range of populations, and the possible role working memory may play in language development, this study tested the hypothesis that working memory skills may help predict which late talkers will continue to have language difficulties. A longitudinal study of 79 24-30 month old children was started in February 2012. 24 of the children were late talkers. All of the children were assessed using standardised tests of language and visual cognition, a speed of spoken word recognition measure and assessments representing aspects of Baddeley's model of working memory (Baddeley, 2012); namely measures of visual spatial working memory; verbal working memory; phonological short term memory and executive functioning. After an 18 month delay, these assessments are currently being repeated to determine outcomes. Data collection will be completed by December 2013. The children's working memory scores at age two years will then be analysed in terms of usefulness as predictors of language outcomes at age three years. The final results of this study will contribute to the knowledge base supporting clinician's recommendations for intervention for late talking toddlers.

Extending language from words to syntax in children with Down syndrome

Susan Foster-Cohen^{1,2}, Anne van Bysterveldt^{1,2}, Jessie Davison^{1,2}

¹*The Champion Centre, Christchurch, New Zealand,* ²*The University of Canterbury, Christchurch, New Zealand*

Children with intellectual disabilities present with varying degrees of language delay, and one of the main goals of any clinical intervention is to help the child create a meaningful first word and/or sign vocabulary and to begin to combine that vocabulary to create longer more complex utterances. However, recognising when combined words are truly in a syntactic configuration, as opposed to a more simple paratactic configuration is not easy; both because there are few clear indicators of the syntactic relationships (particularly in a language such as English) and because the presence of memorised fixed expressions can give a false impression of syntactic sophistication.

We will present both cross-sectional and longitudinal data from 17 children with Down syndrome (aged 3 - 6 years) whose word vocabularies were supplemented from an early age by taught signs; and 20 typically developing 1 -5 year olds. Both vocabulary and syntactic data were captured through two parental report mechanisms: a modification of the MacArthur-Bates CDI, and the Language Use Inventory. The latter also provided information on the children's developmental pragmatics including the communicative use made of lexical material. A measure of conceptual development is provided by parental responses to the ABASII.

It will be argued that children with Down syndrome sometimes build vocabularies that are not as large as they appear to be; that the emergence of word combining might not be as early as it appears to be; that they have a longer period of paratactic combination than typically developing children; that the presence of fixed expressions can be deceiving to both parents and therapists; and that transitioning into genuine syntax must be explicitly encouraged and taught if the cognitive developments which require, and are required by, genuine syntax are to develop.

An unexpected finding in contemporary New Zealand children's peer discourses: How early is talk gendered?

Linda Hand

Te Whare Wananga o Tamaki Makaurau, Auckland, New Zealand

There has been considerable study over recent decades of gender differences in the ways we talk with each other. However most of this study has been of adults (e.g., Holmes, 2006), and the little there is on children has tended to centre on specific discourses, such as those of literacy (e.g. Davis, 2007). There has been a tendency to deny the existence or the significance of gender differences in talk, especially with regards to children, but it has relevance to accessing discourse and to academic success.

This paper will present on some results of a study into NZ children's development of oral discourses of *negotiation* and *explanation* through the primary school years. The samples were of same-sex dyads of children aged from 5 years through to 8 years of age who engaged in semi-authentic tasks that required them to negotiate tasks or explain them to each other. The study did not intend to examine gender differences, but they were hard to ignore. They appeared from the very earliest ages in the sample and were evident throughout. They included many of the same characteristics as have been noted in the adult texts, such as the girls offering opportunities to the partner more than boys; boys using direct forms more than girls, and the incidence of the language of appraisal taking different forms for the two groups. These differences will be discussed along with the possible significance they may have for success in school and other life experiences.

W7: Evidence in preschool speech and language (Workshop)

Understanding the evidence for speech and language therapy interventions for preschool children with speech and language impairments

Sue Roulstone^{1,3}, Julie Marshall², Gaye Powell³, Sam Harding³, Helen Hambly³, Lydia Morgan³, Naomi Parker³, Sue Caton², Juliet Goldbart²

¹*The University of the West of England, Bristol, Bristol, UK*, ²*Manchester Metropolitan University, Manchester, UK*, ³*Bristol Speech & Language Therapy Research Unit, Bristol, UK*

The implementation of evidence-based speech and language therapy requires practitioners to integrate research evidence with their own existing clinical knowledge, taking account of clients' preferences; they are required to apply their conclusions judiciously and appropriately to any individual client. Whilst the research evidence is building, our understanding of how clinical expertise interacts with research is still limited.

This workshop will introduce delegates to a research programme from the UK that has developed a framework for speech and language therapy-led interventions for preschool children with primary speech and language impairments which has investigated research evidence, common clinical practice and parent and child preferences. The framework sets out a typology of speech and language therapy practice with this client group, the interventions in common use, assessments used to frame practice and expected outcomes, making explicit the underpinning evidence for each component.

Delegates will first be invited to review their own practice to analyse the levels of underpinning evidence. As each component of the framework is described, delegates will participate in activities to explore their consensus on approaches to intervention and to compare their practice with that of their UK counterparts.

The final stage of the workshop will explore how the framework can be used to develop, describe and evaluate interventions.

Poster 1: Coaching adults in using language strategies in early childhood centres: A reflection of a team approach

Ezmi Brits, Donna Roser

Ministry of Education, Special Education, Maungawhaya (Auckland), New Zealand

Research shows that the best people to provide language intervention to young children are those who are around them in their everyday environments - their parents/families, and their teachers. As a relatively new SLT (my second year out of university), I struggle with how to confidentially teach/coach parents and teachers to use language strategies with their children in everyday routines.

This poster is an anecdotal reflection on the coaching method my colleague and I trialled:

- my personal experience in the coaching role
- feedback from the teachers
- observed changes in the teachers' (and my own) practice (anecdotal, no pre/post-data)
- benefits and challenges of this coaching method

For each room at the early childhood centre, the head teacher selected one teacher to work with the SLTs. The coaching occurred once a fortnight within the centre's free play and group routines. We trialled a method where one SLT modelled using the strategies with a child or multiple children with delayed language, and the other SLT and the teacher discussed explicitly what was happening or what they were seeing (e.g. when the strategy happened, the child's response, possible reasons etc.). The teachers practised targeted strategies after each SLT visit and, at the next visit, provided feedback on how the practise went. As the teachers gained confidence, the SLTs observed the teachers using the strategies and guided them in self-reflection.

Poster 2: Impressions of multi-station SLT admissions interview: An innovative approach

Yvonne Cope, Sally Clendon, Tom Nicholson
Massey University, Auckland, New Zealand

The admissions process into the Speech and Language Therapy Programme at Massey University involves a selected entry process where candidates who meet academic criteria are invited to an interview to evaluate their personal qualities such as appropriate communication skills. Professional degree programmes, for example, speech and language therapy, medicine, and teaching usually ascertain students' personal attributes from their submitted referee reports and/or through an interview process. Eva et al. (2004) developed a reliable and valid interview assessment tool for admission into a medical school. The tool is a multiple mini-interview (MMI) consisting of short stations. These stations allow all interviewers to assess applicants, one interviewer per station.

At the end of 2012, for our 2013 admissions process, Eva et al.'s MMI was adapted for our context, that is, each station related to one or more of the personal attributes or skills required for the speech and language therapy profession, creating a Speech Language Therapy MMI (SLT MMI). This research project investigated the SLT MMI's potential acceptability and feasibility for use as an admissions interview process for our Speech and Language Therapy Programme.

This project used two questionnaires to gather information on the participants' interview experiences. At the conclusion of their interview, each consenting student applicant completed a questionnaire related to the interview process. Each consenting interviewer, on the completion of their involvement completed a similar questionnaire.

The proposed poster for the NZ Speech-Language Therapists' Association 2014 National Conference will describe the SLT MMI, the research project and the preliminary findings.
