

GENERAL GUIDELINES CONCERNING CLINICAL ACTIVITIES

and

COUNTING CLINICAL HOURS

In clinical practicum courses, students will be involved in various clinical activities as appropriate to their level of experience and the clinical setting. The following definitions of clinical activities are based on the current guidelines from a range of jurisdictions across Canada as well as UofT program requirements.

Student clinicians may obtain supervised clinical experience working on their own (solo/unaided), or working with other professionals and/or student clinicians (shared/aided). Aided versus unaided participation is not distinguished in the accumulation of clock hours. However, by the completion of the program, it is assumed that most clinical experiences are obtained by students working unaided under supervision.

For completion of the UofT SLP MHSc program, there is no maximum number of countable hours in any category, however, the following minimums apply:

Minimum of 350 hours total

- Direct hours – Minimum 300 hours
 - Can be in-person or through virtual care
- Children - Minimum 50 hours
 - From 0-18 years (i.e. includes pre-school, school-age, and adolescent)
- Adults - Minimum 50 hours
 - Over 18 years (i.e. includes adult and geriatric populations)
- Assessment - Minimum 50 hours
- Intervention - Minimum 100 hours
- Audiology - Minimum 20 hours

Track hours to the nearest .25 hour (15 min).

PART A: Countable Clinical Hours

1. DIRECT HOURS

Direct hours are clinical hours obtained in clinical service with or for clients and their family members. See the range of potential activities numbered below. Service can be performed in-person or virtually.

(a) Patient/Client Service

1. **Screening, Identification, Assessment**
2. **Intervention, Therapy, Management**
3. **Interviewing**
4. **Counselling**

5. **Case Conference, Case Rounds, Team Meetings**

- presentation or exchange of information related to a specific client in a one-to one or group situation

6. **Consultation with other professionals (verbal or written)**

- exchange of information related to a client/patient

7. **Consultation with/supervision of support personnel**

(b) Case Discussion with Clinical Educator

1. **Case Discussion with Clinical Educator:** discussion between student clinician and clinical educator of clinical activities related to a specific client.

2. SIMULATED HOURS

Simulated hours 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 clinical problems to be addressed. For reporting to external agencies, a maximum of 50 simulated clinical hours will be counted.

(a) Simulated Clinical Activities

1. **Simulated Clinical Activities:** may be computerized or may involve an individual who is acting as a real patient or client

3. INDIRECT HOURS

Indirect hours are clinical and professional activities that count towards completion of the UofT SLP MHSc program. Please note that in most jurisdictions, these **do not** count towards reportable clinical hours. There are no min/max number of required hours in this category for the UofT SLP MHSc program. These hours do contribute to the required hours in a clinical practicum course.

“Clinical/Professional Activities” includes activities that are clinically relevant and meaningful learning experiences, but not necessarily related to a specific client.

(a) Clinical/Professional Activities

1. **Promotion/Presentations:** refers to those activities related to increasing awareness of and providing information about communication disorders and the professions. (e.g., workshops, in-services. Clock hours include time spent in front of the group only, and do not include hours involved in preparation
2. **Interprofessional Activities:** refers to time spent with other, related professionals intended to increase the awareness of scope of practice of those individuals and enhance understanding of collegial relationships
3. **Program Development:** complex activities related to the SLP service and not pf a general client care nature
4. **Planning /Analysis:** refers to complex activities of a clinical nature that do not include general therapy preparation, materials development, or follow up (such as chart review in acute care to determine prioritization of newly admitted patients or development of a display for AAC devices or boards)
5. **Other:** must be approved by Academic Coordinator of Clinical Education

PART B: Clinical Support Activities - Not Countable as Clinical Hours

1. CLINICAL READINESS ACTIVITIES

Clinical Readiness Activities are activities that prepare you for the clinical learning placement experience and support your work with clients. Ancillary clinical activities, such as report writing, record keeping, materials development, and planning for sessions are not considered clinical 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.

1. **Review of client files:** This involves review of referral information, SLP reports, or other documentation in preparation for assessment planning and/or therapy planning. Typically, the client has been assigned to the student's caseload.
2. **Observation:** Student observes clinical educator or other speech-language pathologist, audiologist or other qualified professional, as appropriate, carry out clinical sessions with client(s). The clinical educator will expect the student to write brief observation notes and/or record data concerning the client's communication behaviours and the techniques used by the clinical educator when interviewing, assessing, treating, or counselling clients and their families; contribute relevant comments and questions to discussion with the clinical educator following observation.
3. **Planning and Analysis Activities:** Student engages in independent planning for the assessment and/or treatment of a client and/or student analyses information obtained during such activities.
4. **Written Reporting and Record-Keeping:** Student composes, produces, and corrects written reports of student-provided clinical services and maintains clinical records such as file notes and institutional statistics.
5. **Material Development:** Student prepares special materials for use in assessment and treatment.
6. **Clinical Education Conferencing:** Student engages in student-focused discussion with clinical educator pertaining to planning and execution of the clinical teaching process such as contracting, scheduling, performance evaluation, and orientation.

2. RELATED PROFESSIONAL/ADMINISTRATIVE ACTIVITIES

1. **Orientation to Facility**
2. **Continuing Education activities*:** e.g., education rounds, brief on-site in-service training sessions
3. **Professional Activities:** e.g., department meetings, public relations.

*Please note that extended (e.g. half-day or full day) *Continuing Professional Development (CPD) activities are not counted*. Any time spent on such CPD activities during clinical placement units is considered missed time and must be made up. In rare circumstances, the course instructor may approve CPD activities as part of clinical placement activities – prior approval must be obtained.

PART C: DEFINITIONS - CLINICAL DIAGNOSTIC CATEGORIES

Articulation/Phonological Disorders	Delays or disorders of speech sound production and/or phonological awareness.
Preschool/School-Age Language Development and Literacy	Assessment or treatment of literacy, reading, or writing in children under 18.).
Developmental Language Disorders	Delays or disorders in the areas of morpho-syntax semantics, pragmatics and discourse in oral, graphic and/or manual modalities. Can occur in the context of a diagnosis including the following special populations: Specific Language Impairment, Autism Spectrum Disorders, Cognitive Impairment, Hearing Impairment, Cerebral Palsy, as examples.
Acquired Language Disorders	Neurogenic disorders of comprehension and/or expression in oral, graphic and/or manual modalities resulting from changes in cognitive-linguistic processing due to traumatic brain injury, cerebral vascular accident, neoplasm, dementia, or other progressive neurological conditions.
Cognitive Communication Disorders	Communication difficulties arising from neurogenic disorders of cognitive processing (attention, memory, executive functioning, etc.) due to traumatic brain injury, cerebral vascular accident, neoplasm, dementia, or other progressive neurological conditions.
Voice Disorders	Abnormalities in vocal quality, pitch, and/or loudness 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).
Resonance Disorders or Structurally-Related Disorders	Abnormalities in resonance resulting from structurally-related, neurologic, organic, functional, or hyperfunctional causes.
Fluency Disorders	Disordered repetition of speech sounds, syllables, words and/or phrases, problems with speech rate; problems with pacing/juncture between syllable/word boundaries. Most typically referred to as stuttering and/or cluttering.
Neurologically-Based Speech Disorders	Disorders of speech resulting from apraxia and dysarthria. Includes examination of oral peripheral structure and function for speech production when cranial nerve function is assessed.
Augmentative and Alternative Communication	Communication devices, systems, strategies and tools that replace or support natural speech.
Dysphagia	Disorders of swallowing and oral function for feeding/eating.
Prevention and Identification Activities	Screening for communication and swallowing conditions. Education of clients, family members, caregivers, other professionals in the identification and prevention of communication and swallowing disorders.
Hearing Disorders	Exposure to or participation in audiology assessment, intervention, and/or prevention activities.