

SPEAKOUT

THE MAGAZINE FOR AUSTRALIAN SPEECH PATHOLOGISTS

FEBRUARY 2017



ONLINE SP Sue Cameron's telepractice

**SPA adopts new
terminology p7**

**PROFESSIONAL
DEVELOPMENT
MODEL REVIEW**

**CREDENTIALING
PROJECT UPDATE**

**NDIS: Transition to
full scheme**

**CONFERENCE UPDATE
NEWS FROM THE BRANCHES
SUPPORT FOR EARLY CAREER SPEECHIES**

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Swallowing Awareness Day March 15 2017



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From the President



Gaenor Dixon

HAPPY NEW YEAR! I hope that 2017 has started well for you and your families. With my kids back at school now, the year is settling into its new rhythm.

For those new to the profession this year-welcome and congratulations. For those new student members this year, welcome! And those of you who are new or returning members to SPA – welcome!

2017 has started as a whirlwind year for Rosalie Martin the Tasmanian Branch Chair, who was the Tasmanian nominee for Australian of the Year. While Rosie was not selected to be Australian of the Year, I would like to recognise the work that she has done to be nominated for her state, and to thank her for the all she has done to highlight the importance of literacy and language for all people while also raising the profile of speech pathology within Australia. Congratulations Rosie!

I would also like to congratulate Mary-Ruth Mendel for her selection as the Australia Day Ambassador for Bellingen Shire; this is due to her work through the Australian Literacy and Numeracy Foundation.

In 2017 the Association will be commencing our new strategic plan. The plan, which is being finalised, will use the aspirations of Speech Pathology 2030 to guide our strategic activities over the next three years, to support the Association and our members to move towards reaching our vision. I look forward to sharing it with you.

In 2017 the Association has also adopted the nomenclature of “developmental language disorder” or “language disorder” for adolescents and adults, to describe the language impairment previously named specific language impairment (amongst other names). It is hoped that use of a consistent term describing a consistently defined disorder will support research and improve community understanding and recognition of this communication disability.

A new year often means new resolutions both personally and for work. In this issue, Sharon Crane explores the Association’s developed CPD model to support you in planning how you may best meet your professional development needs. There

is also information about mentoring and supervision; strategies that together with your access to journals, workshops, colleagues through face to face or social media, conferences (The National Conference program is looking exciting!) and CPD activities will help you to continue to grow and update in your professional learning.

In this issue, we also look at different ways of delivering a service; exploring service through telepractice, outlining the new position statement of transdisciplinary practice, updating you on the credentialing project and exploring a service provision delivered in Cambodia in 2016.

Supporting and promoting safe eating and drinking are essential aspects of our role as speech pathologists, and we are planning another successful Swallowing Awareness Day for 2017. This edition also summarises the International Dysphagia Diet Standardisation Initiative as we develop an implementation plan.

And 2017 will take us further down the (rocky but exciting) road towards full implementation of the National Disability Insurance Scheme. Cathy Olsson provides an update on the scheme for the year and our ongoing work to support members as it is rolled out.

In my workplace recently, the NDIS prompted me to consider some potential scenarios which required some ethical considerations. The resources on our website, including the worksheets, were extremely useful in stepping through the scenarios and considering all possible perspectives before deciding on a course of action. In this issue, Trish Johnson provides a reminder of those resources. You will find them very useful in considering and working through any current or potential scenarios.

So, a February resolution - take half an hour, get yourself a warm or cool drink, and read and enjoy this month’s *Speak Out*. It will be a half hour well spent!

I look forward to continuing to work with you this year.

Gaenor Dixon
National President



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Position vacant

Practice document coordinator

Practice documents play an important role in supporting members' capacity to translate the evidence into practice. Practice documents include clinical guidelines, position statements and core documents (i.e., Code of Ethics).

Speech Pathology Australia is aiming to improve the practice document processes to ensure documents are developed based on best practice models and are of sufficient quality to be considered (where appropriate) for the Australian Clinical Practice Guideline Portal.

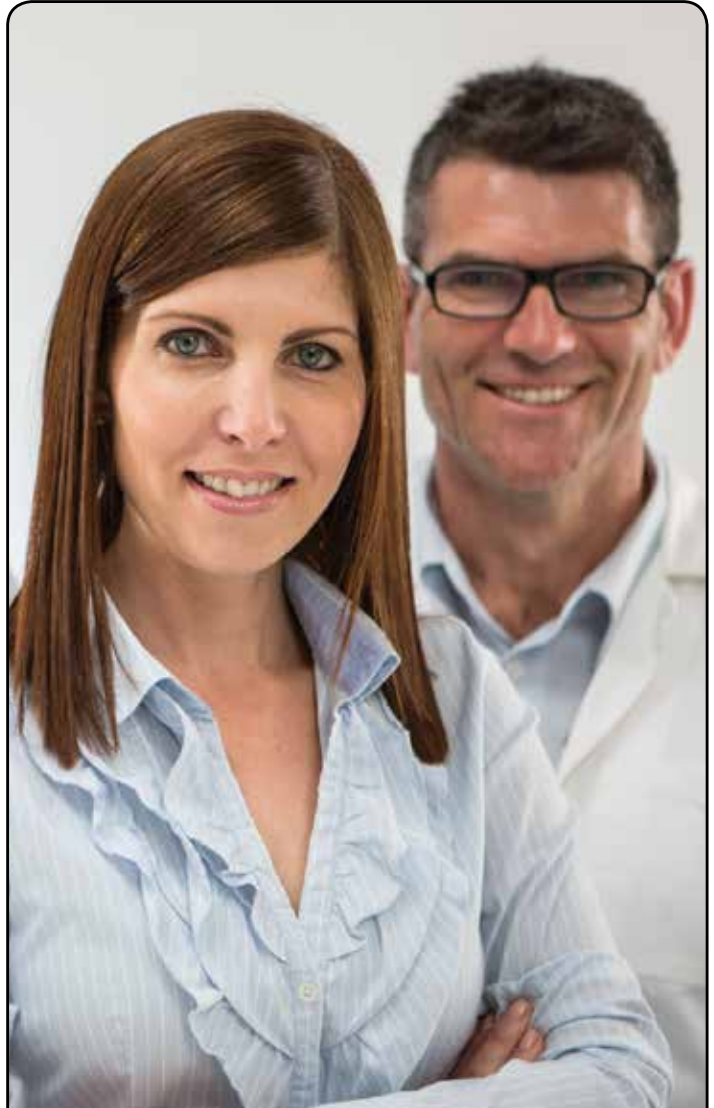
To achieve this, Speech Pathology Australia is seeking a person to develop and implement policy and procedures on practice document development based on best practice, to make recommendations regarding the development of future practice documents, and to utilise their skills and experiences in evaluation of the literature and publications to support the development of practice documents.

This position is part-time up to 10 hours a week (or as negotiated) for a fixed term up to twelve months with the possibility of extension subject to Board approval. Ideally located in Melbourne or able to have regular contact with National Office.

For a copy of the position description please contact National Office on 03 9642 4899 or office@speechpathologyaustralia.org.au

For enquiries regarding the role please contact Stacey Baldac, Senior Advisor Professional Standards on saps@speechpathologyaustralia.org.au or 03 9642 4899.

To apply for the position please forward a cover letter addressing the selection criteria, a copy of your CV and the contact details of two referees to saps@speechpathologyaustralia.org.au by Friday 6 March 2017.



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SPA adopts terminology for language disorder and DLD

SPEECH PATHOLOGY AUSTRALIA HAS ENDORSED THE ADOPTION OF THE TERMINOLOGY RECOMMENDED BY THE CATALISE CONSORTIUM IN FUTURE PUBLICATIONS AND COMMUNICATIONS.

WHICH TERM DO you use to describe a child with expressive and/or receptive language difficulties that impact on their daily life? Do you use specific language impairment (SLI), language disorder, developmental language impairment, developmental language disorder, or something different?

For years, speech pathologists, and others have debated how best to identify children with SLI and what is the most appropriate terminology to use.

In the mid 2000s a group of educators, medicos and allied health professionals, led by Dorothy Bishop, initiated a campaign: Raising Awareness of Language Learning Impairment (RALLI) in response to the concern that children with SLI are often “invisible” (i.e., undiagnosed) and hence are unable to access the support they need.

The group identified two main barriers to children with SLI accessing services: (1) the lack of appropriate criteria for identifying children who might benefit from specialist prevention and intervention services; and (2) the lack of consistent terminology to describe the difficulties the children were experiencing. It was proposed, as a matter of high priority, that a study be undertaken to determine if it was possible to achieve consensus among professionals with regards to these two issues.

Recruitment of a group of international experts (the CATALISE consortium), including 6 Australians, from a range of disciplines involved in working with children with SLI commenced and a two-phase project developed: 1 – Identifying language impairments in children and, 2 – Terminology.

In Phase 1 consensus was reached for 27 statements related to the identification and differential diagnosis of children with

language impairments. Speech pathologists who work with children are encouraged to acquaint themselves with the statements reported by the CATALISE consortium.

Phase 2 resulted in consensus on 19 of the 21 statements. Two of those statements made recommendations regarding terminology.

“Statement 2: The term ‘language disorder’ is proposed for children who are likely to have language problems enduring into middle childhood and beyond, with a significant impact on everyday social interactions or educational progress.”

“Statement 7: The term Developmental Language Disorder (DLD) is proposed to refer to cases of language disorder with no known differentiating condition (as defined in Statement 6).”

Following the report of the CATALISE recommendations discussion ensued both nationally and internationally as to whether or not speech pathologists and indeed speech pathology associations should adopt the recommended terminology. The Speech Pathology Australia Board at their December meeting discussed the matter and as a first step has endorsed the adoption of the terms Language Disorder (LD) and Developmental Language Disorder (DLD) in all future SPA publications and communications. Further discussions will follow, in conjunction with our international colleagues, on the next steps required to encourage widespread adoption of this terminology. This information, including ways in which members can support this process, will be reported in the April edition of *Speak Out*.

Chris Lyons
Senior Advisor, Professional Practice



ReadingDoctor[®] NATIONAL TOUR!

Perth - Hobart
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TEACHING KIDS TO READ INCORPORATING THE LATEST INSIGHTS FROM RESEARCH TO HELP KIDS THRIVE!

Presented by **Dr. Bartek Rajkowski**

Reading Doctor is touring Australia in 2017! Don't miss your opportunity to see this highly acclaimed workshop. Speech-language pathologist Dr. Bartek Rajkowski will help you to explore and create individualised strategies and to choose the support tools shown to be most effective in helping beginning readers as well as children who are struggling with reading.

Bartek will describe how our written language works, summarise what research tells us about how kids learn to read and explain why some kids find it so hard. You will learn about which teaching approaches are supported by scientific research in helping beginning and struggling readers and why these approaches are so effective.

We then go hands-on with the Reading Doctor programs and apps, including our latest app Spelling Sounds 1 Pro. Many practical examples will be provided for teaching students to read based on Bartek's clinical experience and theoretical knowledge, ensuring that you leave the workshop armed with the theory and the practical skills to truly make a difference to your students!

Perth

3rd April 2017, 9.00am - 3.00pm
Metro Hotel Perth

Hobart

8th May 2017, 9.30am - 3.30pm
Best Western Hobart

Adelaide

15th May 2017, 9.30am - 3.30pm
The Junction

Brisbane

22nd May 2017, 9.30am - 3.30pm
BTP Conference Centre

Sydney

1st June 2017, 9.30am - 3.30pm
Mantra Parramatta

Melbourne

16th June 2017, 9.30am - 3.30pm
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Swallowing Awareness Day 2017

FOLLOWING ON FROM the success of Speech Pathology Australia's inaugural Swallowing Awareness Day in 2016, this public awareness event will this year be held on Wednesday 15 March.

The theme for Swallowing Awareness Day 2017 is '*Food and Drink to Die For*'.

Members can get involved with Swallowing Awareness Day in a number of ways.

Two of the easiest are to:

**Join
in!**

- engage on social media by using #900swallows and/or #dysphagia and by including @SpeechPathAus in your Twitter and Instagram posts; and
- download the Swallowing Awareness Campaign materials that will appear shortly on the Swallowing Awareness Day page on the Association's website: www.speechpathologyaustralia.org.au/swallowing

Like breathing, swallowing is a reflex and essential to everyday life. Humans swallow at least 900 times a day: around three times an

hour during sleep, once per minute while awake and even more often during meals.

People who have trouble swallowing are at risk of poor nutrition and dehydration, while babies and children may not take in enough nutrients to support growth and brain development.

Did you know that one million Australians have a swallowing difficulty?

For people with dysphagia consuming food and drink is problematic. It can lead to life-threatening medical problems such as pneumonia, choking, poor nutrition and dehydration if not managed properly.

Swallowing problems can occur at any stage of life. However, knowledge of dysphagia and its implications remain largely unknown for most Australians. For this reason, the Association and its Board felt a designated day to promote the effects and management of dysphagia was warranted.

Swallowing Awareness Day 2017 is an opportunity to bring attention to swallowing disorders and to connect people with the professionals who can help.

speechpathologyaustralia.org.au/swallowing

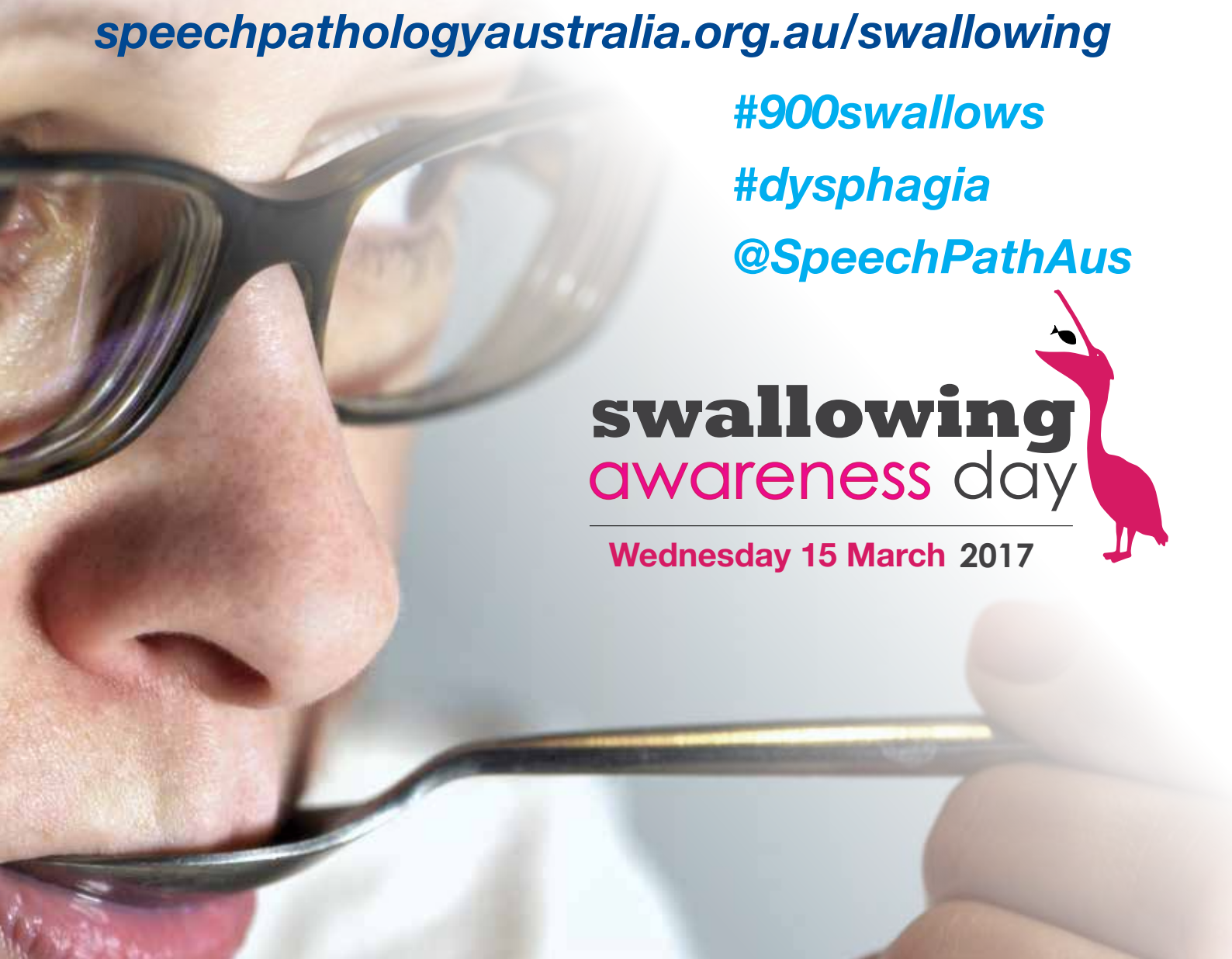
#900swallows

#dysphagia

@SpeechPathAus

**swallowing
awareness day**

Wednesday 15 March 2017



Professional Development Model Review

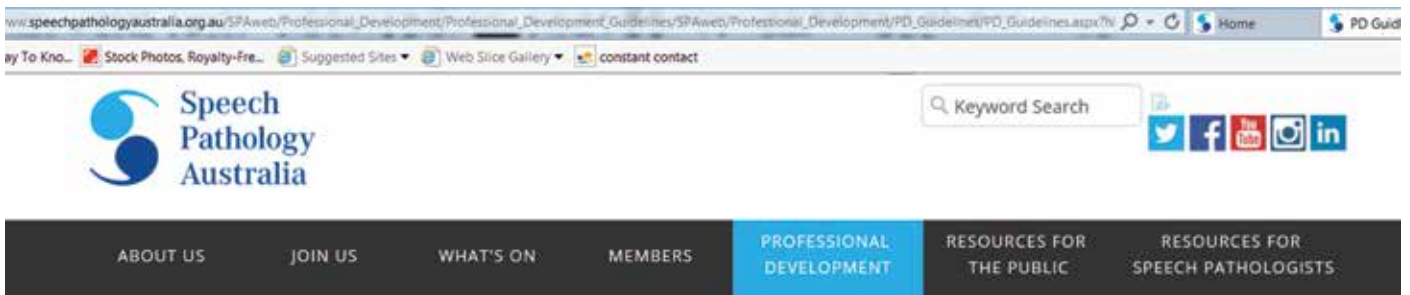
A REVIEW OF SPA'S Professional Development was undertaken, facilitated by an independent consultant in conjunction with the PD Advisory Group (comprised of a range of SPA representatives). The final report went to the Board in early 2016 and included a series of recommendations that are currently being enacted. Actions to date have included:

- Development of a PD Framework to identify and articulate the Guiding Principles of SPA Professional Development, to inform and guide SPA PD planning and execution (as included in *Speak Out* of June 2016);
- seeking and including more detailed and explicit information to include on the flyer around level of workshop, learning objectives, and prerequisites;
- revamped flyers to increase access to and specificity of information relevant to each CPD event;
- continuing and increasing the range of online events – CPD live webinars and development of more online SPA PD resources;
- increasing the currency of recordings in the CPD Events Library, with a process in place for frequency of review;
- conference session reserved for latest research to be filled nearer the registration open date to ensure currency of information, with invitations being extended to innovative speakers;

- incorporating interactive e-Posters in the conference program;
- recording of short interviews with speakers at the National Conference with these videos provided to members in the monthly Evidence Bites emails;
- seeking information on evaluation methods and mechanisms for CPD and the Conference;
- improving the website access to PD information with a single point of entry to all PD information relating to the National Conference, Online Member Communities, CPD live online, Pre-recorded CPD, Branch CPD Workshops, and the National Tour;
- developing resources to support members in planning, undertaking and reflecting on PD to support translation to practice, including the Professional Development Guidelines overleaf. There are also dedicated additional materials on the SPA website and we encourage members to check out the webpage with PD Guidelines and resources for Members.



Speech Pathology Australia (SPA) Professional Development Guiding Principles



Home » Professional Development » Professional Development Guidelines

On Behalf Of: (select)

Professional Development

- National Conference 2017
- Online Member Communities
- CPD Live Online
- Pre-Recorded CPD
- CPD Workshops
- Professional Development Guidelines**
- National Tour

Professional Development Guidelines

Speech Pathology Australia (the Association) is strongly committed to the professional development of its members. The Association recognises that professional development (PD) is inherent to speech pathology practice and recognises that all speech pathologists have a responsibility to their clients and other stakeholders to undertake 'life-long learning'.



Such learning ensures the professional knowledge of all members remains current, relevant and evidence-based. Fundamental to Speech Pathology Australia (SPA) Certified Practising Membership is the obligation to maintain professional standards and abide by the Association's **Code of Ethics 2010**. All Association members are bound by the Association's code of ethics.

On this page are a range of materials to assist Association members with their ongoing professional development.

- > **Professional Development Guidelines for Members** PDF
- > **Professional Development Guiding Principles Poster** PDF
- > **CPD Reflective Practice Form** Word
- > **PSR Member Flyer** PDF



Professional Development Guide

Professional Development (PD)

Inherent to speech pathology practice is the speech pathologist's responsibility to their clients and other stakeholders to undertake "life-long learning". This ensures their professional knowledge remains current, relevant and evidence-based. Fundamental to Speech Pathology Australia (SPA) Certified Practising Membership is the speech pathologist's obligation to maintain professional standards and abide by the Association's Code of Ethics (Speech Pathology Australia, 2010). The Code of Ethics binds each member to "continually update and extend our professional knowledge and skills through activities such as participating in professional development, and/or engaging the support of a mentor or supervisor".

SPA has a commitment to robust self-regulation processes and a strong and clear commitment to quality standards of professional practice. This is in accord with SPA's previous and current strategic plan.

SPA has a commitment to work towards adopting the regulatory requirements that mirror those required by registered health professions, which include mandatory minimum requirements for continuing professional education. This is in line with the proposed national standards of mandatory continuing professional development for self-regulating health professions.

Stakeholders need an objective measure of a speech pathologist's commitment to maintaining and extending their skills.

Certified Practising Speech Pathologist (CPSP) status can be earned by SPA Certified Practising and Full-time Postgraduate Student members who meet the requirements of SPA's Professional Self Regulation (PSR) program. PSR provides a framework for acknowledging participation in activities which maintain currency of and enhance the speech pathologist's professional knowledge and skills. Speech pathologists can earn CPSP status thereby demonstrating to clients and their significant others, employers, colleagues, peers and the public that they have a commitment to updating and extending their professional practice abilities.

What are personal drivers to undertake PD?

Let's hear from SPA members:

"To be a better practitioner."

"I want to as opposed to 'I have to'."

"When you know better, you do better."

"My PD goals form part of my performance appraisal."

"There are 'burning platforms' in my workplace and I want to know how to address these."

What defines activities that can be counted in SPA's Professional Self-Regulation program?

Activities must be relevant to professional practice as a speech pathologist, extend the knowledge and skills of the speech pathologist, and be related to the individual's PSR plan. As it is the position of SPA that, "speech pathology is a scientific and evidence-based profession and speech pathologists have a responsibility to incorporate best available evidence from research and other sources into clinical practice" (as per the SPA Position Statement on Evidence-Based Practice, 2010), it is the speech pathologist's professional responsibility to review available evidence or lack thereof in relation to professional development activities.

How can members plan their professional development?

Individual SPA members take responsibility for the content, relevance and quality of their own continuing professional learning and development. Each member first needs to determine the professional areas he/she wishes to address in the continuing professional education he/she will undertake.

Members are encouraged to reflect on their objectives for learning and development in their nominated professional areas. The objectives identified may be broad or specific according to the member's level of knowledge, experience and expertise in each professional area. Members will need to think through and identify their own individual objectives within each professional area.

Each member plans a personal program which addresses his/her own needs and identifies an appropriate and acceptable method for meeting those needs. All activities should result in increased professional competence and influence professional behaviour.

When preparing the plan the member may wish to consult with peers or a mentor to determine the most suitable program.

Professional development plans should be viewed as dynamic documents that require review. Members may find their plans need to be adapted or modified to reflect changes in their work, interests or professional needs.

NEED

REFLECT
PD PLAN

- Self-eval
- PD goal
- How wil
- change
- practice

REFLECT



2016 research grants: Funded projects

EACH YEAR, SPA awards funding for selected research projects in three categories – clinician, higher degree by research and entry level. The applications cover a wide range of topic areas, and use varying research designs. The funded projects in the 2016 clinician and higher degree by research categories are briefly described below. Details of the successful projects in these categories, together with the successful entry-level projects will be provided in a future issue of *Speak Out*. SPA also manages research grants in the Nadia Verrall and Queensland Review Board Legacy categories.

Clinician

Patients' perspectives on what makes a better care experience when undergoing treatment for oropharyngeal dysphagia secondary to head and neck cancer

Katherine Lethbridge, Victoria

Current research states that head and neck cancer has a major impact on quality of life yet there is a paucity of patient-generated information that can guide clinicians to provide services that improve the quality of life. Ensuring patients have the best possible experience in their care is essential. This qualitative study will investigate patient-generated solutions on how best to provide care to patients with oropharyngeal dysphagia associated with head and neck cancer. In-depth interviews will be used to collect data from patients with head and neck cancer at the end of their treatment, providing a retrospective insight into their care. Interviews will focus on their patient experience, what worked well, and what they would improve or change. Although data will be collected only at Epworth Healthcare, the results will be disseminated and therefore provide information for all head and neck cancer care providers to establish better care practices.

Improving our understanding of response to school-based intervention for primary and high school students with language disorders attending a specialist school

Shaun Ziegenfusz, Queensland

The importance of language and literacy intervention for students with language disorders has been well established. However, there is surprisingly little empirical evidence to guide our clinical practice. The current project involves a specialist school that caters specifically for students with language disorder. The objectives of this study are: a) to evaluate the educational and therapeutic outcomes of a multidisciplinary school-based program for 85 students with language disorder from prep to year 12, after one year of intervention; b) to determine which student characteristics (e.g., receptive / expressive language, motor, cognition, adaptive behaviour) may be related to progress. All students routinely complete a battery of assessments on intake with follow-up assessments throughout the school year. Parental permission will be sought to include their child's de-identified assessment data. The project will measure progress over one school year, taking the characteristics of students attending the

school into consideration through the use of repeated measures analysis of covariance. Practices utilised to support students with language disorder will also be investigated to consider their effectiveness within a real-world setting.

Higher degree by research

Voice therapy for muscle tension voice disorders: Contents and processes

Clare Eastwood, NSW

Voice therapy is recommended for the treatment of muscle tension voice disorders (MTVD), a group of voice disorders resulting from laryngeal dysfunction. While voice therapy is associated with positive outcomes, research has primarily focused on examining whether or not therapy works rather than describing and defining the actual content and processes of voice therapy. Consequently, little is known about what voice therapy consists of or which components are responsible for positive therapeutic change. This research will explore the complexities of voice therapy by unpacking the content and interactions that occur between speech pathologists and their clients with MTVD. It will involve collection of observational and interview data. Therapy sessions will be video recorded. Sessions will be analysed using a range of published tools. Individual semi-structured interviews will be conducted between clinicians and a researcher. These interviews will be audio recorded and relate directly to the video recorded therapy sessions. Interview data will be transcribed and analysed using qualitative methods of analysis including grounded theory.

Technology-enabled self-management in chronic aphasia: When, how and what works

Leana O'Byrne, Queensland

Empowering people with aphasia to self-manage the life-changing impact of chronic communication difficulties may open new doorways for recovery and living successfully with aphasia. Currently, little is known about the views of people with aphasia, their communication partners and speech pathologists about self-management in aphasia. Furthermore, the potential of technology in enabling self-management is also not well understood. This project encompasses two studies which will use semi-structured interviews to explore the perceptions and experiences of key stakeholders to inform the development of a modular, technology-enabled self-management pathway for individuals with aphasia. Key stakeholders are individuals with aphasia and their communication partners (Study 1), as well as speech-language pathologists (Study 2). The second study will employ mixed methods, incorporating a national survey following the interviews.

Cori Williams

Senior Advisor Evidence Based Practice and Research

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Celebrating the highlights of 2016

FROM A RECORD MEMBERSHIP TO GOVERNMENT SUBMISSIONS, 2016 WAS A TREMENDOUS YEAR FOR SPEECH PATHOLOGY AUSTRALIA. JOIN US AS WE CELEBRATE THE ACHIEVEMENTS OF YOUR ASSOCIATION AND YOUR FELLOW MEMBERS.

Association growth

Record high total membership 7548



SPA digital

The Association launched its redeveloped website that seamlessly integrated with the organisation's membership and events database.

The Speech Pathology Australia Facebook page received its 12,000 "like", up from 8130 at the start of 2016. That's a 47 per cent increase!

A new Justice Member Community network was launched on the Association's Facebook page.

In June The International Communication Project received from internationally recognised consultants Weber Shandwick a report outlining a strategic direction for the project for the next five years.

The Association's National Conference (Making Waves) in Perth was attended by over 760 delegates. National Conference was opened by Western Australian Health Minister, Hon. John Day MLA.

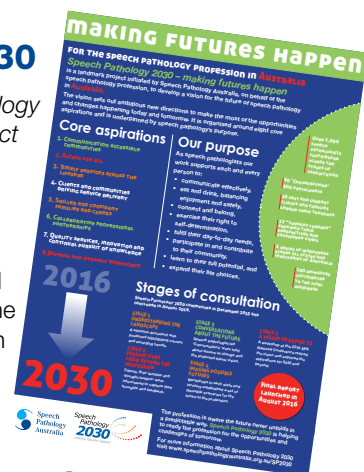


Book of the year

Five books and their author/illustrators were celebrated as part of the Speech Pathology Australia Book of the Year 2016 Awards, held in Brisbane in partnership with the State Library of Queensland. Former Book of the Year winner and prolific children's book author, Alison Lester, was inducted into the Speech Pathology Australia Book of the Year Hall of Fame.

Speech Pathology 2030

The final report of the *Speech Pathology 2030 – Making futures happen* project was formally launched by Alastair McEwin, the Federal Disability Discrimination Commissioner, on 11 August at the National Gallery of Victoria in front of 150 members and stakeholders. The project involved the participation more than 1000 speech pathologists, 26 past and present clients, and 22 "thought leaders".



Professional development

Dr Jade Cartwright presented the 2016 Speech Pathology Australia National Tour, titled "Dementia is our Business: Speech Pathology Services for People Living with Dementia across the Continuum of Care".

CPD Live events

A total of 41 Branch Professional Development events ran in 2016 with 1339 registrations, plus eight live and ten recorded CPD online events attracted 200 registrations for Live events and 1691 registrations for recordings.

Awards

Fellowship was awarded to Associate Professor Bronwyn Hemsley, Life Membership was awarded to Dr Suze Leitão and Alan Howarth, and Alice Crook and Lucy Fitzsimons were presented with the Early Career Award. Service to the Association Awards were made to Meg Maggiore and Susan Park.

IALP Congress

The Association's National President Gaenor Dixon and Chief Executive Officer, Gail Mulcair, represented Speech Pathology Australia at the 30th World Congress of the International Association of Logopedics and Phoniatrics (IALP) in Dublin, Ireland in August. Both Gaenor and Gail made presentations at the congress on behalf of the International Communications Project.





Multisensory Instruction in Language Arts 1 Teacher Training Course

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Contact

Robyn Grace

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robyn.grace@spaldingaustralia.com.au

Awards and accolades

On 11 November, the Chair of the Tasmanian Branch of Speech Pathology Australia, Rosalie Martin, was named the Tasmanian Australian of the Year for 2017.

South Australian Branch member Michelle De La Perrelle received the Hilary Johnson Award at the recent 2016 Autism SA Recognition Awards.

Adjunct Associate Professor and Association member, Dimity Dornan was named a Fellow by the Australian Academy of Technological Sciences and Engineering (ATSE).

Aleisha Davis was the recipient of the Business Leader category award as part of the NSW Business Chamber Business Awards, an award sponsored by the City of Sydney to celebrate business people and professionals who have provided inspiration to a new generation of upcoming business leaders.

The Tasmanian Branch project No Bars on Books was honoured with a Tasmanian Allied Health Award. See page 35 for more.

Association promotions

On 11 May the Association conducted its inaugural **Swallowing Awareness Day** with Dizzy the pelican mascot prominent. The hashtag **#900swallows** trended on the day. More than 200 tweeters supported the event.



Speech Pathology Week 2016 promoted the theme Speech Pathologists – Creating Futures! As part of the campaign, over 7000 mini-mags were distributed to over 1500 locations across the country, promoting the profession and the creating awareness of communication and swallowing difficulties.



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Transdisciplinary practice position statement

SINCE FIRST PUBLICATION of the Speech Pathology Transdisciplinary Position Statement there has been an increase in government initiatives recommending that professionals engage in transdisciplinary models, despite the relative dearth of research around the practice. These factors warranted the review of the position statement.

The transdisciplinary position statement was first published in 2009 as a guide for speech pathologists and employing organisations developing or working in a transdisciplinary model of practice. In 2016 Danielle Vellucci was appointed as the project officer to lead the review of the position statement. Danielle took on the challenge with limited experience with publications, however, she had over seven years of experience in a transdisciplinary key worker model at Noah's Ark Early Childhood Intervention Service. Danielle expressed a passion to ensure the transdisciplinary position paper reflected the reality of practising in the model while upholding the current evidence. The position statement was prepared with the support of a working group and Speech Pathology Australia staff.

The working group comprised speech pathologists working within a transdisciplinary model nationally. The working group included Dr Bea Staley, Karlie Webb, Ed Duncan and Denise Lurati. Dr Bea

Staley is a lecturer of special needs and inclusive education in the School of Education at Charles Darwin University. Bea is also a speech pathologist and research affiliate with Carpentaria Kids, Darwin's only early intervention service. Carpentaria Kids delivers transdisciplinary services to families with children with disabilities, and is currently implementing research projects to map service delivery effectiveness and outcomes. Karlie Webb worked at Noah's Ark Early Childhood Intervention Services, Bendigo Region. Karlie offered an insight into being a new graduate working within the transdisciplinary model. Denise Lurati offered insight from her early intervention role at Specialist Children's Services South-Eastern Victoria region and Ed Duncan offered invaluable support through his role at La Trobe University where he managed the Autism Specific Early Learning and Care Centre (ASELCC) service.

The position statement has been developed to guide speech pathologists and employing organisations on the evidence, issues and requirements of using a transdisciplinary model of practice within their workplace. The position statement states that to implement a transdisciplinary model, employing organisations need to have developed robust clinical governance models to facilitate the appropriate training, credentialing and monitoring of staff competencies.

Parameters of practice

THE SPEECH PATHOLOGY AUSTRALIA Parameters of Practice is a core document first published in 2007. The Parameters of Practice was developed to assist speech pathologists and employing organisations by providing a framework to assist in deciding tasks suitable and not suitable for delegation.

The document has been reviewed and updated to reflect changes in the workforce and funding models, and presents recommendations to expand and extend professionals' scope of practice. The document was updated with the support of a working group.

The working group included:

Stacey Baldac	Senior Advisor of Professional Standards & Practice Document Coordinator, Speech Pathology Australia
Diana Russo	Professional Standards Support Officer, Speech Pathology Australia
Sandra Barry	Private Practitioner
Elizabeth Cardell	Deputy Head of School (Learning and Teaching), Head of Speech Pathology, School of Allied Health Sciences, Griffith University, QLD
Amanda Love	Senior Speech Pathologist, The Prince Charles Hospital, Metro North Hospital and Health Service, Brisbane, QLD

Cara Jane Millar

Professional Practice Leader Language and Communication (Speech Pathology), South Western Victoria Region, Department of Education and Training

The Parameters of Practice recommend key areas for speech pathologists and organisations to consider within a clinical governance framework to facilitate delegation of tasks. The document also defines both, areas of clinical practice core to speech pathologists and not suitable for delegation and, areas of practice that with appropriate education, training, competency development and supervision may be delegated.

The provision of high-quality and safe care to clients is fundamental to this document. Subsequently, the document emphasises the importance of clinical governance components including credentialing, evaluating and maintaining competency, clinical risk management and commitment to quality assurance by continuing to evaluate roles to ensure the provision of high-quality and safe care to clients.

The document highlights that the selection of a workforce model and/or team approaches should always be determined by best quality evidence-based care in ensuring the needs of the client are met.

Stacey Baldac
Senior Advisor, Professional Standards

Credentialing expertise, advanced and extended of scope

IN THE LAST ISSUE OF *SPEAK OUT* WE OUTLINED OUR ROAD MAP FOR THIS PROJECT. AS WE WORKED THROUGH OUR PLAN, IT BECAME OBVIOUS THAT CREDENTIALING WAS MUCH MORE COMPLICATED THAN FIRST EXPECTED! IN THIS ISSUE WE PROVIDE THE FINDINGS OF THE PROJECT. THE FULL PROJECT DETAILS ARE AVAILABLE AT [HTTP://BIT.LY/SPACREDENTIALINGPROJECT](http://bit.ly/spacredentialingproject)

What have we done?

We gathered data from the following sources:

- Rapid review of the evidence base (>1500 articles were identified, a total of 16 were included in the environmental-scan)
- Review of different models of credentialing (N = 15, national and international)
- Review of important contextual documents (N = 18 background and context documents; policy documents, frameworks and standards; and scaffolding documents)
- Semi structured discussions with key critical contacts (N = 11)
- Electronic survey of membership (N = 133 responses to E-News link, 1.9% response rate)
- Electronic survey of state board members [N = 31 responses]
- Semi-structured questions for two state private practice seminar participants (NSW, SA) [N > 50 responses]

We analysed the data:

Program logic was used to bring together all the data. Program logic uses the categories “contexts”, “drivers”, “mechanisms”, and “outcomes” to synthesise data and then brings all the data together to link these categories together. “Mechanisms” is the term used to group together facilitators and barriers. A series of statements is then developed using this technique such that we can then look at and describe the relationship between key contexts or mechanisms (facilitators/barriers) and outcomes or impact.

What did we find?

There is very limited evidence to inform this debate. The rapid review of the evidence base found only six papers that specifically examined credentialing outside of the workplace, none of which examined the impact that credentialing has or may have had on any outcomes of interest. The majority of the peer-reviewed literature examined credentialing of advanced scope roles or advanced scope of practice in large, government funded workplace settings.

Much of the information gained in terms of the impact and outcomes of different models of credentialing has been gathered from association documents, context and policy documents and semi-structured discussions with key contacts.

The process of credentialing has been used differently by professional associations and organisations to achieve different outcomes.

The term “advanced practice” has been used differently to describe a clinical skill, role or as a generic title.

Current models

- Credentialing around an area of clinical expertise, for example Board Certified Specialist in Fluency, Child Language or Swallowing (American Speech-Language-Hearing Association, ASHA);
- Credentialing “advanced practice” as a generic title rather than a specific clinical area for example Advanced Accredited Practising Dietitian (Dietetics Association of Australia) / Advanced Practice Pharmacist; and
- Credentialing advanced practice roles or advanced scope of practice, for example Advanced Developmental Paediatric role (South West Healthcare); Consultant in Dysphagia (National Health Service, UK).

Each of these models is hosted or led by an association (e.g., SPA, ASHA), profession (e.g. Pharmacy Council) or workplace (e.g., QLD Health, Monash Health, NHS). Many of the models reviewed have been developed over several years of consultation, are continually refined and have existed for <1 to >30 years. These models are largely paid for by members of the profession or association, reflecting the predominant use of a cost-recovery model. Costs can vary from \$2000 to \$20,000 depending on title received. Very few models are endorsed or recognised by regulatory or legislative frameworks or third party funders (e.g., Medicare, health insurers). Most professions reviewed work in both private and public sectors; however, the association-led credentialing models for clinical specialty are generally tailored more for private practitioners while the generic advanced practice models are less context specific.

What do these models have in common?

At the end of the credentialing process a member/professional will gain a specific title. The pathway to gaining a credential/title is either experiential, academic or a combination of both. Applicants are assessed against set standards or competencies which set the “bar” for achieving the credential.

Assessment involves any combination of: expert assessment of a portfolio of evidence (of study/leadership/case studies etc.); knowledge examination; viva/oral presentation; practical examination; peer review (colleagues, supervisors and professional networks).

Those with a credential/title are required annually to demonstrate specific professional development relating to that title. Those with a credential/title are required to submit evidence to maintain the credential/title after three to five years.

Visit <http://bit.ly/SPACredentialingproject> for the full models and member survey result.

Stacey Baldac
Senior Advisor, Professional Standards
Diana Russo
Professional Standards Support Officer

Speech Pathology Australia's Supervision Standards

THE ASSOCIATION HAS recently added some points to the supervision standards to address queries from members regarding how many supervisees one supervisor should be supporting at one time, both individually and in group supervision. The below point has been added:

1.5c In order to ensure supervisors have capacity to manage the dynamics of multiple different supervisory relationships appropriately, supervisors will not provide weekly supervision to more than 3 supervisees. This number may be increased if supervision frequency is less than weekly.

A number of points have also been added to the section on group supervision to ensure all supervisees within a group supervision arrangement receive adequate support, and that new graduates receive 1:1 supervision in combination with group supervision, where group supervision is being offered.

The supervision standards can be found here: www.speechpathologyaustralia.org.au/spaweb/Document_Management/Restricted/Supervision.aspx

We have also received queries regarding supervision training. Staff from Speech Pathology Australia have been involved in a working party from the Australian Health Professionals Association to review and broaden access to existing options for training in supervision in each state. Training is available in each state; however, it is recognised that while the principles of supervision remain relevant, the emphasis of most state-based training is on those working in the health sector.

For more information about supervision and resources available to support supervision processes, please contact Meredith Prain psa@speechpathologyaustralia.org.au

Mentoring

It's that time of the year to start planning for 2017, thinking about career goals and planning how these might be achieved. Being involved as either a mentee or a mentor in a mentoring partnership is a great way to work directly on career goals. Goals which can be addressed and achieved through involvement in mentoring partnerships for both mentees and mentors include: development

of leadership skills, reduced professional isolation, broader professional networks, increased knowledge of speech pathology specific resources, and an opportunity to reflect on and enhance your practice.

To register as a mentor, take the readiness quiz, then IF you are ready, register to be listed on the Find a Mentor search here: www.speechpathologyaustralia.org.au/SPAweb/Members/Mentoring/SPAweb/Members/Mentoring/Mentoring.aspx?hkey=8c0b9e93-e6c5-4cc4-87c0-9ed8d8851b7d

Mentees, you also need to take a readiness quiz, found at the above link, then IF you are ready, it is your responsibility to find a suitable mentor for yourself. You know your goals, learning style and needs, and communication preferences better than anyone else so you are best positioned to find a mentor who will best suit your needs. There are a variety of places you can look for a mentor – the Find a Mentor search on the Mentoring Page (see link above), special interest groups or other speech pathology networks, former clinical educators or work supervisors, or SPA Facebook Member Communities.

Once you have found a mentor, be sure to register your partnership by emailing psa@speechpathologyaustralia.org.au

Mentoring webinar

Speech Pathology Australia will be running a webinar on mentoring on Tuesday, February 7, so aim to establish your mentoring partnership before then, so you and your mentee / mentor can kick start your partnership by attending the webinar together. The webinar will be relevant for members at all stages of the process – pre-matching, recently matched, or long-term mentees or mentors. Keep an eye on the National e-news and Events e-news for calls for registrations.

For more information about supervision, mentoring or other professional support options contact Meredith Prain psa@speechpathologyaustralia.org.au

Meredith Prain
Professional Support Advisor



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Dr Jacqueline Harvey





**1.1 million
Australians
with disability use
communication aids
including hearing
aids.**

What type of communication aids are used?

Estimate by '000



Electronic communication aids	
Reading or writing aids	45.9
Speaking aids	10.5
Email or internet	310.0
Non-electronic communication aids	
Reading or writing aids	50.2
Speaking aids	21.1
Reading, writing or speaking aid not specified	108.1
Hearing aid	701.6
Cochlear implant	10.2
Other hearing aids	48.9



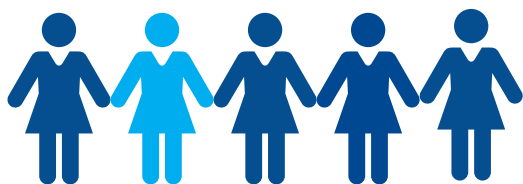
The 2015 Survey of Disability, Ageing and Carers

THE 2015 SURVEY of Disability, Ageing and Carers by the Australian Bureau of Statistics presents key information about disability in Australia as well as data about older Australians (those aged more than 65).

Here are some of the key facts and figures from the 2015 survey:

- There were 4.3 million Australians with disability - nearly one in five people.

1 in 5 Australians have a disability



- Reported rates of social participation for people with disability declined with age.
- **Almost 1/3 of people with disability had a profound or severe disability.**
- Around 3 in 5 people with disability (living in households) needed assistance with at least one activity of daily life.
- Around half of people with disability used aids or equipment to help with their disability.

How is communication defined?

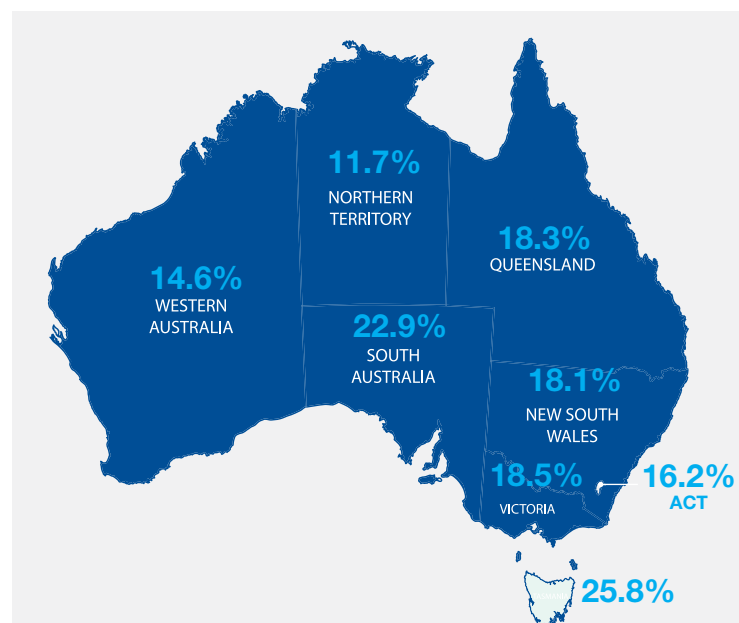
The SDAC describes communication as comprising of:

- understanding family or friends
- being understood by family or friends
- understanding strangers
- being understood by strangers.

Service use

Generally, the need for communication assistance increases with age. To read the full survey results visit the ABS webpage. www.abs.gov.au

Where do people with disability live?





The likelihood of living with disability increases with age, **2 in 5** people with disability were **65 years or older.**

What assistance do **OLDER** people use?

■ formal ■ informal

91.3% Reading & writing

90.5% communication

88.3% mobility

64.8% help with healthcare

48.1% household chores

What type of supports do **ALL** people with disability use?

87.6% Reading & writing

89.9% communication

88.3% mobility

55% help with healthcare

48.1% household chores

Speech pathology in schools landmark project

SPEECH PATHOLOGY AUSTRALIA has been commissioned by the NSW Department of Education to undertake a unique and exciting project during the first half of 2017. The project titled Speech Pathology in Schools aims to encourage NSW government school principals to engage speech pathologists to work in their school using a whole school (response to intervention) approach with the ultimate goal being improved outcomes for students.

The "kit" of resources will include information for primary and secondary school principals, teachers and families with an additional resource for speech pathologists. The content of the "kit" will be developed in consultation with the necessary stakeholders including a SPA NSW DoE Project Expert Reference Group. The four parts in the total kit will be designed to complement, or be used independently of each other.

SPA members will be able to contribute to the project by completing a survey which will be distributed to all members. Regular updates about the project will be included in *Speak Out* and National eNews. For more information please contact Mary Gornik who is the SPA Project Officer for the project by emailing mgornik@speechpathologyaustralia.org.au



Mary Gornik will work on the landmark Speech Pathology in Schools Project.



Upcoming Workshops:

- | | |
|----------------------------------|--------------------------------|
| Brisbane Intro - Jan 23-25 | Perth Intro - June 1-3 |
| Sydney Intro - Feb 2-4 | Brisbane Intro - June 28-30 |
| Melbourne Bridging - March 23-25 | Melbourne Intro - July 6-8 |
| Inveresk, TAS Intro - Apr 26-28 | Melbourne Intro - Nov 30-Dec 2 |
| Brisbane Bridging - Dec 13 - 15 | |

New workshops are added daily. Visit www.promptinstitute.com to register and view updated workshop listings

Articulation Survey

Neil Atkin & John Fisher



Developed and used by Speech Pathology at The Royal Children's Hospital in Melbourne, the articulation survey is an assessment tool used to screen how a child says sounds in words.

- **Easily administered** – does not require special training
- **Quick** – takes 10-15 minutes to administer and score
- **Non-speech pathologists can use the test**

Can also be used for:

- Providing an articulation score for research data
- quantifying a change in articulation over time
- comparing a child's score against an Australian reference group score

Features

- comprehensive - 24 single consonants and 27 consonant blends (120 target sounds)
- durable - laminated picture sheets
- referenced against 299 children with normal speech growing up in Australia
- data available for 3 years and 5 months to 7 years and 11 months

To order or learn more about the articulation survey, visit the articulation survey website at www.rch.org.au/articsurvey



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Check Children's Hearing in Clinic or at Home

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- A triage tool to identify hearing issues
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Telepractice

Anywhere, anytime



Sue Cameron develops close relationships with her clients thanks to videoconferencing.



ON ANY GIVEN DAY SPEECH PATHOLOGIST SUE CAMERON USES TELEPRACTICE TO CONNECT AND TREAT CLIENTS INTERNATIONALLY AND ACROSS AUSTRALIA.

“GROWING UP IN the 1960s and 70s we watched the cartoon character George Jetson talk to his boss, Mr Spacely, on a phone with a television screen. It was beyond comprehension that technology would develop to the point where videoconferencing would become an everyday reality. But it has! Online speech pathology is not only possible, but it works and families who need it keep coming back.

“I first used telepractice in a rural hospital in Victoria as an option for clients to save the time and expense of travelling to appointments. When individualised funding became available for children with disabilities, it was immediately apparent that there was a lack of services for families in rural and remote Australia. Just because people had funding didn’t mean there were any services available to purchase. I started a private online speech pathology practice aiming to meet the needs of some of these rural families, and met my colleague Simone Dudley who is an occupational therapist from the Riverina in NSW and we joined forces to form an online business, Therapy Connect.

“We have had the opportunity to develop close relationships with families all around Australia and in Asian countries which are in a similar time zone. Recently, I worked with children and families in Coleraine, Port Hedland, Warragul, Kobe (Japan) and Alice Springs – all in the same day!

“Access to the internet is not quite as big a barrier as one would imagine although trying to close the great “data divide” between rural and metropolitan internet users is a work in progress. Rural users have poor internet speeds, extremely expensive data and satellite data is limited to 75GB per month. Despite this inequity, we have been able to help families find functional internet in most cases.

“We take a coaching approach to online therapy by identifying a key supporter to attend sessions. This is usually a parent but may be a learning support assistant working with a child in child care, kinder or school. We teach the support person to use therapy strategies during the sessions and to implement the same strategies on a daily basis within the child’s natural environment.

“Many of the therapy activities are low-tech and the same as those used in face-

to-face therapy – lots of card and barrier type games that can be emailed and printed ready for a session. The support person may be asked to gather books and toys that motivate the child and we sometimes recommend that the family purchase therapy games and activities using their resources funding.

“We use a videoconferencing platform that can be accessed by a link sent by email and doesn’t require the client to set up their own login. The program allows us to share the screen and the therapist can choose to keep control of the screen or give remote control to the child or supporter depending upon the goals of the activity. iPhone or iPad apps can also be shared on the screen.

Recently, I worked with children and families in Coleraine, Port Hedland, Warragul, Kobe (Japan) and Alice Springs – all in the same day!

“The potential of teletherapy to fill service gaps in rural and remote Australia is enormous. The body of evidence supporting telepractice as an effective and acceptable alternative to traditional therapy is growing. Therapy Connect is hoping to add to the evidence by partnering with University of Sydney researchers in a study titled Connecting Rural Children to Therapy Supports: A Trial of Telepractice for Allied Health Service Provision which was funded by a grant from the auDA Foundation.

“By uncovering more about what outcomes are possible with teletherapy, and how therapists can deliver telehealth services so that they best suit the needs of children and families, we hope to establish telehealth as a viable option for providing families with therapy services that might otherwise not be available locally.”

SPs Abroad



Our experience in Cambodia

SPEECH PATHOLOGISTS CHYRISSE HEINE, SAMANTHA ALCORN, WINORA TAN, JESSICA DIMATTINA, CAROLINE JAMES, HELENA SANDERSON AND DEARNE THOMASSEN VENTURED TO CAMBODIA RECENTLY AND TREATED MORE THAN 670 PEOPLE.

Lou?, lou klang?, lou kasawy?

Little did we know, that on our recent mission to Cambodia, we would be saying these words many times a day. Simply translated, “Do you hear?” “Hear loud?” “Hear soft?”.

“In October 2016, we accompanied Cambodia Vision Inc on their annual mission to Cambodia. Our destination was Pursat Province which is a large regional province 174km north-west of Phnom Penh. Cambodia Vision is a not-for-profit organisation providing eye and health care to communities in Cambodia. 2016 was the first time that a hearing and speech team joined the mission.

“Our aim was to provide ear health and speech pathology services. Our preparation entailed for example, compiling Khmer sheets of communication strategies; an articulation survey; swallowing assessment protocols and audiograms, but we knew it would not be enough! The purchase of small, transportable and battery-powered equipment was a mission in itself!

“We worked in the dental clinic of Pursat Referral Hospital, which consisted of a veranda, an entrance room and a larger room with dental chairs and equipment. On set-up day, we arranged the space into a working clinic. The veranda was the waiting room (where people waited for many hours in extreme heat to see us); the entrance room was for audiometry and the larger dental room was divided into a listening rehabilitation area; a small area (for those who required further ear care from Chyrisse) and a small corner area were for communication and swallowing assessments and intervention.

“Registration staff screened people on intake and directed them to the required service. Some people required multiple services such as ear care and GP or vision services. They were prioritised as they waited for many hours for each service, even days!

“Day 1, we set-up. We were pretty proud, thinking that we would be prepared for our first patients. Day 2, after a 7am

breakfast, we were ready and prepared for our first day – or so we thought!! Our veranda was completely filled with people (many, many people) and it wasn't even 8.00am!!!

“We got to work immediately. There was no time to panic or change the structure or take a break!! We thought the easiest way to manage the caseload would be for three people to do the intake and otoscopic examination on the veranda. By 11am the outside team were hot, tired and dehydrated – we had not even made a dent in the crowd. Changing teams didn't help much either as the cycle persisted – hot, tired, dehydrated and lots of people still to see. The revolving stations went relatively well. Patients progressed from the veranda to audiometry and then listening management or other assessment or referral. In the beginning, we did not have interpreters (other than one of our team who spoke Khmer) and communication was by gesture and prerecorded Khmer instructions (videos). And so the day passed! By 6.45pm we were at the hotel a lot wearier, hotter and wiser. This could not happen again tomorrow! We were however very proud – we saw 155 people that day!

“We debriefed every night after dinner. It was hard to sleep thinking about the chaotic day, but who knew what the next day or week would bring?

“On Tuesday we changed things around – noone worked outside in the heat and we placed a fan in the audiometry area. The flow of work was better. Lunchtimes were staggered but we were determined to remind each other to take water and snack breaks throughout the day.

“A highlight was assisting a number of deaf signers. We could not believe that these people (all ages) with severe-profound hearing loss heard sound (with a listening system) almost for the first time! This was incredible and each person deserved a small celebration –we showed our excitement! Another highlight was a mother and son who returned to the clinic numerous times for intervention. This was our first ongoing patient!

“We had many funny and serious moments including the defining of ‘itchy cream’. In the Cambodian culture, it is usual practice to



“We debriefed every night after dinner. It was hard to sleep thinking about the chaotic day, but who knew what the next day or week would bring?”

remove wax from the ears. Not only did we encounter people who had used inventive objects to remove the wax (e.g., tree root or wooden sticks) but since they had no earwax, people had insects in their ears, ear infections and itchy ears (dermatitis). ‘Itchy ears’ were prevalent and ‘catchy’. People did not want to miss out on a service so even if they did not have dermatitis, if they sat next to someone who needed Chyrisse’s ‘itchy ear cream’, they wanted it as well. Actually, ‘itchy ear’ management required an “itchy cream” area for its administration.

“Although the days were long, followed by late dinners, late debriefing and even later to bed, we fondly remember many of the patients we saw, like: the lady who mimicked the audiometric tones, the gentleman who received a listening system and had cataract surgery, and a father who heard on the radio that we were in town and travelled by taxi for four hours so we could help his daughter. The list goes on and on.

“By the end of the mission, we had assessed 670 people, fitted over 600 listening systems and completed numerous swallowing assessments and therapy sessions. Our job was over for now!

“As quickly as our clinic was set up, it was dismantled. By late Saturday afternoon, there were no queues or new registrations. The atmosphere had gone, the bustling, chaotic crowd of people (including local school children and food vendors) was gone. The hospital was quiet. By mid-Sunday, we said goodbye to Pursat.

“On our final evening, the Cambodia Vision team attended a wonderful dinner with the Cambodian Minister of Industry, Mines and Energy, Ambassador Corcoran (the Australian Ambassador to Cambodia) and Ambassador Heidt (the American Ambassador to Cambodia) in attendance. What a grand conclusion to a successful mission!

Goodbye Cambodia, we will be back!”





Worries, dilemmas and planning

How SPA's ethics worksheets can help!

ARE YOU FACING a tricky situation in your practice? Do you find yourself worrying about a particular client, even when you are not at work?

Is a client presenting with a complex clinical picture and you feel unsure how to help them in the most appropriate way?

Take a look at the Approaches to Ethical Reasoning worksheets on the Ethics Education page of the SPA website.

In conjunction with the SPA Ethics Board I provide education and support for members to embed professional ethics into clinical practice. We have developed worksheets to assist members' problem-solving and planning when tackling a difficult situation in professional practice, including when facing an ethical dilemma or experiencing "ethical unease".

The worksheets are based on four ethical decision-making approaches:

- **Principles-based reasoning decision making protocol** draws on values, principles and standards of practice from the Code of Ethics, to describe the problem and identify possible actions to take.
- **Casuistry** utilises your experience with, or knowledge of, precedent or test cases. This framework assists you to determine the most important issues of the case and examine how you (or your colleagues) have managed similar cases previously.
- **The Ethics of Care Approach** focuses on the willingness of health care professionals to advocate for their clients, i.e., what are the needs of the individual and family, what are the roles and responsibilities of the health care provider/s. This framework assists in identification of the barriers and resources required to provide appropriate services.

- **The Narrative Approach** focuses on individual life stories to identify the key characters in the situation and develop strategies to ensure all stakeholders can have a "voice" in future actions.

Each worksheet provides focus questions you can use to identify and work through the issues in the situation you are facing. The frameworks will also help you to plan your management and intervention for the client by identifying potential pathways to resolve the situation and appropriate actions to take.

The worksheets have been designed for use by an individual member, as you face a difficult situation, or they can be used by a group of members undertaking a professional development activity or case discussion.

The worksheets can be found on the [SPA website](#).

[Members](#) → [Ethics](#) → [Ethics Education](#) → [Approaches to Ethical Reasoning](#)

Resolving an ethical dilemma or managing a difficult situation to achieve an appropriate resolution can be professionally challenging and personally taxing. However, by accessing appropriate resources and support, development of your knowledge and experience in problem-solving these "tricky" situations will enrich your resourcefulness. In turn, this will be professionally rewarding, and ultimately beneficial to your future clients.

Trish Johnson is the SPA National Office Senior Advisor Ethics and Professional Issues, and is available to discuss specific ethical issues members face, tjohnson@speechpathologyaustralia.org.au

speechpathologyaustralia.org.au

Trish Johnson
Senior Advisor, Ethics and
Professional Issues

International Dysphagia Diet Standardisation Initiative

THE INTERNATIONAL DYSPHAGIA DIET STANDARDISATION

Initiative (IDDSI) is an international, multi-disciplinary group of volunteers who have been collaborating since 2012 to develop standardised terminology for texture modified foods and thickened liquids for people with dysphagia. The final IDDSI framework was released on 12 September 2015 and can be found at www.iddsi.org

Thank you to the members of both Speech Pathology Australia (SPA) and the Dietitians Association of Australia (DAA) for providing valuable feedback regarding the implementation of the framework in Australia.

SPA and DAA hosted a stakeholder forum on 9 November 2016, at which time the consensus view was to adopt the new IDDSI framework. It was agreed that there will be many benefits to implementing the framework including positioning Australia as leaders in the use of international standards in dysphagia care. This initiative also presents an opportunity to advance application of international research on dysphagia.

There were, however, concerns among the stakeholder participants, including those relating to nutritional risk, risk to patient safety in the transition period, provision of funding and resources for education and implementation, the need for a realistic timeline and testing methods. A risk management plan will be required to manage these risks moving forward.

Both SPA and DAA Boards ratified the decision to endorse


and implement the IDDSI framework in Australia at their recent November meetings.


A steering committee has now been established with representatives from SPA, DAA, food service, industry and IDDSI. The steering committee will plan for an appropriate timeline and resources needed for implementation, as well as assessing and managing the potential risks.

Adoption of the IDDSI framework in Australia will still be a number of years away. Please continue to use the current Australian Standards for Texture Modified Foods and Fluids at present and we will keep you updated as further plans are made.

For further information or questions contact Trish Johnson at SPA National Office: tjohnson@speechpathologyaustralia.org.au.

Gail Mulcair
Chief Executive Officer



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See our complete workshop schedule at www.hanen.org/MTWorkshop



Early Career Reference Group

Resources for early career clinicians in private practice

THE EARLY CAREER REFERENCE GROUP is a team made up of 11 early career speech pathologists as well as team members from Speech Pathology Australia. This group is working together to develop resources to guide and support early career clinicians.

We recently received an email from Dasha Kolesik at Say Hooray Speech Pathology that posed the question:

“How could a small private practice owner/manager best support an early career SP? There are resources that I’ve utilised from the SPA website but I’d love to hear from direct input from some SPs. If by any means this isn’t possible, I completely understand, but otherwise it would be insightful to see the response.” Dasha Kolesik at Say Hooray Speech Pathology.

Our email response to this was as follows:

“What a wonderful email to receive! It is useful to both new graduate clinicians and their employers to understand resources and strategies to best support early career employees.

“From your email we can see that you have accessed Speech Pathology Australia’s Early Career Support page that provides resources for speech pathology students and early career employees.

“Your question was posed to the Early Career Reference Group, which is made up of 11 early career speech pathologists and the following ideas were suggested:

- Having a meeting between employer and early career SP to understand the expectations and entitlements of the role including caseload, supervision and professional development. This should be reviewed regularly to encompass changing expectations.
- Regular supervision for the early career SP that allows the SP to develop goals for learning and strategies to achieve the goals. This supervision should be guided by the SP and can involve individual supervision or a combination of individual, group and peer supervision.

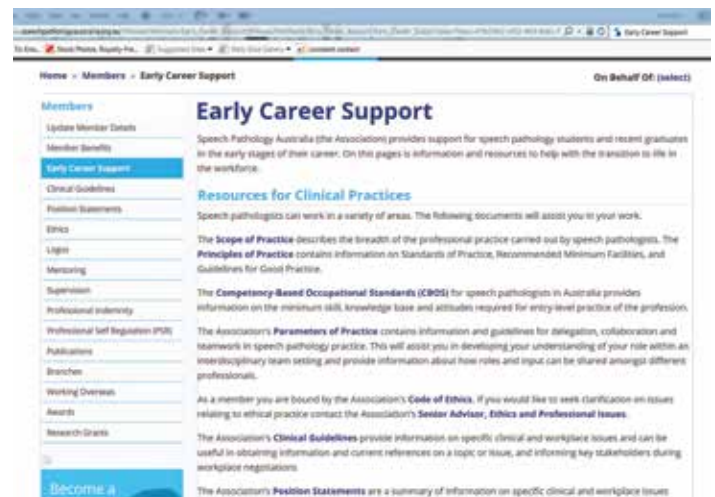
“Supervision should guide the early career SP in professional development opportunities based on caseload and personal needs and requirements. For example, if the early career SP feels he/she needs to develop stuttering skills for the preschool

population, the Lidcombe Program course would be useful for skill development.

“The Early Career Member Community on Facebook will be used to disseminate information and provide discussion regarding issues relating to Early Career Speech Pathologists.

“Thank you for getting in contact with our team and we hope to regularly include information in *Speak Out* regarding the resources we are developing for employers and early career speech pathologists.”

If you would like to pose a question to the Early Career Reference Group, please join the Early Career Member Community on Facebook.



Go to www.speechpathologyaustralia.org.au → members → early career support.



National Conference

28–31 May 2017, ICC Sydney



Program update

The Conference Planning Committee is pleased to announce that the **2017 National Conference – WiFi** program has been finalised. This was a particularly challenging process given the unprecedented number of high-quality submissions that were received. As it was not possible to arrange them all into one conference program, the CPC considered innovative options. This led to the Presented ePosters (PeP) being offered to some presenters for inclusion within conference sessions. These will be 3-minute presentations and the ePoster will also be on display in the exhibition hall.

The CPC has worked hard to produce a program with an excellent range of high-quality presentations under a number of topics that will be of interest to a wide cross-section of the profession.

Each author who received notification late 2016 that their abstract had been included, were emailed an “official” confirmation. If for some reason you have not been contacted, please email the National Conference Manager on conference@speechpathologyaustralia.org.au

Authors providing ePosters are reminded that their slide is to be emailed to the National Conference Manager (using the template provided) by **Monday, 6 March 2017**. Authors presenting at the conference are required to return their Speaker AV Checklist to Event Technology by **Wednesday, 3 May 2017**. Please contact the National Conference Manager if you are not able to meet either deadline.

Due to a time change for the Sunday presentations, the speaker and chairperson briefing will now be held between 5.45pm and 6.00pm on Sunday, 28 May 2017 at the ICC Sydney.

Conference program flyer

Included within this issue of *Speak Out* you will find a copy of the conference program flyer. This is an overview of the sessions that will be presented.

The CPC is delighted to be able to announce that Professor Emily Plowman is offering a masterclass presentation on the Sunday afternoon prior to the pre-registration and welcome reception. The masterclass is an optional extra to the registration fee.

We are also pleased to advise that the Private Practice workshop **Successfully preventing or managing the “I thought this would never happen to me” moments in private practice**, will be presented on the Sunday morning. This workshop will be included within the full conference registration fee and open only to conference attendees.

Registration for WiFi

Working and investing in Future innovations

A reminder that the online conference brochure and registration will be available from the conference website from **Wednesday, 8 February 2017**. Please ensure you have renewed your membership for 2017 to take advantage of the early-bird registration rate. The early-bird rate closes **Wednesday, 12 April 2017**. To try to ensure a faster process and less chance of being logged out, we ask that you read through the conference program, select the sessions you wish to attend, and then proceed to the online registration.



Restaurant night

The restaurant night is on the Tuesday evening of the conference and has been a long tradition. To help facilitate the process and have a clearer estimate of participant numbers, we are asking members to select their restaurant preference at the time of registration. A variety of restaurants with various cuisines have been selected. At the conference, delegates will be asked to re-confirm their attendance by morning tea Tuesday, 30 May so restaurant reservations can be finalised.



Key dates

- ▶ **Registrations open
Wednesday 8 Feb**
- ▶ **Early-bird rate closes
Wednesday 12 April**



Call for student volunteers/assistants

Speech Pathology Australia is calling for speech pathology students at Charles Sturt, Macquarie, Newcastle, Sydney and Australian Catholic Universities (NSW) who are financial members of the Association to volunteer as staff assistants for the **Speech Pathology Australia 2017 National Conference: WiFi**. You will assist the National Conference Manager and need to be available from the morning of Saturday, 27 May through until the evening of Wednesday, 31 May 2017. In appreciation of your commitment, your student conference registration fee will be waived. You must be prepared to work hard, be flexible, responsive to organisational requirements and have some fun as well! If you are interested in this opportunity, ensure you are a current financial Speech Pathology Australia member and email your resumé to Pamela Richards, National Conference Manager on conference@speechpathologyaustralia.org.au no later than Thursday, 2 March 2017. Please include your area/s of interest so if you are successful she can try to match you to relevant sessions. Ten students will be accepted.

Accommodation

Discounted rooms have been block booked delegates of four hotels within close walking distance to the International Convention Centre Sydney. Vivid will be held in Sydney during the



dates of our conference, so it will be a very busy. (Vivid Sydney is a festival of light, music and ideas. Vivid Light transforms Sydney into a wonderland of "light art" sculptures, innovative light installations and grand-scale projections for all to enjoy – for free). Book your accommodation now to avoid disappointment.

Please visit the conference web site and the accommodation link to make your booking.

From either domestic or international terminals, Sydney's rail link will transfer you from the airport to the city centre and return. Visit this website for further information www.airportlink.com.au

To view all the above information please visit www.speechpathologyaustralia.org.au and the link to the National Conference 2017.

Welcome reception & win a ticket to climb the Sydney Harbour Bridge

Don't forget to keep a look out for Event eNews in your email inbox. Answer the question and go into the draw to win the bridge climb which will be drawn during pre-registration on Sunday, 28 May 2017.

On behalf of the CPC, we hope you will take advantage of this opportunity to attend this innovative and exciting event and we encourage you to register for the 2017 National Conference and look forward to welcoming you to Sydney.

Harmony Turnbull
2017 Conference Convenor
Pamela Richards
National Conference Manager





National Conference Sydney 28 - 31 May 2017

Working and Investing in Future Innovations represents more than just a signal that connects us to the digital world. It represents hard work, innovation and investment in the future. The 2017 Conference Planning Committee (CPC) invites clinicians, researchers and academics to join them in Sydney for the Speech Pathology Australia National Conference.

Keynote and invited speakers

Professor Emily Plowman

completed a Bachelor's in Speech and Hearing Science with First Class Honours from Curtin University in 2000. Her postgraduate studies were completed in the US (Doctorate in neurorehabilitation supervised by Jay Rosenbek; post-doctoral fellowship in basic neuroscience with Jeffrey Kleim).

Emily holds the position of Associate Professor in the departments of Speech, Language, Hearing Sciences, Physical Therapy and Neurology at the University of Florida, is clinical director at the Center for Respiratory Rehabilitation and Research, and clinical director of speech pathology services at specialised Amyotrophic Lateral Sclerosis (ALS) multidisciplinary clinics at the University of South Florida and the University of Florida. Emily is an accomplished clinician, teacher and an internationally renowned speaker in the area of critical thinking in dysphagia management.

Emily is founding Co-Director of the Swallowing Systems Core. Her research focus has been on understanding mechanisms of bulbar dysfunction in neuromuscular disease and improving the clinical management of speech, swallowing and breathing in these challenging patient populations. She holds current funding from both the National Institutes of Health and the ALS Association in this area. Her research in the treatment of bulbar dysfunction in ALS was recognised with the 2013 ASHA Speciality Board in Swallowing Disorders Award.



Dr Laura Justice

Many will remember Dr Laura Justice who addressed our conference delegates in 2009 in Adelaide and stimulated our creativity and craftsmanship, leaving us enthused and ready to innovate. Laura now joins us again to describe how she has been working and investing in innovative practices and will challenge delegates to consider one of the big questions for most clinicians – treatment dose! Laura's investments in early language and literacy have resulted in an impressive career that will stimulate innovation across many other areas of practice. She will examine what "dose" involves, why it's important and examine the evidence base to inform the crucial decisions clinicians make. Laura will challenge us to look towards the future with innovation and enthusiasm.



Dr Tricia McCabe

invited presenter of the 2017 Elizabeth Usher Memorial Lecture, will enthuse delegates with her innovative work on interventions for speech impairments in children and adults. Tricia has been working and

investing in the evidence base of our profession and will challenge us all to reflect on our practices – past, present, and the changes we need to make in the future. With a backdrop of the Speech Pathology 2030: Making Futures Happen project, this lecture will examine where we have come from and the investments we will need to make in order to realise the innovative futures of our profession.



Please visit the National Conference website for the abstracts of our keynote and invited speakers.



Program overview

Sunday 28 May 2017

The Private Practice Workshop is offered to Conference delegates, the Self Awareness, Inclusive Engagement and Leadership Workshop is open to ALL SPA members. The Keynote Masterclass is an optional extra to the registration fee.

9.30am – 1.00pm (includes Morning tea)

SW1 *Successfully preventing or handling the “I thought this would never happen to me” moments in private practice*
Attendance number: 100

1.00pm – 5.00pm (includes Afternoon tea)

SW2 *Introduction to culturally responsive practice presented by Indigenous Allied Health Australia*
Attendance number: 60

2.00pm – 5.30pm (includes Afternoon tea)

SM1 *Critical thinking in dyspraxia management*
Professor Emily Plowman
Attendance number: 100

5.45pm – 6.00pm

Speakers and chairpersons briefing

5.00pm – 6.30pm

Pre-Registration and Exhibition

6.30pm – 9.00pm

Welcome Reception at Luna Park

Sponsors include:



Conference dinner and photo booth



Conference lanyards

Due to the large number of abstracts submitted and the CPC wanting to accept as many as possible, PeP (presented ePoster) have been included in to some of the conference sessions and the number of actual sessions has increased to six per day.

Monday 29 May 2017

8.45am – 9.20am

Welcome to **WiFi**: Working & investing in Future innovations and Opening Address

9.20am – 10.30am

MKP *Keynote Address by Professor Emily Plowman*
Harnessing principles of plasticity in speech and swallowing rehabilitation

10.30am – 11.00am Morning tea

11.00am – 12.45pm

M1A *Adult*

M1B *Early speech and language*

M1C *Clinical education 1*

M1D *Getting on the same wavelength: Goal setting and outcome measurement in the NDIS context (W)*

M1E *Child apraxia of speech (CAS)*

M1F *Voice*

12.45pm – 2.15pm Lunch

2.15pm – 3.45pm

M2A *Keynote Seminar Presentation by Professor Emily Plowman*
Advanced dysphasia treatment (S)

M2B *The debate continues over the language of language disorder: Let's all have our say! (W)*

M2C *Vulnerable children/Mental health*

M2D *Paediatric feeding*

M2E *Fluency*

M2F *Apps, Access, AAC, and all that stuff! (W)*

3.45pm – 4.15pm Afternoon tea

4.15pm – 5.45pm

M2A *Keynote Seminar Presentation by Professor Emily Plowman*
Advanced dysphasia treatment (S) cont'd

M3A *Child speech*

M3B *Working with vulnerable adolescents in school, mental health, and youth justice settings (W)*

M3C *Early language*

M3D *CALD 1*

M3E *Autism spectrum disorder (ASD)*

6.00pm – 7.30pm

Speech Pathology Australia: Annual General Meeting and Awards

Tuesday 30 May 2017

7.30am – 8.45am

TB *Breakfast presentation: The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework: Practical information regarding implementation in the Australian context.*

9.00am – 10.30am

TEU *Elizabeth Usher Memorial Lecture by Dr Patricia (Tricia) McCabe*
How do we change our clinical practice?

10.30am – 11.00am Morning tea

11.00am – 12.45pm

T1A *Social language and behaviour (F)*

T1B *CALD 2*

T1C *Working with people at the end of life: Exploring an extended scope of practice for the speech pathologist (W)*

T1D *Service delivery*

T1E *Pseudoscience in the clinic and classroom: Stirring the possum or going with the flow (W)*

T1F *Augmentative and alternative communication (AAC)*

12.45pm – 2.15pm Lunch

2.15pm – 3.45pm

T2A *From our perspective: Stories to shape the future*

T2B *School age language 1*

T2C *Aphasia 1*

T2D *CALD 3*

T2E *The future starts now: Application of professional ethics in new work environments (W)*

T2F *Acquired brain injury (ABI)*

3.45pm – 4.15pm Afternoon tea

4.15pm – 5.45pm

T3A *Dysphagia 1*

T3B *ASD (F)*

T3C *Youth Justice*

T3D *Global issues in developing communities (W)*

T3E *Strategies for placement educators: Learning and competency development in placements with students from culturally and linguistically diverse backgrounds (W)*

T3F *School age language 2*

6.00pm – 7.00pm University Staff Reception

7.00pm Restaurant night

Wednesday 31 May 2017

9.00am – 10.30am

WKP *Keynote Address by Dr Laura Justice*
Conceptualising “Dose” in speech-language interventions: Current findings and future directions

10.30am – 11.00am Morning tea

11.00am – 12.45pm

W1A *Keynote Seminar Presentation by Dr Laura Justice*
Powering up our vocabulary intervention approaches: Applying robust vocabulary techniques to speech-language intervention (S)

W1B *Dysphagia 2*

W1C *Access for all*

W1D *Hearing*

W1E *Technology and innovation*

W1F *Primary progressive aphasia (PPA)*

12.45pm – 2.15pm Lunch

2.15pm – 3.45pm

W1A *Keynote Seminar Presentation by Dr Laura Justice*
Powering up our vocabulary intervention approaches: Applying robust vocabulary techniques to speech-language intervention (S) cont'd

W2A *Aphasia 2*

W2B *CALD (F)*

W2C *Clinical education 2*

W2D *Implementing effective community aphasia groups in your workplace (W)*

W2E *Disability*

4.00pm – 4.45pm

Close of **WiFi** and launch of 2018 National Conference Adelaide

7.00pm – 12.00am

Pre Dinner Drinks and Guild Insurance Conference Dinner

Presentations are subject to change so please ensure you regularly check the **2017 National Conference webpage** at www.speechpathologyaustralia.org.au



@SPAConf



SpeechPathologyAustralia



@speechpathaus

(F) denotes forum (S) denotes seminar, (W) denotes workshop





NDIS 2017: An update

IMPLEMENTATION OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) HAS SHIFTED FROM A TRIAL PHASE TO FULL SCHEME TRANSITION.

THE SHIFT FROM trial to full scheme of the NDIS means a significant upscaling of effort for the NDIS in 2017 as it increases the number of participants being provided access to the scheme and to NDIS plans and:

- continues to develop the Information, Linkages and Capacity building “piece” of the NDIS;
- develops a national system for provision of assistive technology; and
- finalises and plans for implementation of a National Quality and Safeguarding Framework.

For the most part, transition to full scheme for the different states and territories continues, with additional geographical areas and/or age groups being included incrementally between now and July 2018. The exceptions are the ACT where all individual supports to people with disabilities are being provided through the NDIS, and where the (jurisdictionally based) ILC is being trialled, and Western Australia, which has decided to establish a nationally consistent but state-managed disability service provision system.

New NDIS Board Chair and members

There has been change in the composition of the NDIA Board. The seven new members appear to bring an increased level of financial and business experience, and a reduction in the number and percentage of the board who have “lived experience of disability”. The current board members are listed on the [NDIS website. www.ndis.gov.au](http://www.ndis.gov.au)

Bruce Bonahady, the inaugural and now outgoing Chair of the NDIS Board, sent a letter to the Federal Minister for Disabilities, Christian Porter, and the Disability Reform Council (comprising ministers responsible for disability service provision from the different states and territories). Highlights from the letter include:

- A summary of the task facing the NDIS, providing new plans and reviewing and renewing existent plans, and risks associated with balancing the quality of plans with delivery of the quantity of plans (and plan reviews) that is required.
- The need for “highly effective ICT systems with single point of data entry, high data integrity and comprehensive management information must be at hand”.
- Comment on the level of funding available in the NDIS for Information, Linkages and Capacity building: It is “not sufficient and means that one of the key foundations on which the NDIS is being built is weak”. (see below for information about the ILC framework and funding rounds)
- A summary of the challenges associated with the rapid increase in demand for services associated with the NDI; workforce, supporting participants to make informed choices that also offer value for money; managing market supply and risk of upward price pressures, ensuring provision of supports from “both specialist and mainstream services, to reduce cost pressures and facilitate inclusion”.
- Warning that the current limitation on the NDIS spend on its own administration costs is no more than 7 per cent of the total budget for the scheme.

National Quality and Safeguards Framework agreed by COAG

The Council of Australian Governments (COAG) announced a new national quality and safeguards framework on 9 December 2016, to commence with implementation of the full NDIS.

As part of this, the Commonwealth will set up:

- an independent, national complaints and serious incidents system and NDIS code of conduct; and

- a national registrar for registering service providers and monitoring compliance.

Responsibility for screening workers, and for the reduction and elimination of the use of restrictive practices will be a shared responsibility. The Commonwealth will be responsible for developing national policy and standards for the screening of workers, and states and territories will be responsible for implementation of the screening checks.

A national senior practitioner is to be appointed to improve support for participants and service providers and to enhance reporting.

States and territories will continue to authorise and report on the use of restrictive practices in their jurisdiction.

The current arrangement, with state and territory governments' managing quality and safeguards arrangements as per their existent processes, will continue during the transition period i.e., to July 2019.

Information, Linkages and Capacity Building

The NDIA recently released a further version of the ILC Commissioning Framework. The Framework identifies four activity areas and five key priority areas for ILC.

As well as jurisdictional based grant rounds there will be national ILC readiness grants. A call for applications has been released for the first jurisdictional based grant round, which will be in the ACT, and for the first round of national grants.

The objective of the ILC National Readiness Grants is to support projects aligned to the ILC Policy and the ILC Commissioning Framework that will:

- build the capacity and readiness of organisations and the community to operate within a nationally consistent approach to ILC; and
- build the foundations required to deliver ILC activities on a national scale.

This objective will be achieved by funding activities that reduce duplication of effort; and/or demonstrate effective and efficient outcomes for people with disability with opportunity to scale or transfer to other areas; and/or inform the development of models of good practice, including at the national level, to deliver ILC outcomes.

The NDIA will accept applications for National Readiness Grants in the following two activity areas described in the ILC Policy:

- Activity Area Two – Capacity building for mainstream services; and
- Activity Area Three – Community awareness and capacity building.

The program guidelines for ILC, frequently asked questions and the ILC Outcomes Framework are also available, along with an ILC Toolkit, which is designed to help organisations develop an increased understanding of ILC, support development of skills to apply for and manage grants and improve skills in measuring and managing outcomes for people with disability.

Organisations with experience providing ILC focused activities, in a single state or territory, that may be appropriate or have relevance nationally, may be advised to consider developing networks and collaborative partnerships and applying for the national round of grants, rather than waiting for the grant rounds to become available in their jurisdiction.

Many activities which sit within the scope of practice for speech pathologists are a good “fit” with the activity areas and identified in the ILC framework.

Early Childhood Early Intervention (ECEI)

- The National Disability Insurance Agency (NDIA) has identified providers to deliver the ECEI during the transition period in a number of jurisdictions, and has provided further information about the ECEI approach, along with some fact sheets for families; accessing – e.g., Supports for My Child, which outlines the ECEI Approach and Starting Your Plan.

Information about the Early Childhood Intervention supports has also been added to the NDIS Price Guide, on page 44.

Where the EI Partner identifies that a child can benefit from an NDIS plan, the NDIS appears to be including Service Coordination as a support item more frequently, to support participants to implement their plans, including accessing providers, developing a service plan and creating service bookings with providers.

NDIS plans and supports:

- plans which had come up for review between 1 July and 30 November and were rolled over, for six or 12 months, depending on the age of the participant;
- My First Plan was introduced;
- planning meetings are now routinely conducted over the phone;
- MyPlace supports are now classified as CORE, CAPITAL and CAPACITY BUILDING in terms of support purpose, and sit within a support category (e.g., assistance with daily life – CORE, assistive technology – CAPITAL, Improved Daily Living Skills – CAPACITY BUILDING). Most supports offered by speech pathologists (i.e., therapeutic supports, or transdisciplinary supports) sit within the improved daily living skills support category;
- service bookings are created at the support category level rather than the line item level, allowing for flexibility in use of funding across supports.

Travel

The NDIS Price Guide states: “Providers can claim travel time at the hourly rate for the relevant support item for travel in excess of 10 km, up to a maximum annual limit of \$1000 per participant per annum. Providers who intend to claim travel costs from a participant’s plan using this provision must seek the agreement of the participant prior to any claim being made (e.g., the service agreement between the participant and provider should specify if travel costs are to be claimed”.

Regarding travel for delivery of Early Childhood Intervention the guide states, “Providers may claim reasonable transport costs incurred as part of delivering supports under the NDIS ECEI approach, as long as these costs are set out in a service agreement with the participant”. SPA will be seeking clarification, as this seems to limit participant’s ability to choose a provider and/or service delivery model which may involve more than \$1000 travel annually, or require providers to travel without charging.

Cathy Olsson
National Advisor Disability

BRANCH NEWS

Tasmanian Allied Health Awards 2016

THE TASMANIAN BRANCH

project No Bars on Books has been honoured with a Tasmanian Allied Health Award in the category Into the Spotlight: Raising the Profile and Awareness of Allied Health.

The purpose of the project, developed in 2015, was to supply books to the Risdon Prison library to enable Tasmanian prisoners to record audio stories for their children; and for the children to then be able to keep the book. It was very well supported by the community and local media and enabled speech pathologists to promote the importance of language development and family connectedness. Congratulations to all members who were involved



Tas branch representatives Linda Williams, Rosie Martin, Nicole Hatch and Isobel Lewis.

with this initiative and thanks to the Tasmanian Allied Health Professional Advancement Committee for this honour.



TAS 109
members
as at November 2016

Tasmanian Branch Welcomes Dennis Lo

In 2017, the Tasmanian Speech Pathology Australia Branch welcomes Dennis Lo as a member of the executive. Dennis graduated from the Flinders University of South Australia and is currently working at ILC Tas as a speech pathologist. He has been working with clients with complex communication needs in his current and previous positions.

Dennis was previously a member of the Communication Aids Clinical Advisory Committee for the Medical Aids Subsidy Scheme (M.A.S.S.) of Queensland Health. Besides augmentative and alternative communication, his other areas of interest include emerging technologies, environmental control and integrated systems.

As a branch executive, Dennis would like to contribute to the development of the profession in Tasmania. He feels it is an honour and privilege to be able to work with other branch executives, and looks forward to being part of the team. Welcome to Dennis!



Where do the DoE speechies go?

People are sometimes surprised to hear that speech pathologists working for the education department don't have the same holidays as teachers. We are often asked what we do then when the schools are closed for the longer summer break.

Many of us actually do take our annual leave at this time to spend with our families but for those who don't the time is very productive and valued. Like all speech pathologists the administrative duties of our role seem to be never ending and so we use this time to upload information onto the data base, write reports, make contact with other professionals, review policies and plan our caseloads for the upcoming year. It is also a time to reflect on our own practise and further develop skills and knowledge through self-directed learning and collegial support. Some families also like to continue therapy over the summer and so bring their children in for weekly sessions or review assessments at our offices. For senior staff we are often recruiting for the upcoming year and supporting newly graduated therapists to transition into a new life of full-time work. Some focus areas for the DoE teams this year will be our early literacy project, expanding the use of Plain English and continued collection of qualitative data to shape how we collaborate most effectively with school communities.

Having worked in Education for many years I now wonder if I could ever not think of my professional year in anything else but term-long blocks! I truly feel that Tasmania is blessed to have a Government school-based speech pathology service that is able to provide regular assessment and intervention to all children enrolled in public schools across the state. I wish all our DoE speech pathologists a great 2017!



Linda Williams

WA



WA 865 members

as at November 2016



WA AGM and awards night

THE WA SPA Branch held their AGM and awards night in December 2016. We would like to congratulate all the clinical educators and students who were nominated for awards, and share with you the award winners.

Clinical educator awards

The winner for Metropolitan Clinical Educator of the Year was Tina Kilpatrick who was nominated by three different students:

“Tina provided invaluable feedback and was very dedicated towards providing an excellent learning opportunity for her students. She provided the right balance of independence and support... she has made a significant impact on our growth as speech pathologists, and have learnt so much in... she genuinely enjoys working with students.”

The winner for Rural Clinical Educator of the Year was Jane Hunt:

“Jane arranged an adult placement which gave me a very broad range of experience... She guided me through the challenges of managing such a diverse caseload... She provided regular, thorough feedback and encouraged me even when I was finding the placement difficult.”

The winner for Rising Star New Clinical Educator of the Year Award was Katy Forrest:

“Katy was the most welcoming and supportive clinical educator... She had a unique ability of knowing exactly when to give support and when to allow me to be independent... my view of speech pathology as a profession has totally changed for the better and I know that wherever I end up in my career, I will have Katy to thank.”

The winner for Significant Contribution to Clinical Education was Kathryn Ramsay for her continual commitment to taking students:

“Kathryn is one of the most passionate and dedicated supervisors... Not only is she committed to ensuring that our learning needs are met, she goes above and beyond... Her skills as a clinical educator go far beyond clinical education, however, she remains grounded in ensuring that her students learn and achieve to the best of their potential.”

SPA awards

Most Outstanding Clinical Performance from Curtin University BSc (Speech Pathology) was awarded to Lasera Ng, nominated by both her placements:

“Lasera showed excellent clinical skills across both the aged care and community settings to the benefit of all clients she treated. Lasera showed initiative, particularly in the aged care setting... Lasera was an excellent team member, great collaborator and a delight to have within the clinic.”

Most Outstanding Clinical Performance from Curtin University – Masters (Speech Pathology) was awarded to Dana Hadian:

“Dana demonstrated outstanding professionalism, creativity and resourcefulness during her placement. She presented with a maturity that one would expect from a clinician with several years’ experience... Team members, school staff and parents gave so much positive feedback... Dana is one of those rare gems, a talented and gifted therapist.”

Abigail Lewis
Clinical Coordinator/Lecturer

Most Outstanding Clinical Performance from Edith Cowan University Bachelor of Speech Pathology was awarded to Hannah Dillon:

“Hannah was a highly professional valued member of our team. She displayed a high level of theoretical knowledge and integrated this seamlessly within session plans and informal discussion with staff and parents. Hannah’s ability to absorb new information and her commitment to lifelong learning was commendable.”

Community Awards

The 2016 Speak Easy Award is for students who have shown an outstanding commitment to helping individuals with stuttering difficulties in Western Australia.

The Curtin University award winners were Kerianne Bloch, Asha Bodycoat, Alice Carter and Tarryn Jones. The winner for the Edith Cowan University award was Clare Andrews.

The winner of the Dr Anthea Masarei Memorial Award was Sarah-Jane Dymond:

“This student always considered the needs of the clients and families and was always willing to put them first...those children thought they were the most important person in her world when they were with her...Both her clinical educators sincerely hope she works in rural WA – her compassion in her practice would be an asset to a rural community.”

Thank you to all clinical educators for all your support of students in 2016



Volunteering experience in Vanuatu

IN THE FIRST two weeks of July, Therapy Focus supported four therapists (physiotherapists Emily Brock and Nicky Scott, occupational therapist Caitlin Williams and speech pathologist Caitlin O’Meara) to volunteer their time to work with people with disabilities in Vanuatu. This was through a not-for-profit charity organisation called Joint Therapy Outreach (JTO).

JTO send a team of health professionals to remote islands in Vanuatu each year. JTO work closely with Wheelchairs for Kids, which is a charity organisation based in Perth. JTO ship wheelchairs, along with other mobility equipment, to Vanuatu so that the team can provide these to people with disabilities in remote communities in Vanuatu. JTO works closely with the Vanuatu government to promote disability awareness and encourage inclusion and participation of people with disabilities in their communities.

We visited Port Vila, Santo, Malekula and Ambae and worked with children with club feet, hydrocephalus, autism, cerebral palsy, Down Syndrome and other birth defects. We also worked with adults who had suffered strokes and other degenerative conditions.

As a team we were able to meet and work with lots of amazing people and we have so many stories that we will cherish forever.

During the first week while we were working on Malekula Island we met a 6-year-old boy. He presented with bilateral club feet restricting his ability to walk, attend school and participate in village life. We were able to spend two hours with him and with the help from Wheelchairs for Kids we were able to provide him with a customised wheelchair to enable him to participate and support his inclusion in village life.

The following week we were on Ambae Island and we met a 17-year-old. He presented with undiagnosed Autism and was also completely blind. His family did not understand his disability and did not know how to support him within the community. We learnt he had never left his hut. We discussed with his family how to provide him with more predictability as well as sensory strategies to help with his regulation. A representative from the Disability Services Commission in Vanuatu was able to explain the importance of including him in village life.

It was an incredible trip and we are so very grateful that we were able to be a part of it. This opportunity reinforced to us how important the work we do to maximise an individual’s quality of life.

Caitlin O’Meara

SOUTH AUSTRALIA



SA 573 Members

as at November 2016

SA Branch Lecture by Winthrop Professor Andrew Whitehouse

I AM SURE those who attended the 2016 National Conference will agree that one of the highlights was the Elizabeth Usher Memorial Lecture presented by Winthrop Professor Andrew Whitehouse titled Can we prevent disability in autism through infant interventions? Re-writing the rulebook. So when the opportunity arose to have Andrew reprise this lecture in Adelaide in October, the SA Branch jumped at the chance! A flurry of emails and phone calls quickly lead to agreement to make it happen.

Penny Miller from Novita Children's Services provided invaluable assistance by negotiating use of the lecture theatre at the Regency Park site as the venue. Invitations to attend were extended to both members and non-members, including speech pathologists and other interested professionals. In addition to the usual information to Branch members, flyers about the lecture were also disseminated through workplace networks to "spread the word".

On the day around 100 professionals, mostly speech pathologists, gathered from 5.30 pm to network and catch up over light refreshments ready for the lecture commencing at 6 pm. Recognising the opportunity to raise awareness among member and non-member speech pathologists who may not usually be involved

in the association at the local level, Executive provided a flyer highlighting key aspects of Branch activity as well as ways to keep informed and/or engage with the Branch.

Branch Chair Cathy Clark welcomed attendees and I had the privilege of introducing Andrew. Retitled Autism: Challenging the status quo for the Branch Lecture, Andrew once again delivered an engaging, informative, thought-provoking and inspiring presentation of his research and endeavours towards his "dream" to reduce the disability impact of Autism. Attendees appreciated the opportunity to ask questions at the end. We await the findings of the early intervention trial occurring in Western Australia with great interest.

This was the first time the SA Branch has undertaken a Branch lecture and it was a resounding success. It also sparked further interest in the National Conference coming up in Adelaide in 2018. We are very grateful to Andrew for making himself available, to Novita Children's Services for the venue and the various Executive and Branch members who assisted in facilitating the event in anyway, large or small.

Barbara Lyndon
Professional Learning Working Group Leader
South Australian Branch



Cathy Clark, Winthrop Professor Andrew Whitehouse, Penny Miller, Barbara Lyndon.



QUEENSLAND



QLD 1650
members

as at November 2016

Leading the way in Literacy!

THE LAUNCH OF Speech Pathology Australia's Clinical Guidelines for Speech Pathologists Working in Literacy has prompted me to share an exciting opportunity for speech language pathology in the Queensland Department of Education and Training (DET).

In January 2016, DET established the Reading Centre, an initiative that champions reading as an essential life skill and supports school leaders, teachers and parents to inspire, encourage and teach young Queenslanders to read. The Reading Centre has a director and manager, four reading coaches, and a speech-language pathologist, who provide specialist advice and professional learning to build the capability of teachers to plan for reading within the Australian curriculum and implement evidence-based teaching practices, and the confidence of parents to support their child's reading development both before and throughout their schooling years.

As I read the Literacy Guidelines, I am affirmed to see just how closely my work at the Reading Centre reflects the Association's guidelines.

At a system level and in my role as Senior Advisor Speech Language Therapy, I deliver evidence-based professional learning for school leaders, SLPs and class teachers on the integral relationship between oral language and literacy. For parents and educators of pre-schoolers, Reading Centre's professional learning that I have delivered has targeted the promotion of

spoken language and emergent literacy skills and the early identification of children at-risk for difficulties learning to read. For teachers and school leaders, the focus has been the language basis of reading comprehension and how to use conceptual frameworks to identify children at risk of or, experiencing difficulties learning to read, plan intervention that targets underlying causal factors and delivered at all levels within a response to intervention (RTI) model, and monitor progress using a dynamic assessment approach.

In addition, my role advocates for SLPs as a member of a multidisciplinary team in the differential diagnosis of dyslexia, including advice on assessment protocols, and contributing profession-specific input to the development of evidence-based intervention practices.

The SLP position at the Reading Centre provides a platform for continued advocacy for the role of SLPs in the literacy domain, an opportunity to influence the teaching of reading in state schools, and to demonstrate how an integrated service delivery model where teachers and SLPs work collaboratively can best support students to achieve reading competency and educational outcomes.

Jennifer Peach

**Senior Advisor – Speech Language Therapy
Metropolitan Region and Reading Centre**

BOOK of the YEAR

awards 2017

THE BOOK OF THE YEAR AWARDS RAISE AWARENESS OF THE ROLE SPEECH PATHOLOGISTS PLAY IN ASSISTING PEOPLE OF ALL AGES TO DEVELOP THEIR LANGUAGE AND LITERACY SKILLS.

In 2017 five award categories will be contested including:

- Birth to 3 years of age
- Three to 5 years of age
- Five to 8 years of age
- Eight to 10 years of age
- Indigenous Children

As in 2016, the Birth to three years category is strongly supported by Let's Read Australia.



CALL FOR NOMINATIONS

Do you have a favourite children's book that you believe should be nominated for this year's awards?

The Association is seeking nominations for children's books that speech pathologists feel promote oral language development and literacy skills in the five award categories.

A book needs to be exciting and stimulating, and satisfy the eligibility criteria:

- written by an Australian author;
- readily available in Australia;
- published in 2016 or 2017;
- retail for no more than \$30;
- facilitate interaction and collaboration;
- appeal to children; and
- maintain high production standards (graphics, design, paper stock, etc.)

The nomination form is available from the Book of the Year page on the Association's website. The deadline for nominations is 31 March.

HALL OF FAME NOMINATIONS

When warranted, Speech Pathology Australia presents its Children's Language and Literature Award. This is the Association's 'Hall of Fame' award.

The award recognises authors who have contributed significantly to children's language and literature. The award is not presented every year and only when a stand-out



candidate is nominated by a member. The relevant nomination form and selection criteria are available from the Book of the Year page on the Association's website. The deadline for nominations is 15 March.

SEEKING JUDGES

Each of the five categories of the Book of the Year uses the services of eight volunteer judges. All judges are asked to read and critique the shortlisted books according to a pre-prepared judging template. Once the judging process is complete all the reviewed books are donated by a judge to an organisation that will benefit from receiving them.

If you are interested in judging the Book of the Year Awards in 2017 you will need to satisfy the following criteria:

- have an interest in children's language and literature,
- some paediatric experience (this may be through work or family experience),
- the time over June to August to read and critique approximately 12 shortlisted books,
- the ability to work to a strict time deadline.

If that sounds like you, please email marketing@speechpathologyaustralia.org.au with the following details:

- your name,
- postal address,
- contact details,
- the category you would prefer to judge (one only) a very brief description of why you would be a good judge.

The closing date for expressions of interest for judging is 31 March.

Please note that preference is given to members who were Book of the Year judges in 2016.

MICHAEL KERRISK
Marketing and Communications Manager

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