Western HealthSciences

School of Communication Sciences & Disorders

SPEECH-LANGUAGE PATHOLOGY SUMMARY OF CLINICAL PRACTICE HOURS

TOTAL HOURS OF CLIENT CONTACT *(hours to be rounded up to nearest quarter hour; time is recorded in 0.25 increments)*

Student Name: _____ **Preceptor Name:** _____ **Course Code:** _____ **Graduation Year:** _____

AGE GROUP: ***C = Child*** ***A = Adult***		ASSESSMENT	TREATMENT/ INTERVENTION	SIMULATED
ARTICULATION/PHONOLOGICAL DISORDERS	C			
	A			
PRE(SCHOOL) AGED LANGUAGE AND LITERACY	C			
DEVELOPMENTAL LANGUAGE DISORDERS	C			
	A			
ACQUIRED LANGUAGE DISORDERS	C			
	A			
COGNITIVE-COMMUNICATION DISORDERS	C			
	A			
VOICE DISORDERS	C			
	A			
RESONANCE OR STRUCTURALLY RELATED DISORDERS	C			
	A			
FLUENCY DISORDERS	C			
	A			
NEUROLOGICALLY BASED SPEECH DISORDERS	C			
	A			
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION	C			
	A			
DYSPHAGIA	C			
	A			
PREVENTION AND IDENTIFICATION ACTIVITIES	C			
	A			
AUDIOLOGY - MINOR *(20 hours required)*	C			
	A			

	ASSESSMENT (MINIMUM 50)	TREATMENT (MINIMUM 100)	GRAND TOTALS
TOTAL CHILD HOURS (MINIMUM 50)	0	0	0
TOTAL ADULT HOURS (MINIMUM 50)	0	0	0
TOTAL CLIENT HOURS (MINIMUM 350)	0	0	0

_____ _____ _____

Student Clinician Signature **Preceptor Signature & Registration Number** **Date (YY/MM/DD)**

DEFINITIONS

DIRECT CONTACT is a supervised practical learning experience where the student clinician actively participates in patient/client service. Contact may be undertaken through in-person or virtual care. 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.

Examples of direct contact include:

- screening
- Identification
- assessment
- intervention
- therapy
- management
- interviewing
- counselling
- case conferences
- rounds
- team meetings
- consultation with other professionals/support personnel
- case discussions with Clinical Educator

Activities such as presenting to a client intervention group or caregiver support group count as direct counselling and education.

IN-PERSON CARE
In-person provision of services to patients/clients.

VIRTUAL CARE
Health care services provided at a distance, using information and digital communications, technologies, and processes. The student's clinical supervisor is responsible for ensuring virtual care is appropriate for the clinical services provided.

SIMULATIONS are practical learning experiences 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 involve someone trained to act as a real patient/client (e.g., oral mechanism exam practice, Interprofessional Education serious gaming event/activities).

- *Simulated hours do **not** count towards child or adult minimum hours requirements*
- *Simulated hours in the major or minor area of study can be counted towards any minimum hours requirements within the disorder area, i.e., towards the 20 required audiology hours.*

CHILD
Refers to patients/clients from 0–18 years of age (i.e., preschool, school-age, and adolescent populations).

ADULT
Refers to patients/clients over 18 years of age (i.e., adult and geriatric populations).

OBSERVATION
Observation is intended to serve as an important preparatory experience prior to direct clinical practicum experience in a specific clinical area. Observation experiences should be provided by, or under the direct supervision of, a qualified Audiologist or Speech-Language Pathologist. The student clinician is an observer, not an active participant. Actual observations or videos may be used. While strongly recommended for students' clinical development, time spent passively observing does **not** count towards hours for licensure.

Observation forms part of a continuum moving from observation with no active involvement, to active or guided observation where the student clinician participates at some level, to shared supervised clinical activity, and finally to solo supervised clinical activity.

Observation that is active or of a consultative nature e.g., where the student is making notes specifically on patient/client performance, presents their observations, and/or provides input in a team meeting or case conference can be counted towards client contact hours.

Ancillary clinical activities are **not** considered clock hours towards licensure.
These include:

- report writing
- record keeping
- materials development
- planning and preparing for sessions

It is acknowledged that these essential activities comprise an indirect component of specific client service.

Time spent in **supervisory conferences** in which the learner's clinical skill development is the focus of discussion may **not** be counted towards hours for licensure.

Student clinicians may obtain supervised clinical experience working on their own or working with other professionals and/or student clinicians. Solo vs. shared participation is not distinguished in the accumulation of clock hours. However, it is assumed that most clinical experiences are obtained by students working independently under supervision.

CLINICAL PRACTICUM REQUIREMENTS:

Minimum of **350** clinical hours are required for licensure

- Maximum of **50** hours simulated
- Minimum **50** hours with children
- Minimum **50** hours with adults
- Minimum **50** hours assessment
- Minimum **100** hours intervention

There are no minimum hour requirements with respect to the disorder categories in the major area of study (Speech-Language Pathology). However, students are expected to have a breadth of experience throughout the clinical training.

In the minor area of study (Audiology), students must accrue at least 20 hours (child direct, adult direct, and/or simulated hours). Students cannot count more than these 20 hours in their minor towards their minimum of 350 total clinical hours.

A variety of clinical experiences would result in the accrual of clinical hours for licensure in the following disorder categories.

1. Articulation/phonological disorders
2. Pre(school)-aged language development and literacy
3. Developmental language disorders
4. Acquired language disorders.
5. Cognitive-communication disorders
6. Voice disorders
7. Resonance or structurally related disorders (e.g., cleft lip and palate)
8. Fluency disorders
9. Neurologically based speech disorders
10. Augmentative and alternative communication
11. Dysphagia

12. Prevention and identification activities
13. Audiology (Minor)

DISORDER CATEGORIES

1. ARTICULATION/PHONOLOGICAL DISORDERS
Assessment and treatment of speech sound production delay or disorder.

2. PRE(SCHOOL)-AGED LANGUAGE DEVELOPMENT AND LITERACY
Assessment and treatment of phonological awareness, pre-literacy, and literacy skills in pediatric and school-aged populations.

3. DEVELOPMENTAL LANGUAGE DISORDERS
Assessment and treatment in the areas of vocabulary, morpho-syntax, semantics, pragmatics, and discourse in oral, graphic, and/or manual modalities. Includes work with any individual who has (or is at risk of having) a developmental language difficulty or disorder including, for example, Developmental Language Disorder, Autism Spectrum Disorder, Cognitive Impairment, Hearing Impairment, and Cerebral Palsy.

4. ACQUIRED LANGUAGE DISORDERS
Assessment and treatment of language impairment due to neurologic disorders (e.g., stroke, traumatic brain injury, tumour, progressive neurologic conditions), resulting in difficulty in expressing and/or understanding written and spoken language.

5. COGNITIVE COMMUNICATION DISORDERS
Assessment and treatment of difficulties with cognitive (e.g., attention, memory executive functioning) and related language components (e.g., semantics and pragmatics) caused by neurologic disorders, such as acquired brain damage (e.g., traumatic brain injury) or progressive neurological conditions (e.g., Alzheimer's disease).

6. VOICE DISORDERS
Assessment and treatment of abnormalities in vocal quality, pitch, loudness, and/or robustness resulting from neurologic, organic, functional, hyper functional, 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).

7. RESONANCE DISORDERS OR STRUCTURALLY RELATED DISORDERS
Assessment and 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).

8. FLUENCY DISORDERS
Assessment and 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; or psychosocial issues related to fluency disorders.

9. NEUROLOGICALLY BASED SPEECH DISORDERS
Assessment and treatment of disorders of speech such as apraxia of speech or dysarthria resulting from a neurologic event or abnormality (e.g., stroke, traumatic brain injury, cerebral palsy). Includes regular examination of oral peripheral structures for speech production.

10. AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
Assessment and treatment of individuals using augmentative and alternative methods of communication. Includes low- and high-tech communication systems and training of communication partners. Augmentative and Alternative Communication (AAC) practice intended to build language skills should be recorded under the appropriate language category, or if appropriate, the time can be split between AAC and language.

11. DYSPHAGIA
Assessment and treatment of pediatric or adult patients/clients presenting with disorders of swallowing, oral function for feeding, and oral rest posture.

12. PREVENTION AND IDENTIFICATION ACTIVITIES
Any activities to prevent or identify communication disorders at a population-based level. This would include large-scale screening programs/activities, and development of materials and presentations focused on the prevention of speech, language, and hearing difficulties (e.g., completing May Speech and Hearing activities at a local centre).

13. AUDIOLOGY (MINOR)
Any activities that include exposure to audiological assessment, intervention and/or prevention. Most minor area hours should be supervised by a clinician certified in that area. Audiologists and Speech-Language Pathologists can supervise screenings in the minor area (e.g., Speech-Language Pathologists can supervise hearing screenings).

It is recognized that patient/client services 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 AAC, Developmental Language Disorders, or Acquired Language Disorders (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.

Questions about recording hours with varied caseloads should be directed to the Clinical Education Coordinator.