



# CASLPA CLINICAL HOURS REQUIREMENTS FOR CERTIFICATION

## SPEECH-LANGUAGE PATHOLOGY

### CLINICAL ACTIVITIES

#### I. CLINICAL OBSERVATION

(No specific hours requirement)

Observation is intended to serve as an important preparatory experience prior to direct clinical practicum experience in a specific clinical area. 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 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 videotapes may be used. While there is no specific clinical hours requirement for observation, it is strongly recommended that it be incorporated as part of the students' clinical education experience.

#### II. CLINICAL EXPERIENCE

350 Clock Hours:

- Minimum of 300 clinical hours in Specific Client Services and Related Client Service.
- Maximum of 50 clinical hours in Clinical/Professional Activities.

In the following, the "client" is identified as the individual presenting with a speech, language, and/or hearing disorder; "family member" is defined as any family member or care giver (e.g. parent, grandparent, child, sibling, spouse, legal guardian, foster parent, attendant, etc.).

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 the majority of clinical experiences are obtained by students working independently under supervision.

#### A. CLIENT SPECIFIC SERVICES

- a. Screening, Identification, Assessment
- b. Intervention, Therapy, Management
- c. Interviewing
- d. Counseling

"Client Specific Service" refers to clinical activities where the client or family member is present and the focus of the clinical activity. Screening should not comprise the majority of hours obtained in the area of evaluation.

#### B. CLIENT RELATED SERVICE

- a. Case Conference, Rounds, Team Meetings
- b. Consultation with other professionals, support personnel
- c. Supervisor-Case Discussion

"Client Related Service" refers to clinical activities related to a specific client. The client or family is not necessarily present. Service involves face-to-face contact with those – other than family members – involved in a specific client's care. Case conference, rounds, team meetings, and

consultation refer to presentation or exchange of information related to a specific client in a one-to-one or group situation. Supervisor-case discussion refers to discussion between student clinician and clinical supervisor of clinical activities related to a specific client.

- C. CLINICAL/PROFESSIONAL ACTIVITIES (Of the 350 total hours required, a maximum of 50 clinical hours may be in this area)**
- a. Simulated Clinical Activities**
  - b. Promotion**
  - c. Presentations (e.g. Workshops, In-Service)**
  - d. Interprofessional Activities**
  - e. Program Development**
  - f. Planning/Analysis**
  - g. Other – e.g. special project approved by Clinical Education Coordinator**

“Clinical/Professional Activities” includes activities that are clinically relevant and meaningful learning experiences, but not necessarily related to a specific client. “Promotion” and “Presentation” refer to those activities related to increasing awareness of and providing information about communication disorders and the professions. These activities are not directed toward specific clients. Clock hours include time spent in front of the group only, and do not include hours involved in preparation. “Interprofessional Activities” refer to time spent with allied professionals intended to increase the awareness of scope of practice of those individuals and enhance understanding of collegial relationships. “Program Development” and “Planning and Analysis” activities refer to complex activities and do not include general therapy preparation, materials development, or follow up.

**Note:**

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. It is acknowledged that these essential activities comprise an indirect component of specific client service. Time spent in supervisory conferences in which the supervisee’s clinical skill development is the focus of discussion is not counted.

## **SPEECH-LANGUAGE PATHOLOGY - CLINICAL AREAS**

### **LANGUAGE (70 Hours Minimum)**

#### **DEVELOPMENTAL (40 Hours Minimum)**

Delays or disorders 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 the following special populations: Specific Language Impairment, Autism Spectrum Disorders, Cognitive Impairment, Hearing Impairment, Cerebral Palsy.

#### **ACQUIRED (30 Hours Minimum)**

Neurogenic disorders of comprehension and/or expression in oral, graphic and/or manual modalities resulting from traumatic brain injury, cerebral vascular accident, neoplasm, dementia, or other progressive neurological conditions.

### **DYSPHAGIA (10 Hours Minimum)**

Disorders of swallowing and oral function for feeding.

**ARTICULATION/PHONOLOGY** (20 Hours Minimum)

Delays or disorders of speech sound production and/or phonological awareness.

**MOTOR SPEECH / FLUENCY/ VOICE/RESONANCE** (40 Hours Minimum)

**MOTOR SPEECH** (10 Hours Minimum)

Disorders of speech resulting from apraxia and dysarthria.

Includes regular examination or oral peripheral structures for speech production.

**FLUENCY** (10 Hours Minimum)

Disordered repetition of speech sounds, syllables, words and/or phrases, problems with speech rate; problems with pacing/juncture between syllable/word boundaries.

**VOICE/RESONANCE** (10 Hours Minimum)

Abnormalities in vocal quality, pitch, loudness, and/or resonance resulting from neurologic, organic, functional, or hyperfunctional causes. Includes the production of voicing post-laryngectomy (e.g. use of electro larynx, T-E puncture, esophageal speech).

**OTHER**

Includes clinical caseloads not included above (e.g. trach-ventilator dependent clients). Hours must be approved by Clinical Education Coordinator.

It is recognized that work with a client may fall within more than one clinical disorder area. For example, when working with a client who requires the use of an AAC system, hours may be counted under the category of Developmental Language, or Acquired Language (depending on etiology) and may also fall under the category of Motor Speech. Hours should be divided between categories according to the amount of time spent on each. Questions about recording of hours with varied caseloads should be directed to the Academic Clinical Education Coordinator.

**MINOR AREA HOURS** (20 Hours Minimum)

Preamble:

Requirements for minor area hours were reduced from 35 to 20 hours. The rationale for this was overwhelming agreement from all groups that these hours requirements be reduced. ASHA recently reduced minor area requirements to 20.

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) currently requires 35 hours in the minor area. However, CASLPO has agreed to pursue an amendment to the legislation to reduce this requirement to 20 hours.

Expectations for students gaining clinical experience in the minor area 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 who has a communication disorder in the minor area of hearing, speech, or language.

The majority of minor area hours should be supervised by a clinician certified in that area. Audiologists and Speech-Language Pathologists can supervise screenings related to the minor area (i.e. SLPs can supervise hearing screenings; Audiologists can supervise speech and language screenings). Certified

CASLPA clinical hours requirements for certification – Speech-Language Pathology

Auditory-Verbal Therapists, and Auditory Oral Rehabilitation Specialists in the Province of Quebec may supervise minor area hours in the area of aural rehabilitation for both audiology and speech-language pathology students.

**OTHER DISTRIBUTIONAL CONSIDERATIONS**

The following tables present minimum requirements for distribution of clinical hours according to Client/Patient Age and Nature of Clinical Activity:

<b>AGE</b>		
	<b>SLP</b>	<b>AUDIOLOGY</b>
CHILD	50 Hours	50 Hours
ADULT	50 Hours	50 Hours

CHILD: Refers to clients from 0-18 years (i.e. includes pre-school, school-age, and adolescent)

ADULT: Refers to clients over 18 years (i.e. includes adult and geriatric populations)

<b>ASSESSMENT / IDENTIFICATION</b>		
	<b>SLP</b>	<b>AUDIOLOGY</b>
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

<b>TREATMENT / MANAGEMENT</b>		
	<b>SLP</b>	<b>AUDIOLOGY</b>
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

**ASSESSMENT/IDENTIFICATION:** Includes Screening, Interviewing, Counseling and all clinical activities described in CLIENT RELATED SERVICES regarding Assessment/Identification.

**TREATMENT/MANAGEMENT:** Includes Counseling, Interviewing and all clinical activities described in CLIENT RELATED SERVICE regarding Treatment/Management.

**Note:** The 350 hours of CLINICAL ACTIVITIES should contain the above distribution.