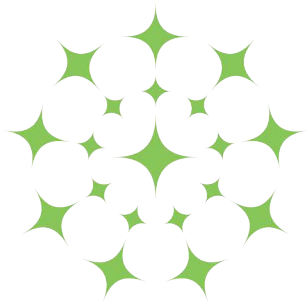


Summary of Clinical Practicum Hours

SPEECH-LANGUAGE PATHOLOGY PROGRAM



College of

**HEALTH AND CARE
PROFESSIONALS OF BC**

OVERVIEW OF REQUIREMENTS

1. A minimum of 350 hours total SUPERVISED CLINICAL PRACTICUM HOURS required.
2. A maximum of 50 of these hours may be simulated practice hours (see definition below).
3. Clinical practicum hours must include a minimum of 300 hours of direct client contact or simulation, distributed as the following:
 - i. At least 50 hours with CHILDREN
 - ii. At least 50 hours with ADULTS
 - iii. At least 50 hours ASSESSMENT / DIAGNOSIS
 - iv. At least 100 hours INTERVENTION / TREATMENT
 - v. At least 20 hours related to Audiology

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).

Client contact may be undertaken in person, or virtually:

- a. **In-person care** is the in-person provision of services to clients
- b. **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. See the **CHCPBC Virtual Care Standard of Practice** for further information.

“Graduate Level” means university study leading to degrees beyond a bachelor’s degree.

“Practicum” means a supervised practical learning experience conducted in connection with an education program in audiology or speech- language pathology.

“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.

“Supervision” means the process by which a supervisor oversees a supervisee’s practice of a health profession. Supervisory oversight may include a supervisor monitoring, reviewing, guiding, directing, training, evaluating, or providing formal or informal feedback about a supervisee’s activities, performance, or competencies, in accordance with professional standards and guidelines. See the **CHCPBC Supervision Standard of Practice** for more information.

Applicant Information

SURNAME:

FIRST NAME:

UNIVERSITY:

CLINICAL PRACTICUM HOURS LOG

Where possible, in addition to this form, applicants are requested to have their Program Director provide to the CHCPBC a copy of their clinical practicum hours record or log. Such documentation is likely to assist the Registration Committee in their review of the application.

Summary Of Clinical Practicum Hours (SLP)

SECTION A SPEECH-LANGUAGE PATHOLOGY		CLIENT CONTACT OR SIMULATION ²							
		Assessment (Diagnosis)				Intervention (Treatment)			
		Children		Adults		Children		Adults	
Your Clinical Practicum Hours MUST include a variety of clinical practicum components on the topics ¹ of:		Client Contact	Simulation	Client Contact	Simulation	Client Contact	Simulation	Client Contact	Simulation
		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 TOTALS:		1A.	1B.	2A.	2B.	3A.	3B.	4A.	4B.
Client Contact Hours (1A+2A+3A+4A):		Subtotal client contact hours:	Subtotal Simulation hours:	Subtotal client contact hours:	Subtotal Simulation hours:	Subtotal client contact	Subtotal Simulation hours:	Subtotal client contact	Subtotal Simulation hours:
Simulation Hours (1B+2B+3B+4B):									

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

²Simulated hours may be completed in any topic and may be in the areas of assessment (diagnosis) and/or intervention (treatment).

SECTION B AUDIOLOGY		CLIENT CONTACT OR SIMULATION							
		Assessment (Diagnosis)				Intervention (Treatment)			
		Children		Adults		Children		Adults	
Minimum of 20 hours		Client Contact	Simulation	Client Contact	Simulation	Client Contact	Simulation	Client Contact	Simulation
		Exposure to audiology assessment, intervention, and/or prevention activities:							
SECTION B TOTAL:		5A.	5B.	6A.	6B. Subtotal	7A.	7B.	8A.	8B.
Client Contact Hours (5A+6A+7A+8A): _____		Subtotal client contact hours:	Subtotal Simulation hours:	Subtotal client contact hours:	Simulation hours:	Subtotal client contact hours:	Subtotal Simulation hours:	Subtotal client contact hours:	Subtotal Simulation hours:
Simulation Hours (5B+6B+7B+8B): _____									

SECTION C DISTRIBUTION OF CLINICAL PRACTICUM HOURS		TOTAL HOURS
TOTAL HOURS with Children = sum of columns 1A & 1B and 3A & 3B:		Minimum 50 hours
TOTAL HOURS with Adults = sum of columns 2A & 2B and 4A & 4B:		Minimum 50 hours
TOTAL HOURS of Audiology = sum of columns 5A & 5B, 6A & 6B, 7A & 7B and 8A & 8B:		Minimum 20 hours
TOTAL HOURS of Assessment / Diagnosis = sum of columns 1A & 1B and 2A & 2B:		Minimum 50 hours
TOTAL HOURS of Intervention / Treatment = sum of columns 3A & 3B and 4A & 4B:		Minimum 100 hours
TOTAL HOURS of Simulation = sum of simulated hours in sections A and B:		Maximum 50 hours

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FINAL TOTAL = sum of Section A + Section B:

I verify that the summary of clinical practicum 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 | SPEECH-LANGUAGE PATHOLOGY

Section A: Speech-Language Pathology

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.

Articulation / Phonological Disorders: Assessment and treatment of delays or disorders of speech sound production.

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.

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.

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.

Pre-School / School-Age Language Development And Literacy: Assessment and treatment of phonological awareness, pre-literacy, and literacy skills in pediatric populations.

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).

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).

DEFINITIONS | SPEECH-LANGUAGE PATHOLOGY

Section A: Speech-Language Pathology

Prevention activities: Activities supporting the prevention of hearing, speech, language, related communication disorders and conditions, vocal tract dysfunction, and feeding & swallowing disorders (e.g. education for caregivers to support language development with children, education for ear protection in the workplace, increasing awareness through specific marketing/education campaigns), and activities to prevent negative outcomes of those with known hearing, communication or swallowing concerns (e.g., education for health professionals to prevent aspiration with clients diagnosed with dysphagia).

Identification activities: Include administering hearing, speech, language or swallowing screenings, involvement with development of screening tools or screening programs, training other professionals in using hearing, speech/language, communication or swallow screening tools.

Screening is defined in the College's Provision of Clinical Services Standard as a "tool that is used for the purpose of identifying a possible problem which requires further follow-up, assessment, or referral". It could also include counselling and education to support others in understanding when a referral to another healthcare professional is warranted.

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 Speech-Language Pathology 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.