Welcome to the first edition of our ECU Speech Pathology update. This year we welcomed Dr Suzanne Meldrum as a member of staff, had students attend a wide range of clinical placements and community based clinical experiences, moved our Aphasia Clinic to the Joondalup Community Clinical School and continued to conduct, present and publish in clinically applied and education related areas of research. For me highlights include attending the graduation ceremony of our second cohort of graduates and hearing about their first employment experiences, attending conferences in Perth and overseas, hosting our visiting scholar Professor Claire Penn, Speech Pathology at ECU organising the Aphasia Symposium of Australia, being part of students’ academic and clinical journey and attending meetings with the broader Speech Pathology community.

Natalie

Dr Natalie Ciccone
Speech Pathology Course Coordinator
Missing Voices: Communication difficulties after stroke and traumatic brain injury in Indigenous Australians

The Missing Voice project is exploring the extent and impact of acquired communication disorders in Aboriginal people and communities across Western Australia. Aphasia, dysarthria and cognitive-communication disorder are common consequences of stroke and traumatic brain injury (TBI), both of which occur at a higher rate and a much younger age in Aboriginal compared to non-Aboriginal Australians. Acquired communication disorders (ACD) have a devastating impact on individuals and their families and yet virtually nothing is known about Aboriginal people’s experiences of these disorders.

The Missing Voices project is working in six sites across the state and is using qualitative and quantitative methods to investigate the number of Aboriginal people affected by ACD; to describe the current status of communication rehabilitation for Aboriginal people; to develop a culturally appropriate screening tool for use by health professionals and also, to develop potential alternative service delivery models that are accessible and culturally appropriate.

To date over 90 people have been interviewed as part of the project, including Speech Pathologists, GPs, Aboriginal Health Workers and Aboriginal people with acquired communication disorders. The stories collected so far are rich and insightful. Analysis of hospital admission data is in the early stages and the newly developed screening tool is almost ready for the pilot stage.

With a team of Aboriginal and non-Aboriginal researchers from ECU, UWA and Geraldton Regional Aboriginal Medical Service, clinicians and assistants involved across the state, data collection and analysis is progressing very well. The team, led by Professor Beth Armstrong looks forward to sharing outcomes with the communities involved, the Speech Pathology profession and service providers throughout 2015 and 2016.

Meaghan McAllister
Research Project Coordinator
Missing Voices: Communication difficulties after stroke and traumatic brain injury in Indigenous Australians

Speech Pathologists working with Aboriginal adults with acquired communication disorders

This year, we have worked on analysing data from two related studies about how speech pathologists work with Aboriginal adult clients with acquired communication disorders (ACD). Very little has been published about this issue with much more focus on speech pathology provision for paediatric populations. But this is important to explore because, despite the high rates of stroke and brain injury, Aboriginal adults are under-represented on speech pathology caseloads, appear to get lost in the system, and have poor follow-up. There is some suggestion that speech pathology services are not always meeting their needs (Armstrong et al., 2012).

The first study involved an electronic survey circulated through national networks such as the SPA e-news, SPECS and the CCRE-Aphasia Rehabilitation. We received 112 eligible responses from across Australia which included 63 respondents currently treating Aboriginal clients with ACD. The overall results from the survey suggested that, while three-quarters of the speech pathologists had participated in some level of cultural competence training, two thirds still lacked confidence in working with Aboriginal clients with ACD as compared to non-Indigenous clients. Half reported working closely with Aboriginal Health Workers/Liaison Officers, which many viewed as crucial to their work. But there were concerns with a lack of flexibility of services (60%), lack of culturally appropriate settings (52%), poor access to interpreters, distance to services and transport issues (33%). Most contact between speech pathologists and Indigenous clients with ACD was reported...
to be in the acute setting with most referrals through medical teams. Finally, while there was an assumption that clients move on to community services, few appeared to be receiving treatment in that setting. This study is now published and available early online in the IJSLP.

Our second study drew on a subset of the data collected through interviews and focus groups with 43 speech pathologists working with Aboriginal adults with ACD across Western Australia (6 rural sites and 5 metropolitan sites) as part of the Missing Voices project. Our focus was to explore what clinicians perceived as ideal practice and what they felt worked well. A thematic analysis of this data suggested that relationships were at the heart of good practice: strong relationships with clients and families, with colleagues (including Aboriginal Health Workers as members of the multidisciplinary team), and with communities. Speech pathologists valued having the time to find common ground with others, time to listen to people’s stories and to become known in their local communities. The data included a rich variety of strategies that were felt to assist access to services, attendance, and benefit of services, and many speech pathologists demonstrated creative, flexible and collaborative ways of working. These results were presented recently at the Aphasiology Symposium of Australia, held at the end of September at ECU.

Dr Deborah Hersh
Associate Professor

References:


The Joondalup Community Clinical School

The Joondalup Community Clinical School (JCCS) is housed at the new Joondalup Private Hospital in a jointly funded $16.7 million project between Edith Cowan University, The University of Western Australia, Curtin University, the Federal Government and Ramsay Health Care. The purpose built centre is a specialties teaching and learning facility consulting rooms, collaborative spaces, seminar rooms and a library. This enables increased student placements and research for the growing Northern suburbs population. ECU has a dedicated space and this semester the speech pathology department ran an Aphasia Clinic at the JCCS on Wednesdays and Thursdays for third year students. Students saw a range of clients (not just those with aphasia) and hope to extend the clinic to Fridays next year. The clinic runs both semesters and currently sees 12 clients a week. The program provides holistic intervention, incorporating a range of therapeutic interventions which promote the personal strengths of clients. The focus is on enhancing quality of life through assisting people who experience acquired communication or voice disorders to achieve and maintain optimal performance in all activities of communication for everyday living. Referrals can be self-referrals by prospective clients or family members or be made through any Health Professional.

Please contact Abigail Lewis, Clinical Coordinator for a flyer and referral form

Phone: 6304 5438
E-mail: abigail.lewis@ecu.edu.au

Abigail Lewis
Clinical Coordinator/Lecturer
Very Early Rehabilitation in SpEech (VERSE) after stroke: Progress on an Australian Randomised Control Trial

Aphasia affects one in three stroke survivors or over 18,000 Australians each year. It interferes with talking, understanding speech, reading and writing. People with aphasia are often unable to do simple tasks such as using the telephone, paying bills and reading a book. The ability to maintain friendships and family relationships is impaired. Aphasia is devastating.

Research suggests that very early aphasia therapy improves recovery of talking and understanding. However, over 70% of people with aphasia in Australia do not get very early treatment. This study promotes a “use it” or “lose it” approach to brain recovery and aims to enhance natural recovery processes to assist people with aphasia to learn to speak again.

This randomised controlled trial is the largest aphasia treatment study in the world and is being conducted in 12 sites across Australia. It will involve over 245 participants. The trial aims to show that very early aphasia therapy is beneficial and cost effective. The results of this trial will be used to drive changes to healthcare policy and national stroke guidelines to improve services and outcomes for people with aphasia and their families. Currently we are in the early phase of the trial and have recruited 14 participants from 7 sites around the country. We have over 320 staff involved in the project and are tracking well to reach our recruitment targets for 2014. The trial will be collecting data for the following 14 months and we expect to deliver our results by April 2016.

Erin Godecke
Clinical Director
Very Early Rehabilitation in SpEech (VERSE) Trial for Aphasia after Stroke

Meet Suzanne Meldrum, our newest staff member

My name is Suzanne Meldrum and I am a new lecturer to ECU. I have taken on the paediatric units including Language across the Lifespan (1st year), Analysis of Speech and Language (2nd year) and Management of Speech and Language (3rd year). My background is the areas of paediatric language, the early environment and its impact on speech and language, and children with autism spectrum disorders. After a stint working remote, I completed by PhD at UWA on the effect of fish oil supplementation (birth to six months) on early neurodevelopment and language. This consisted of assessing around 300 children for their development at 18 months which was lots of fun. Since then I have broadened my interests and am currently completing trials in fish oil intervention for children with autism spectrum disorder (at the Telethon Kids Institute) and voice therapy for children born extremely preterm with a moderate–severe voice disorder (at UWA and Princess Margaret Hospital). I am also in processes of designing a research trial investigating the benefit of early language intervention (<1 year of age) for preterm children. I am excited to be undertaking this new challenge of lecturing, and so far have thoroughly enjoyed the experience. I particularly like interacting and learning with the students.
Developing links with the Department of Child Protection

Children in care are particularly vulnerable to many of the factors which can impact upon language development. Not only have their experiences been outside of the ‘ideal norm’, but the trauma and effects of being taken into care and the difficulties of then accessing support services can be profound.

The Joondalup Office of the Department of Child Protection contacted ECU some time ago to develop a program for their clients. Third year students from the Speech Pathology course have been working with children in care under the supervision of qualified speech pathologists for the last three years, supporting their speech and language development.

To cement this relationship a Memorandum of Understanding and a Clinical Placement Agreement has been signed by both parties. Professor Ken Greenwood, Pro-Vice-Chancellor and Executive Dean of the Faculty of Health, Engineering and Science signed the agreement along with Milan Soactar, District Director of the Joondalup Office of the Department of Child Protection. Also present from the Joondalup DCP Office were Mary-Anne Jackson, Specialist Community Child Protection Worker and Matthew Klaassen, Education Officer. Michelle O’Donnell who was the first Clinical Educator for the students and Abigail Lewis, Clinical Coordinator and Lecturer at Edith Cowan University also witnessed the signing at this significant event.

Abigail Lewis
Clinical Coordinator/Lecturer
Western Australian Centre for Rural Health: Speech Pathology Goes Remote

Our Speech Pathology course is making a difference to those based in rural and remote communities. Students are based in Geraldton and Mount Magnet for 16 weeks at the Western Australian Centre for Rural Health or WACRH (formerly Combined Universities Centre for Rural Health, CUCRH). Students work in schools, aged care facilities, Interprofessional and Communication Clinics in WACRH’s EdSIM centre and also experience a placement at Mount Magnet. At Mount Magnet students become fully immersed in the local Indigenous community, including participating in local activities such as the Breakfast Club, Bidi Bidi community organisation, Seniors Groups, Youth Activities as well as clinical work. All students who have the WACRH experience also complete simulation training in Basic Life Support and a tailor made cultural awareness program “Understanding Yamatji”, with access to WACRH cultural mentors. Students at WACRH can come from all over Australia and from many different health science backgrounds — a real team environment. WACRH has excellent accommodation facilities available to students. As well as a rich experience of living in a remote community and a rural centre, the students gain vital clinical competencies over a wide range of contexts and skills.

Abigail Lewis
Clinical Coordinator/Lecturer
Rural and Remote: A student’s perspective

For my final practicum placement in my Speech Pathology degree, I had the opportunity to spend 9 weeks at the WA Centre for Rural Health (WACRH) in Geraldton, gaining practical experience in a regional and remote setting. My role at WACRH was to provide speech pathology services to a paediatric caseload in both community and school based settings. One of the benefits of practicing within a rural area was that my scope of practice was more varied than what is generally experienced in a metropolitan context. I was exposed to a variety of different communication disorders, ranging from early intervention and assessment of children as young as two years old, to working with groups of older children who have difficulties in developing social skills.

Never having been to Geraldton before and being the only ECU Speech Pathology student on the placement at the time, I was unsure of what to expect. Fortunately the placement provides living quarters for students which meant I was living with other students from a range of different universities and disciplines in the same situation. Having other students present was greatly beneficial both socially and professionally. I walked away from the placement with lifelong friends, a greater understanding of other allied health professions and a better perspective of inter-professional teamwork.

I also had the opportunity to spend 3 weeks living and working in Mt Magnet, a small Aboriginal community approximately 4 hours east of Geraldton. My role at Mt Magnet was to provide Speech Pathology services to students in a school environment and to participate in community development programs. During my time here, I was able to put my cultural awareness learning into practice and gain first-hand experience of the issues that face health delivery and outcomes in such a remote community. I learnt a lot about my own professional skills and personal values, whilst also gaining the opportunity to explore the beautiful outback of Western Australia.

Overall I found the experience of a rural practicum placement to be highly rewarding both professionally and personally. It’s an experience that I would definitely recommend to others as it provides the opportunity to gain insight into the delivery of health services in a context that is vastly different and unique to that of a metropolitan placement.

Amy Daws
Fourth Year Student
A lifetime Experience at Cocos and Christmas Island

On the 17th-28th of October I was fortunate enough to spend 2 weeks in Cocos and Christmas Island while completing my 4th year speech pathology paediatric placement. Visiting the Island was unlike anything I had ever seen or experienced before. I experienced a huge sense of community and friendship. The lifestyle on the islands was simple and family orientated. From people constantly waving and smiling to you, to everyone knowing each other’s names, to children playing outside together instead of being consumed by technology, was such a unique experience for me. What I loved about both Christmas and Cocos Island was how down to earth the people were. During my trip I was blessed to meet so many lovely, passionate and genuine professionals, clients and locals.

I can honestly say after this placement that my clinical skills as a speech pathology student have reached new heights. I came into this placement nervous and unsure of what to expect. However I left the placement with confidence, a range of new skills and most importantly, a wider understanding and love for working in rural areas. I realised after this placement how valuable and important rural service delivery is. I was fortunate enough to work in a variety of contexts varying from schools, hospitals, and home visits. I was able assess and write formal reports for children and provide feedback to parents, teachers, and other health professionals. I worked with a range of clients from children with feeding difficulties to children with language and speech disorders. Leaving this placement I feel so much more confident in my clinical skills. I have a better understanding of how to work with clients from multicultural backgrounds and provide the best possible care.

I would like to say a huge thank you to Rural Health West for providing me with the opportunity to practice my profession in two uniquely beautiful rural locations. I am very grateful and appreciative to have been given this opportunity.

By Suzanne Pickering
Meet our PhD Candidates

Treatment fidelity: Very early aphasia treatment in a randomised control trial

Treatment fidelity, though often overlooked is critical to the assessment of evidence based Speech Pathology practices. It relates to how closely implementation of experimental interventions follows their theoretical conception and how they differ from any comparison interventions. Treatment fidelity is important because it allows observed treatment effects to be reliably attributed to the experimental intervention under examination. Additionally, detailing key therapeutic elements of interventions through use of fidelity measures allows reliable and consistent replication of results by researchers, enabling clinicians to translate evidence based therapies to clinical practice.

This study aims to apply fidelity principles within the Very Early Rehabilitation in SpeEch (VERSE) randomised control trial which is examining early aphasia communication intervention following stroke. Through analysis of therapist logs, observation of session recordings and the development and use of a treatment adherence rating measure, fidelity of the VERSE trial will be investigated and key therapeutic elements utilised in the implementation of the VERSE treatment protocol will be identified. The relationship between the level of treatment adherence to these key VERSE elements and language outcomes for all intervention arms of the trial will be examined. Additionally, clinical behaviours that occur outside of key VERSE elements will also be identified.

The results of the research will be discussed in relation to fidelity procedures, relationship of outcomes to adherence and frequency of clinician behaviours. The level of clinical observation that will be implemented by this study has not yet been conducted in aphasia research and will provide recommendations for critical early aphasia therapy elements for clinical practice.

David FitzGerald
PhD Candidate

Communication enhanced environments after stroke

The brain has the ability to alter its structure and function in response to environmental stimulation and learning. This process is referred to as neuroplasticity, which enables the brain to compensate as well as recover functional loss following brain injury such as stroke. Research suggests there is a time-limited period of increased neuroplasticity following stroke where the highest levels of functional recovery can be observed. Stroke patients with aphasia (PWA) are likely to miss this opportunity for greater levels of language recovery as a result of a lack of opportunities for communication activity. Based on the extensively researched model of environment enrichment, this study will explore a ‘communication enhanced environment’ (CEE) in potentially increasing the levels of communication activity for PWA on an in-patient rehabilitation stroke unit. The study will involve a non-randomised convenience sample of stroke patients on the in-patient rehabilitation stroke unit. A total of 20 stroke patients will be recruited, 10 in the baseline phase and 10 in the intervention phase. These people will be videotaped over a day in order to observe environmental barriers and facilitators and investigate the effectiveness of a CEE intervention on PWA’s communication activity. Additionally, staff working within the CEE will be recruited to participate in semi-structured interviews at baseline and post-implementation of a CEE. A CEE may be an efficient and effective way to promote verbal language recovery for PWA in the early stages following stroke. Additionally, a CEE may promote communication access within the health care setting for stroke patients without aphasia, save time and reduce frustration for staff, reduce the risk of preventable adverse events and improve patients’ overall health care experience.

Sarah D’Souza
PhD Candidate
Doing it in the community: Speech pathology students helping people who stutter

Third year Edith Cowan University speech pathology students plan and implement activities for support group for people who stutter, The Speak Easy Association of WA Inc. Students complete this work-integrated activity as part of a university assignment which aims to give students experience in planning speech pathology services for a clinical population in a community setting.

Stuttering is a speech disorder, caused by an interaction of a number of complex factors such as genetic and brain functioning for speech production processes. Approximately 1% of the population stutters, with majority of individuals starting before the age of five years. A person who stutters knows exactly what they want to say but have difficulty in doing so due to involuntary disfluencies in speech. They may repeat sounds or syllables, produce stretched out sounds, and/or get stuck on words when they go to speak but cannot produce any sound.

Famous people who stutter/stuttered include Bruce Willis, Marilyn Munroe, Tiger Woods, and Rowan Atkinson.

Stuttering does not need to be a barrier to one’s aspirations in life but unfortunately, the research shows that it often impacts negatively on social, educational and career development.

Speech pathology early intervention for children who start to stutter is paramount, with strong evidence to support positive treatment outcomes to eliminate a stutter. For adults who stutter, high levels of fluency can be achieved through appropriate management including speech pathology intervention and support networks such as The Speak Easy Association.

The students facilitate activities for the adults who stutter to practise control techniques in a supported speaking environment. They are supervised by lecturer, Dr. Charn Nang at either The Association’s East Perth office or Fremantle support group venue. Charn’s clinical interests are working with people who stutter of all ages, having been actively involved with The Association for 11 years. Students undertake this activity as part of the unit SPE3105 Management of Sensorimotor Disorders.

Dr. Charn Nang
Lecturer
Speech pathology, acting and musical theatre: The beginnings of a working relationship

Staff and students from the Bachelor of Speech Pathology and WAAPA, Bachelor of Arts (Acting) and Bachelor of Arts (Musical Theatre) have a common interest in the “voice”. That is, how we use our voice and how to keep it healthy. Speech pathologists work with individuals who, for various reasons, require assistance to improve and/or maintain a healthy voice. Voice therapy may be sought as a result of overuse or misuse of the voice. Performers are among professional voice users who are at higher risk of developing voice difficulties when compared to the normal population due to higher vocal demands.

Natalie Ciccone, Charn Nang and Deborah Hersh, who are lecturers from the speech pathology program, developed a voice screen protocol to allow WAAPA students an opportunity to “see” their voices on the computer screen, and, in a few cases, identify those at risk of developing voice difficulties. This has been possible in collaboration with Julia Moody and Donald Woodburn, lecturers from WAAPA. This year is the fourth year the voice screen experience has been implemented and there are mutual benefits for staff and students from both disciplines.

Specifically, under supervision, the second year speech pathology students screen the voices of first year WAAPA students, who are undergoing training to become professional voice users. The speech pathology students gain experience from a clinical setting and develop important technical skills to conduct the screening procedures using acoustic analysis. They also learn how to interpret acoustic data collated from the screens as part of their studies.

The WAAPA students receive education about the basic mechanisms of voice production with an emphasis on prevention and identification of potential problems with the voice. The students also find out about their current vocal functioning as measured by acoustic analysis.

There are plans for the future to collect further data for research purposes, particularly considering the unusual opportunities for collaboration that ECU offers by having both a speech pathology course and WAAPA. Please note that for those people who are experiencing vocal issues or prolonged vocal changes, we would recommend thorough investigation with an Ear, Nose and Throat specialist.

Dr. Charn Nang
Lecturer
CARAH Compass Conference

In Week 13 of this semester, we have been offered the opportunity to travel to Alice Springs to attend the Compass Teaching and Learning Conference. Eight students have been selected nationally to participate in this wonderful experience.

On this adventure we will have the opportunity to visit remote and rural health communities, build cultural competencies and engage in professional development. We will gain a greater perspective of the unique opportunities rural and remote health care providers are afforded in Central Australia. Hopefully, we will also have the chance to enjoy some of the beautiful natural surroundings. This opportunity will allow us to network with local health providers, local communities and townspeople and students from other universities and health courses across the country.

At the conference we will have the chance to attend sessions to learn about many interesting topics. We have chosen to participate in lectures about Ear diseases in paediatric and indigenous Australians, paediatric respiratory disease and common women’s health issues.

We are very grateful for the opportunity and are very excited to attend.

Nickee Priestman and Paige Chewter
First Year Students
For more information visit:
CARAH Compass, Northern Territory Medicare Local (NTML) 28 October - 2 November 2014
Cinnamon and hazelnut meringues
(from Ottolenghi)

- 200g egg whites (about 7)
- 260g Caster sugar
- 140g dark brown muscovado sugar
- ½ tsp ground cinnamon
- 30g unskinned hazelnuts, roughly chopped

Preheat oven to 110°C.

1. Place the egg whites and both sugars in a heatproof bowl and put over lightly simmering water, making sure it doesn’t actually touch the water. Stir occasionally until the sugars have dissolved into the whites (the recipe suggest 10min and 40C on a sugar thermometer. Don’t let the egg whites cook!)

2. Pour into the bowl of an electric mixer or roll up your sleeves and use your handheld electric beaters. Be warned, the engine of your handheld will be tested as the mix will become very thick. Whip for about 8 minutes or until the bowl is cold. When ready, it should be firm and glossy and keep its shape when you lift a bit with a spoon. You could try the old trick of tipping the bowl up and over your head and if the meringue stays in the bowl, you’ve mixed it perfectly!

3. Sprinkle the cinnamon over the meringue mix and fold in gently.

4. Line a baking tray (or 2) with baking paper and using 2 spoons, scoop a generous amount of the mixture (the size of a medium apple) with one and use the other to scrape this onto the tray (leave plenty of room between the meringues for them to expand in the oven). You might like to make fancy swirls in the meringue by using the spoons. Sprinkle with chopped nuts over the top of each meringue.

5. Place in the preheated oven and for anything from 1 1/4 - 2 hours. The meringues should be nice and dry underneath and still a little soft in the centre.

6. Remove from the oven and leave to cool. Stored in a dry place, but not the fridge.

7. These meringues will be lovely and crisp on the outside while being deliciously gooey inside.

Meaghan McAllister

Lemon Bars

Yield: 9 servings
Time: About 1 ½ hours, largely unattended

- Butter for greasing the pan
- 2 ½ cups all-purpose flour
- ¼ cup icing sugar, plus more for garnish
- ½ teaspoon salt
- 1 cup butter
- 6 large eggs
- 2 ½ cups sugar
- 1 ½ cup freshly squeezed lemon juice
- 3 tablespoons grated lemon zest

1. Heat the oven to 180°C. Grease a 9-inch square pan. Combine 2 cups of the flour, the powdered sugar, and the salt in a large bowl. Add the butter and blend with a pastry cutter or your fingers until the mixture resembles coarse meal. (You can also do this in a food processor, but don’t over process it.) Press into the greased pan, pushing the dough all the way up the sides. Bake until the edges are golden brown, about 20 minutes, then remove and reduce the oven temperature to 160°C.

2. Meanwhile, in another large bowl, whisk together the eggs and sugar until smooth. Gently stir in the lemon juice and zest. (To minimize aesthetically displeasing little bubbles on the top of the bars, avoid whisking further.) Fold in the remaining ½ cup flour.

3. Pour the egg mixture over the hot crust and bake until the curd is set and no longer jiggles when you move the pan, 35 to 45 minutes. Cool thoroughly before cutting into bars. Dust with powdered sugar and serve.

Suzanne Meldrum
2013 and 2014 Grants, Publications and Presentations

Grants

- Meldrum, S. J. (2013). University of Western Australia, Early Career Researcher Near-Miss Support Funding 2013, $62,000

Book Chapters


Papers


14

• Lewis, A. & Strampel, K. (in press). Demonstrating competency through an ePortfolio: student perceptions. *Journal of Clinical Practice in Speech Language Pathology*


**Conferences presentations**


• **Ciccone, N., Armstrong, E., Hersh, D. & Godecke, E.** (2013). Speech pathologists’ clinical decisions in the provision of services to people with aphasia: A comparison of ideal, planned and provided occasions of service. Poster session at the British Aphasiology Symposium. Manchester, UK. September.


• Hersh, D., Armstrong, E., McAllister, M. on behalf of the Missing Voices team. (2014). General Practitioners’ perceptions of barriers to servicing Aboriginal people with acquired communication disorders in WA. Language as a Social Justice Issue Conference, Perth, November.


In alliance with the Curtin Speech Pathology students, the SPA Cocktail Night of 2014 raised $471 for Communicate WA!

Throughout the month of September, three ECU speech pathology teams raised $325 for Cerebral Palsy Alliance, well done to the teams Speechinators and Teachy to Speechy!

The High Tea event was the first SPA event held by ECU students!
Loud Shirt Day was a great success, raising $125.10 for Telethon Speech and Hearing!

Speech Pathology Week Social

During the Speech Pathology Week of 2014, the ECU Speech Pathology students participated in the Ice Bucket Challenge and raised $180 for the Motor Neuron Research Association!

Well done to all participating students and staff! Together we have raised many donations for heaps of worthy causes!