

SUMMARY OF CLINICAL PRACTICE HOURS | SPEECH-LANGUAGE PATHOLOGY

OVERVIEW OF REQUIREMENTS

1. A minimum of 350 hours total SUPERVISED CLINICAL PRACTICE HOURS required.
2. A maximum of 50 of these hours may be simulated practice hours (see definition below).
3. Clinical practice hours must include:
 - a. At least 20 hours related to audiology
 - b. Minimum 300 hours CLIENT CONTACT in speech-language pathology, distributed as the following:
 - a. At least 50 hours with CHILDREN
 - b. At least 50 hours with ADULTS
 - c. At least 50 hours ASSESSMENT / IDENTIFICATION
 - d. At least 100 hours INTERVENTION / TREATMENT

DEFINITIONS

“**Client Contact**” means a supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e. spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client’s specific needs (e.g. team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g. delivering a presentation on a disorder type). The participation may be unaided or assisted:

Unaided participation-patient/client services provided by student where the student’s supervisor is readily available to assist or support the student but does not directly participate in the services provided.

Assisted participation-patient/client services provided by student where the student’s supervisor directs or guides the services provided.

Client contact may be undertaken **in person**, or **virtually**:

- **In-person care** is the in-person provision of services to clients
- **Virtual care** is where health care services are provided at a distance, using information and digital communications, technologies and processes. It is the responsibility of the student’s clinical supervisor to ensure that virtual care is appropriate for the clinical services being provided.

Notes:

- Observation is intended to serve as an important preparatory experience prior to direct clinical practicum experience in a specific clinical area. While strongly recommended for students’ clinical development, **time spent observing does not count towards clock hours**.
- Ancillary clinical activities such as report writing, record keeping, materials development, and planning for sessions are not considered clock hours and **may not** be counted. Time spent in supervisory conferences in which the supervisee’s clinical skill development is the focus of discussion is **not** counted.
- Student clinicians may obtain supervised clinical experience working on their own or working with other professionals and/or student clinicians. It is assumed, however, that the majority of clinical experiences are obtained by students working independently under supervision.

“**Simulation**” means a practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.



APPLICANT INFORMATION

Surname:	First Name:	Name of University:

SUMMARY OF CLINICAL PRACTICE HOURS (SLP)

SECTION A SPEECH LANGUAGE PATHOLOGY Your Clinical Practice Hours <u>must</u> include a variety of the following topics ¹	CLIENT CONTACT				Simulated Practice Max of 50 hrs Combined
	Assessment (Identification)		Intervention (Treatment)		
	Children	Adults	Children	Adults	
Articulation / Phonological Disorders:					
Pre-school / School-Age Language Development & Literacy:					
Developmental Language Disorders:					
Acquired Language Disorders:					
Cognitive Communication Disorders:					
Voice Disorders:					
Resonance Disorders or Structurally Related Disorders (e.g., Cleft Lip & Palate):					
Fluency Disorders:					
Neurologically Based Speech Disorders:					
Augmentative & Alternative Communication:					
Dysphagia:					
Prevention & Identification Activities:					
SECTION A TOTAL: _____	1. Subtotal:	2. Subtotal:	3. Subtotal:	4. Subtotal:	5. Subtotal:
	_____	_____	_____	_____	_____
SECTION B AUDIOLOGY	CLIENT CONTACT				

¹ Applicants must demonstrate clinical practice hours in a variety of the below topics, however there is no prescribed minimum number of hours that must be completed in each.



Applicant Name: _____

SECTION C DISTRIBUTION OF CLINICAL PRACTICUM HOURS		TOTAL HOURS				
TOTAL HOURS with Children = sum of subtotals 1 & 3:		Minimum 50 hours				
TOTAL HOURS with Adults = sum of subtotals 2 & 4:		Minimum 50 hours				
TOTAL HOURS of Audiology = sum of subtotals 6 - 10:		Minimum 20 hours				
TOTAL HOURS of Assessment/Identification = sum of subtotals 1&2:		Minimum 50 hours				
TOTAL HOURS of Intervention / Treatment = sum of subtotals 3 & 4:		Minimum 100 hours				
TOTAL HOURS of Simulation = sum of subtotals 5 and 10:		Maximum 50 hours				
Minimum of 20 hours		Assessment (Identification)		Intervention (Treatment)		Simulated Practice
Exposure to audiology assessment, intervention, and/or prevention activities:						
SECTION B TOTAL: _____		6. Subtotal:	7. Subtotal:	8. Subtotal:	9. Subtotal:	10. Subtotal:
		_____	_____	_____	_____	_____
FINAL TOTAL = sum of Section A + Section B:		_____				

I verify that the summary of clinical practice hours above was completed within the program of:	
Name of University:	Degree / Name of Program:
Program Director's Name (Please Print):	Program Director's Work Email Address & Telephone Number:
Program Director's Signature:	Date:
	YYYY / MM / DD

DEFINITIONS OF DISORDER TYPES | SPEECH-LANGUAGE PATHOLOGY

ARTICULATION/PHONOLOGICAL DISORDERS	Assessment and treatment of delays or disorders of speech sound production.
PRESCHOOL/SCHOOL-AGE LANGUAGE DEVELOPMENT AND LITERACY	Assessment and treatment of phonological awareness, pre-literacy, and literacy skills in pediatric populations.
DEVELOPMENTAL LANGUAGE DISORDERS	Assessment and treatment in the areas of morpho-syntax, semantics, pragmatics, and discourse in oral, graphic, and/or manual modalities. Includes work with any individual who has a developmental language delay or disorder including Developmental Language Disorder, Autism Spectrum Disorder, Cognitive Impairment, Hearing Impairment, and Cerebral Palsy.
ACQUIRED LANGUAGE DISORDERS	Assessment and treatment of language disorders, typically due to stroke, traumatic brain injury or neurological disease, resulting in difficulty in expressing and/or understanding written and spoken language.
COGNITIVE COMMUNICATION DISORDERS	Assessment and treatment of difficulties with cognitive (e.g., attention, memory, and problem solving) and related language components (e.g., semantics and pragmatics) caused by neurogenic disorders, such as brain damage, dementia or other progressive neurological conditions.
VOICE DISORDERS	Assessment or treatment of abnormalities in vocal quality, pitch, loudness, and/or robustness resulting from neurologic, organic, functional, hyperfunctional, or age-related causes. Also includes gender affirming voice training; Episodic Laryngeal Breathing Disorders, or production of voicing post-laryngectomy (e.g., use of electro larynx, T-E puncture, esophageal speech).
RESONANCE DISORDERS OR STRUCTURALLY-RELATED DISORDERS	Assessment or treatment of abnormalities in resonance resulting from neurologic, organic, traumatic, or functional causes (e.g., stroke, cleft lip and palate, head and neck cancer, traumatic brain injury, or maladaptive speech patterns).
FLUENCY DISORDERS	Assessment or treatment of disordered repetition of speech sounds, syllables, words, and/or phrases; problems with speech rate; or problems with pacing/juncture between syllable/word boundaries.
NEUROLOGICALLY-BASED SPEECH DISORDERS	Assessment and treatment of disorders of speech resulting from apraxia or dysarthria. Includes regular examination of oral peripheral structures for speech production.

<p>AUGMENTATIVE AND ALTERNATIVE COMMUNICATION</p>	<p>Assessment or treatment of individuals using augmentative and alternative methods of communication. Includes use of low- and high-tech communication systems as well as training of communication partners.</p>
<p>DYSPHAGIA</p>	<p>Assessment and treatment of pediatric or adult patients/clients presenting with disorders of swallowing and oral function for feeding as well as oral rest posture.</p>
<p>PREVENTION AND IDENTIFICATION ACTIVITIES</p>	<p>Any activities with the aim of preventing or identifying communication disorders at a population-based level. This would include large-scale screening programs/activities; development of materials and presentations focused on the prevention of speech, language, and hearing difficulties; etc.</p>

Notes:

- It is recognized that work with a patient/client may fall within more than one clinical disorder area. For example, when working with a client who requires an AAC system, hours may be counted under the category of Augmentative and Alternative Communication, Developmental Language, or Acquired Language (depending on etiology), and may also fall under the category of Neurologically-Based Speech Disorders. Hours should be divided between categories according to the amount of time spent on each.

AUDIOLOGY HOURS for SLP STUDENTS

Expectations for students gaining clinical experience in the minor area (audiology) focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, understanding how to adjust communication for a client with a hearing impairment.