



Speech and Language Therapy Department



Lancashire Teaching
Hospitals
NHS Foundation Trust



Student Placement Induction Pack

Speech and Language Therapy

Speech & Language Therapy Department
Royal Preston Hospital
Sharoe Green Lane
Fulwood
Preston
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Our Values

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WELCOME

Introduction

Welcome to the Speech and Language Therapy Department which is part of the Integrated Nutrition and Communication Services. We are a very friendly team comprised of Speech and Language Therapists, SLT Trainee Assistant Practitioner, SLT Assistant and Admin staff. We hope you will really enjoy your placement with us and have created this pack as a useful resource to help you settle in with or team. The purpose of this document is to provide you with information to help you on your first visit, as well as serving as a useful reference point until you are familiar with procedures in the department. The document will also help to clarify some issues relating to your clinical work in the department.

Speech and Language Therapy Department

Please do not hesitate to ask you Clinical Educator or contact the Department for any further information.

Please contact your Clinical Educator when you receive this, to confirm details of your first visit.



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ABOUT US

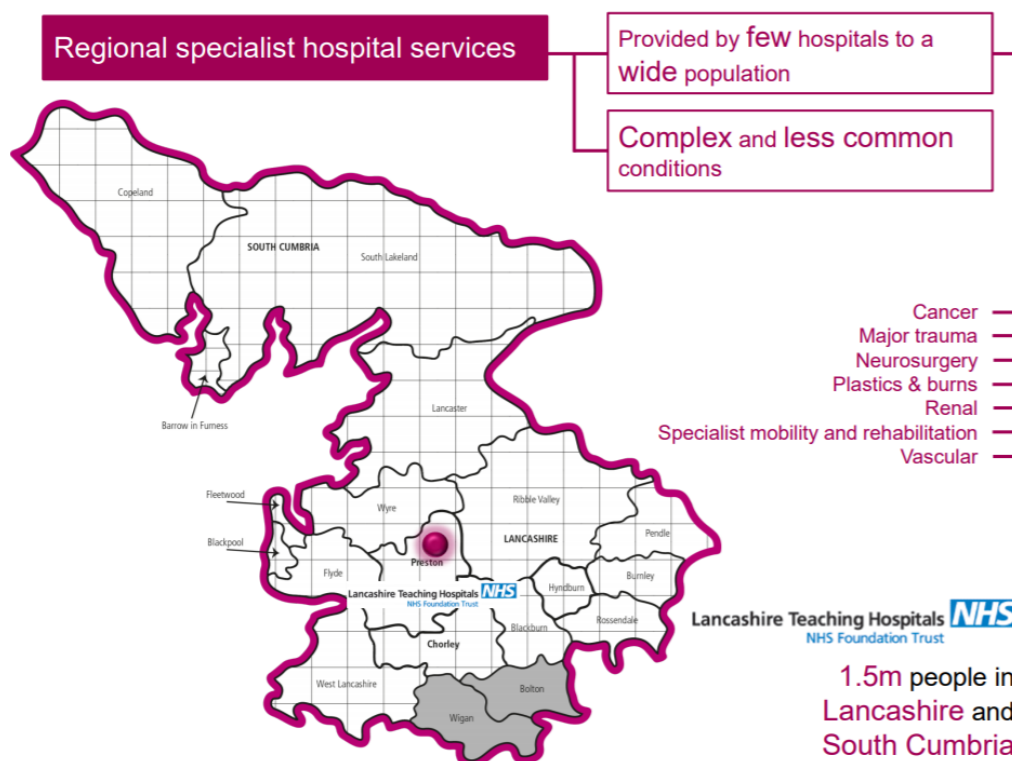
We are one of the largest and highest performing trusts in the country, providing district general hospital services to 370,000 people in Preston and Chorley, and specialist care to 1.5m people across Lancashire and South Cumbria.

We provide care from three facilities:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- the Specialist Mobility and Rehabilitation Centre

We are a regional specialist centre for:

- Adult Allergy & Clinical Immunology
- Cancer (including radiotherapy, drug therapies and cancer surgery)
- Disablement services such as artificial limbs and wheelchairs
- Major Trauma
- Neurosurgery and Neurology (brain surgery and nervous system diseases)
- Renal (kidney diseases)
- Vascular



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Trust Mission Statement:

Our mission is to provide excellent care with compassion.

We have three equally important strategic aims – to provide outstanding healthcare to our local communities, to offer a range of high quality specialised services to patients in Lancashire and South Cumbria, and to drive innovation through world-class education, training and research.

We are constantly striving to improve, and working towards becoming an outstanding, high performing organisation.

Our Values:

Our values define who we are and how we behave.

- **Caring and compassionate:** We treat everyone with dignity and respect, doing everything we can to show we care.
- **Recognising individuality:** We respect, value and respond to every person's individual needs.
- **Seeking to involve:** We will always involve you in making decisions about your care and treatment, and are always open and honest.
- **Team working:** We work together as one team, and involve patients, families, and other services, to provide the best care possible.
- **Taking personal responsibility:** We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud of.

Speech and Language Therapy Team:

Our speech and Language Therapy department covers a wide range of specialist clinical areas. We provide a high quality service to inpatients and outpatients at the Royal Preston Hospital and Chorley and South Ribble District Hospital. Our services support's patient's locally and from the Lancashire and South Cumbria area.

We offer a FEES (Fiberoptic Endoscopic Evaluation of Swallow) and VFS (Video fluoroscopy) service and support patients' with tracheostomies, laryngectomies, dysphagia, dysarthria, apraxia, cognitive communication disorders, voice disorders and in paediatric feeding clinics. We provide dynamic assessment, diagnosis and specialist intervention. We deliver regular training sessions as part of the Health Care Assistant induction programme, Enteral Feeding Study day, Tracheostomy awareness and Neck Breathers awareness day.



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DIRECTIONS

Royal Preston Hospital

How to find us - by car: From the M6 motorway

Come off at junction 32 off the M6. Turn left off the slip-road onto the A6 Garstang Road, heading towards Preston. At the second major set of traffic lights, turn left into Sharoe Green Lane. The main entrance to Royal Preston Hospital is 200yds on the right.

Car parking:

Parking at the hospital is limited and we recommend residential parking if possible. To park on site at the Royal Preston Hospital you will either need to park on the public car park – there will be a daily charge which is £3.00 for up to 6 hours and £10.00 for over that. Visitors' car parks are A, B, G, N, & L.

Please complete and return the enclosed car parking permit form. We will endeavour to secure you a car park permit that you will be able to collect from the car parking office at RPH 2-3 days later.

Alternatively there is a park and ride scheme which you can use but you must contact your clinician at least **2 weeks** before your placement to ensure that this can be arranged.

How to find us - by local transport:

Bus Service:

Preston Bus Ltd operates services from the main Preston Bus Station to the Royal Preston and Sharoe Green Hospitals, via routes through local areas. Services required are numbers 7,19,22,23,123. Preston Bus has recently introduced onto the hospital routes buses adapted for use by disabled people to ensure easy access and exit from public transport. For further information please contact Preston Bus Ltd on 01772 821199 or 01772 253671 or access the following:

[The Trainline](#) ; [Preston Bus](#) ; [Lancashire journey planner](#) ; [John Fishwick & Sons](#)

Taxi Service:

Local taxi firms also offer a service to and from the hospital. Free-phones are available at Royal Preston Hospital site to make taxi bookings.

Disabled access:

All entrances to Royal Preston Hospital are accessible by wheelchair, either by being on ground level and/or having low gradient ramps. The hospital also has lifts to all floor levels. Any enquiries should be directed to the Volunteer Information Desk, telephone 01772 716565 ext 3113.



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Location:

We have a suite of offices next to Occupational Therapy and Physiotherapy, which are well sign-posted from the main outpatients' entrance. The main office base is in the team room.

Chorley and South Ribble District General Hospital

How to find us - by car: From the M61 motorway:

Directions to the hospital are well sign-posted on public highways from all directions. The hospital site is situated within three-quarters of a mile from junction 8 of the M61 motorway. When leaving the motorway at Junction 8, follow signs towards Chorley (A6) along short dual carriageway. At the first roundabout, turn left, continuing to head towards Chorley (A6). At the second roundabout, take second turning onto the B5252 (Euxton Lane). The main hospital entrance is 200 yards on the left at the traffic lights.

Car parking:

Chorley and South Ribble Hospital has three main public car parks. Please park in one of these on your first day.

Please complete and return the enclosed car parking permit form. We will endeavour to secure you a car park permit that you will be able to collect from the car parking office at CDH 2-3 days later.

How to find us - by local transport:**Bus service**

Bus services to and from Chorley and South Ribble Hospital are as follows:

Numbers: 114 119 125 126 210 301 302 C8 C9. For more information contact Chorley Bus Station on: 01257 241693.

Disabled access:

All entrances to Chorley and South Ribble Hospital are accessible by wheelchair, either by being on ground level and/or having low gradient ramps. The hospital also has lifts to all floor levels.

Patients and public are advised that should they require assistance once they reach the hospital, they should contact the Main Entrance Reception (General Office) on 01257 245661 who will arrange staffing assistance.

Location:

The main office is located on level 2 near x-ray, telephone/fax number 01257 245290 (or extn.5290 if calling within CDH).



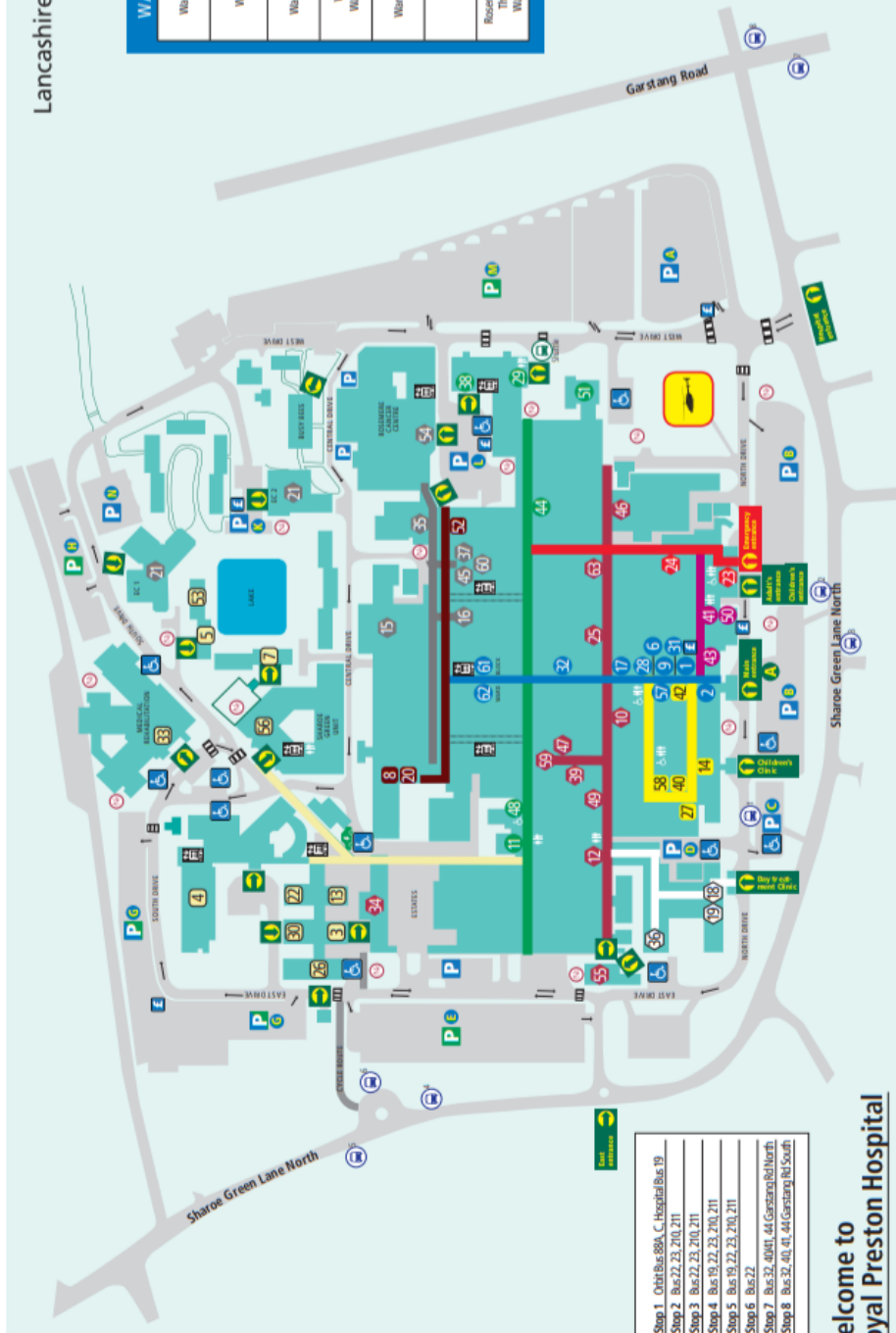
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WARD BLOCK FLOOR INFORMATION	
Wards 22, 23, 24, 25	Catheter Lab Renal Ward
Wards 18, 20, 21	Stroke Unit Coronary Care Medical Assessment Unit
Wards 14, 15, 16, 17	Major Trauma Ward
Wards 10 & 12 Ward 11 Upper G.L.	Ribfracture ward Vascular Assessment Ward
Wards 5, 6, 8a, 8b, 8c	Adolescent Unit Respiratory Assessment
Wards 3, 4	Plastic Surgery Burns / Plastic Surgery Dressing Clinic
Rosemere Cancer Centre Theatre Reception Wards 1, 2A, 2B, 2C	Critical Care, CT Scan Nuclear Medicine MRI, PET/CT Centre

SHAROE GREEN UNIT	
Ground Floor	Antenatal Clinic Baby Bear Shop II Maternity Day Care Unit Gynaecology Outpatient Clinic Parentcraft Ultrasound Department
1st Floor	Gynaecology Day Unit Gynaecology Ward Maternity Ward A Maternity Ward B Prenatal Birth Centre Neonatal Unit
2nd Floor	Delivery Suite Neonatal Unit



HOW TO USE THIS MAP

To find your destination look at the A-Z index. View and find your number on the map. The color of the building reflects the color of the ward block. Most departments are on the ground floor except the following: The Ward Block levels are accessed at the end of Blue Street by lift and stairs. Only Street is the lower ground level.

Key to symbols

- Corporate symbols
- Bus stop
- Disabled parking
- Staff parking only
- Lift and stairs to levels
- Toilets and changing facilities
- Cycle rack
- Bus stop
- For parking for patients and visitors only
- For parking for staff only
- Car charge point

1	ADMISSIONS DESK	15	CRITICAL CARE	27	NUCLEAR MEDICINE	49	PRE-OP ASSESSMENT	62	WARD BLOCK (SEE LEVEL MAP ABOVE)
2	APPOINTMENTS	16	C. T. SCANNER	28	GENERAL OFFICE	50	PRIMARY CARE CENTRE	63	XRAY DEPARTMENT
3	AUDIOLOGY	17	DAY CASE UNIT	29	GORDON HESLING BLOCK	51	PUBLIC HEALTH	64	INTERVENTIONAL UNIT
4	AVONDALE UNIT	18	DAY TREATMENT CENTRE	30	GUM (GENITO URINARY MEDICINE)	40	RENAL UNIT DIALYSIS		
5	BEREAVEMENT CENTRE	19	DISCHARGE LOUNGE	31	INFORMATION (GENITO URINARY MEDICINE)	41	RESEARCH CENTRE		
6	BLOOD TEST	20	DRESSINGS CLINIC	32	MEDICAL ILLUSTRATION	42	ROSEMERE CANCER CENTRE		
7	BOWLAND HOUSE HOTEL	21	EDUCATION CENTRE 1&2 HEALTH ACADEMY	33	MEDICAL REHABILITATION UNIT	43	SAFE CENTRE		
8	BURNS / PLASTIC SURGERY	22	EEG	34	BLEASDALE NRU	44	SHAROE GREEN UNIT (SEE LEVEL MAP ABOVE)		
9	CAFE MANSON II	23	EMERGENCY DEPARTMENT	35	BROCK ASSESSMENT CENTRE	45	SHOPS		
10	CARDIO RESPIRATORY	24	EMERGENCY MEDICAL DECISIONS UNIT	36	FELL VIEW NRU	46	SPEECH THERAPY		
11	CHAPLAINCY CENTRE	25	ENDOSCOPY	37	MORTUARY	47	THEATRES RECEPTION		
12	CHARTERS RESTAURANT II	26	ENT SUITE (EAR, NOSE, THROAT)	38	MRI SCANNER	48	VASCULAR ASSESSMENT		
13	CHEST CLINIC			39	NEURO PHYSIOLOGY				
14	CHILDRENS CLINIC								



CLINICAL PLACEMENT

The Adult Speech and Language Therapy team provides services for individuals (aged 18years+) with communication, voice and/or swallowing disorders. If you have any personal or sensitive issues relating to any specific client group please make your Clinical Educator aware of this.

Listed below are the expectations that your Clinical Educator will have of you while you are on placement. The aim of setting out these expectations is to prepare you adequately for your placement.

- ✓ It is expected that you will attend all days of clinical placement. Your first induction session is vital, so that you can discuss your learning contract and you can familiarise yourself with clinic administration and the clinic day.
- ✓ It is important to be prompt and on time. This will allow you adequate time for planning and preparation for your clients and discussion with your Clinical Educator.
- ✓ Please bring with you a summary of your past clinical experience. This will help your Clinical Educator gain an insight as to where you are in your learning and to create learning opportunities for you.
- ✓ Please bring your aims for the placement on your first day. If you have been on placement previously, your Clinical Educator may have given you ideas for further development. These can be put into practice on your placement with us. These aims will form your learning contract and will be reviewed during your placement.

We would like your placement to be a two-way learning process between your Clinical Educator and yourself. We are here to support you in becoming a clinician and offer you the opportunities to develop your clinical skills. We expect that you will have a positive attitude to learning, take responsibility for your own learning outcomes and share this with your Clinical Educator.

SMART Goals

We expect students to arrive on placement with pre prepared SMART goals which have been sent to your Clinical Education prior to your placement starting. Universities will provide example objectives, however it is important that your goals are specific to *your* learning needs and achievable within the time allocated and clinical specialism.

Example:

✗ – Not Smart	To independently complete formal assessment on an adult patient, interpret the findings and relate back to the clinical condition.
✓ - Smart	By week 4 I will be able to perform an oro-motor assessment on a stroke patient independently, interpret the findings and relate back to the stages of swallowing.



Dress Code (Uniform Policy)

A smart, professional image must be maintained by all staff working within the Trust, irrespective of whether they are in uniform or not. Clothing that exposes the midriff is not acceptable. Denim or other forms of very casual clothing should not be worn. Students are required to be “bare below the elbow” in clinical areas and long sleeves need to be rolled to above the elbow. Short sleeved tops are usually worn, but sleeveless tops are not appropriate. Cardigans, jumpers and jackets will be removed when entering clinical areas and ties will either be removed or tucked into shirts.

Clinical personnel should wear clothes that can easily be cleaned and that do not present an infection hazard within the clinical setting. As a result clothing should be laundered daily and be capable of withstanding frequent washing at higher temperatures, but that also minimise the adherence of contaminants.

- ✓ **Hair** should be clean, neat and worn in such a way that the hair does not reach below the collar. Hair should be tied back when working in clinical settings.
- ✓ **Fingernails** must be short and nail varnish must not be worn. False, acrylic, gel or any other artificial nails are not permitted for clinical staff or in clinical areas.
- ✓ **Jewellery** Only one ring may be worn which must be a plain band. Clinical staff may not wear rings containing stones as they compromise standards of hand hygiene. Earrings, if worn must be small, plain studs only. Rings and/or studs in other body parts visible to patients are NOT permitted. Wristwatches, wrist jewellery or other wrist adornments must not be worn in clinical areas.
- ✓ **Perfume** Please do not wear strong scented perfumes this may be problematic for both patients and work colleagues
- ✓ **Footwear** must have enclosed toes to protect from potential hazards of sharps injuries if instruments are dropped, contamination with blood or body substances or injuries when moving or working around equipment. Shoes should be quiet, low heeled and comfortable.

The above information is from Lancashire Teaching Hospitals NHS Trust Uniform Policy, the full version is available within the department if required. If in doubt, ask your Clinical Educator.

COVID-19

The coronavirus pandemic has impacted the way we work in an acute clinical setting.

- ◆ You must arrive to work in your own clothes and bring your uniform / smart wear in a separate bag. At the end of the day your uniform / smart wear must be tied up in a disposable bag and washed prior to re wearing.
- ◆ Upon arrival to the hospital you will be required to wear a face mask, these are handed out at the hospital’s main entrance. A face mask must be worn at all times unless you are 2meters away from others. Face masks *must* be changed after patient contact and can only be disposed of in a clinical waste bin.
- ◆ If you have any concerns regarding COVID-19 or underlying medical conditions you must inform your Clinical Educator at the earliest possible opportunity.
- ◆ Outpatient appointments and meetings are now held on Telehealth and Microsoft Teams to avoid face to face contact.



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A-Z OF FURTHER INFORMATION

Absence

If you are unable to attend due to sickness you must telephone at the earliest opportunity. Your Clinical Educator may want you to call the clinic, or leave a message at the department - CHECK THIS. Make sure you give your home contact number to your Clinical Educator so that we are able to get in touch with you.

Accidents

The Trust has a policy of reporting accidents (either to you or a client). If you or a client has an accident (however small) or a “near miss”, it must be reported to your Clinical Educator and recorded.

Arrival/Departure

Regular working hours are 08.00 to 16.00. There may be some flexibility with this. This can be agreed with each clinician.

Borrowing Materials

It may be possible for you to borrow materials from the department. You should consult your Clinical Educator FIRST and then sign out the equipment. Items should be returned the following week, unless special arrangements are made with your Clinical Educator.

Child protection and Care of Vulnerable Adults

Please discuss any concerns with your Clinical Educator.

Complaints

There is a procedure for dealing with any complaints from clients or carers. Discuss these immediately with you Clinical Educator even if it appears to be a minor “grumble” at the time.

Confidentiality

Confidentiality should be maintained at all times. In your own notes only use a client’s initials and do not use any identifying information such as addresses, date of birth or telephone numbers. Do not use names or detailed comments in discussion with your peers or colleagues in public places.

Emergency Procedure

Within the hospital dial **2222** in an emergency. It is vital that you know the emergency procedures for your place of work. This will be covered on your induction.

Fire

The Trust Fire Policy is available to read. It is vital that you know the fire procedure. This will be covered on your induction.



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Gifts

Professional standards (CQ3) states that speech and language therapists should not accept favours, gifts or hospitality which may be constructed as affecting their professional judgement. Discuss with your supervising clinician if you have any concerns about any of the above matters.

Health Problems

If you are aware of any health problems which preclude you from working with patients, please inform your clinician on your first visit. Virus infections such as colds or D&V may mean you should not be in contact with patients

Illness or late arrival

If you are ill or will arrive late please contact your clinician directly that morning as soon as possible. It is appropriate to leave an answer phone message if you are going to be late. In the case of sickness, please speak to your clinician directly.

If you are unable to contact your clinician you can leave a message with the department at RPH: 01772 522426 or CDH: 01257 245290.

Identification

Please wear your university badge at **ALL** times. Always introduce yourself to clients and other members of staff, either face to face or on the telephone. Ask clients and carers how they would like to be addressed.

Legal and Professional Accountability

Providing you are working within the scope of your instructions, the supervising therapist is responsible for your actions/omissions. You have a 'duty of care' towards the client i.e. that which can be reasonably expected of a therapist/student in a given situation. At all times you are responsible for your own acts/omissions. Confidentiality is vital. Breach of confidentiality is unethical and unlawful, BUT all information must be shared with your Clinical Educator who is responsible for the client's care. Discuss this with your supervising therapist if you are at all concerned.

Photocopiers

At RPH a photocopier is available in the SLT department. There are 2 photocopiers within CDH, one on the main corridor and the other near the Belmont Day Hospital.

Refreshment and Lunch Facilities

Lunch may vary from setting to setting. There are dining rooms and café facilities on site but therapists tend to bring a packed lunch. Tea/coffee/water are usually available in the department.

Telephones

When answering a call please give the name of the department and your name.

Dial **9** for an outside line

Dial **2222** for emergency services



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CLINICAL DUTIES

You will have the opportunity to observe/manage clients with a range of communication disorders. Please ask your Clinical Educator if there is a particular communication disorder you wish to observe. Your Clinical Educator will also set objectives with you, which will be reviewed.

- Please keep your log (Pare / Pebble Pad) up-to date.
- When working in a ward setting always identify yourself to the staff and say which client you will be working with.
- Please check with your Clinical Educator before talking to relatives, clients or other members of staff regarding a particular case.
- Please keep your Clinical Educator informed of appointments you have booked with clients and check room availability before making any arrangements. Your Clinical Educator may want a written copy of appointments in his/her or the clinic diary.
- You will be expected to know emergency procedures for clients, fire, security etc this information can be found in the policy and procedures file.

Client management

Please remember that the long-term management of the clients is the responsibility of the Clinical Educator. You will be encouraged to make decisions about the management of your clients but these should always be discussed with your Clinical Educator before being put into action.

Clinic description/outline

Each area of the service organises itself differently - according to the type of client group. It is important, however, that you are absolutely clear as to:

- Orientation
- The purpose of the clinic
- The type of service offered

Your Clinical Educator will set aside time on your first day to discuss these issues and any other questions you may have.

Policies and procedures

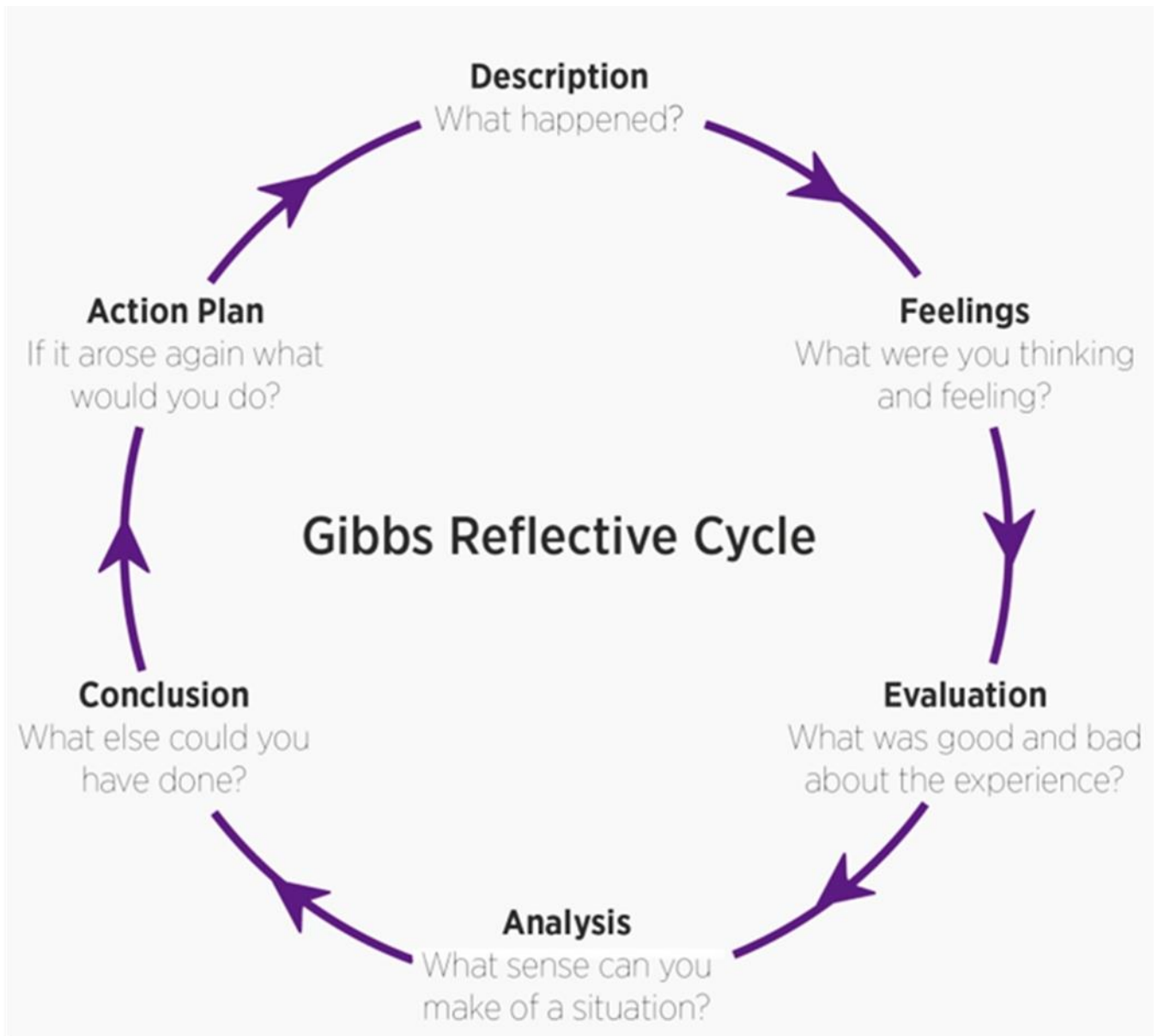
Each area of the service has its own procedures, but these, and the department policies are clearly set out. These must be followed in order to allow smooth running of the department - particularly where there may be several therapists working at the location.

Case note administration

All notes are written electronically on Quadramed. Your Clinical Educator *must* check the entry before it is saved. Abbreviations may be used that are listed in the key (to be located in the SLT department. A change of therapist should be indicated in the treatment notes. Outpatient notes are written on ALMA.



CLINICAL MATERIALS

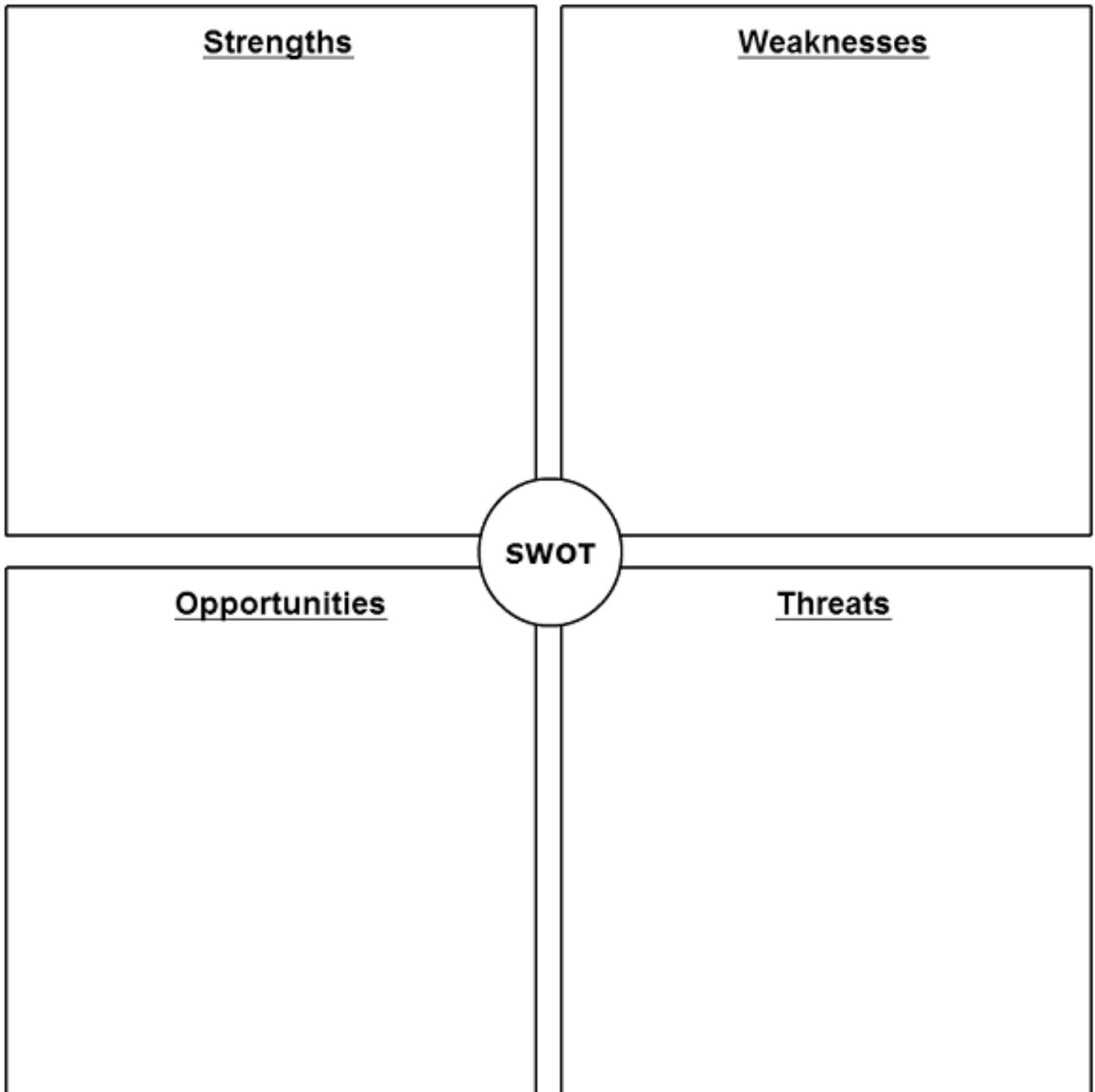


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Reflection Template:



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Observation Checklist:

Setting:

Task and Purpose:

People Present:

Brief history of why the patient is receiving speech and language therapy:

Does the patient take part in social interaction? How?
(E.g. facial expression, gesture, speech etc.)

How does the patient communicate? Comment on communicative intent, speech, gesture, writing etc

What is the patient's understanding of language? E.g. Yes/No response, spoken word to picture matching, following commands, reading, paragraph comprehension

How is the patient's expressive language? Single words, sentences, spontaneous speech, automatic speech, repetition, writing



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How is the patient's speech? E.g. Fully intelligible, slurred, reduced articulatory precision, low in volume

What is the patient's cognition like? How does this impact on their communication?

Memory

Planning

Problem Solving

Flexibility of thought

Self-Monitoring

Insight

What do you feel are the major areas of difficulties with regards to this patient's communicative functioning?



Session Plan Template:

Name of Student: Patient's initials: Practice Educator: Date:	
Patient Centred Rehab Goals:	
Considerations for the Session	
Aim of the session	
1. 2. 3.	
Methodology	Materials
Step Up	Step Down
Rationale:	



REFERENCES

General Medicine:

Atkinson, M and McHanwell, M. (2002) Basic Medical Science For Speech, Hearing and Language Students. Whurr Publishers Ltd.

Dysphagia:

Logemann, J. (1997) Evaluation and Treatment of Swallowing Disorders

Huckabee, M.L., Pelletier, C.A., (1999) Management of Adult Neurogenic Dysphagia
Daniels, S.K., Huckabee, M.L., (2014) Dysphagia Following Stroke

Nightingale, J. & Newman, R.D. (2009) Interpreting the Swallowing Function by Videofluoroscopy. Synergy Jan 2009: 16-22

Rosenbek, J C and H. N Jones (2009) Dysphagia in movement disorders. Plural Pub. San diego

Langmore. S. E and J. M Pisegna (2015) Efficacy of exercises to rehabilitation dysphagia: A critique of the literature. International Journal of Speech-Language Pathology, 17. 222-229

Lizzy Marks, Deirdre Rainbow. 2017. Working with Dysphagia

Neurosciences:

Lindsay, K.W., Bone, I and Fuller, G. (2010) Neurology and Neurosurgery illustrated

Yorkston, K (2012) A Management of speech and swallowing in degenerative disease

McDonald, S., Togher, L., and Code, C. (eds.), (1999). Communication Disorders Following Traumatic Brain Injury. Hove: Psychology Press. Particularly chapters 1 and 2.

Therapy outcomes measures for rehabilitation professionals, Second Edition, 2006, Pamela Enderby

Diving bell and the butterfly, Jean-Dominique Bauby (Non-fiction Memoire)

The man who mistook his wife for a hat, Oliver Sacks (Non-fiction)

Aphasia:

Byng, S (2001) The Aphasia Therapy File. Psychology Press

This book provides a description of the rationale for the therapy, the intervention itself and evaluation of outcomes.



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Kagan, A .Supported conversation for adults with aphasia: methods and resources for training conversation partners. Aphasiology, 12, 816-830

Dementia:

Terry Jones: 'I've got dementia. My frontal lobe has absconded'

<https://www.theguardian.com/society/2017/apr/16/monty-python-terry-jones-learning-to-live-with-dementia>

Volkmer (2013): Assessment and therapy for language and communication difficulties in dementia and other progressive diseases describes assessment, how familiar therapy approaches can be transferred to this client group (including PPA), and how to integrate these with more functional strategies.

Curran,S., Wattis,P., (2004) Practical Management of Dementia

Voice:

Boone, D.R., McFarlane, S.C., and Von Berg, S.L. (2005) The Voice And Voice Therapy. Allyn and Bacon.

This book examines the aetiology of the various functional and organic voice disorders, walks through the instrumental and non-instrumental assessment of voice, describes 25 therapy approaches, and provides scaling protocols for managing special populations.

Cornish, C. (2006) Can You Hear Me At The Back? A Handbook On Voice for All Who Teach. BiVocal Press.

Providing voice-training skills in an easy to read manner.

Head and Neck:

Ward, E.C. and Van As Brooks, C (Dec 2006) Head and Neck Cancer: Treatment, Rehabilitation and Outcomes

This book provides a comprehensive overview of surgical and radiotherapy/chemotherapy treatment. It provides in depth knowledge on rehabilitation and outcomes

<https://www.macmillan.org.uk/cancer-information-and-support/head-and-neck-cancer>

Critical Care:

RCSLT, Overview of SLT in critical care <https://www.rcslt.org/speech-and-language-therapy/clinical-information/critical-care>

Guideline for the provision of critical care services. Intensive Care Society, Edition 2 (2019)

Rehabilitation After Critical Illness, Clinical Guideline NICE 83 (2009)



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NCEPOD-Tracheostomy care: On the Right Trach (2014)

Core Standards for Intensive Care, Intensive Care Society (2013)

National Tracheostomy Safety project; <http://www.tracheostomy.org.uk/>

RCSLT, Overview of SLT in critical care <https://www.rcslt.org/speech-and-language-therapy/clinical-information/critical-care>

Stroke :

Royal College of Physicians: National Clinical Guideline for Stroke (2016): [2016 National Clinical Guidelien for Stroke \(ssnap.org\)](#)

Sentinel Stroke National Audit Programme (SSNAP) [SSNAP - Home \(strokeaudit.org\)](#)



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