



DESCRIPTION OF CLINICAL HOURS REQUIREMENTS

AUDIOLOGY

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.

AUDIOLOGY - CLINICAL AREAS

BASIC AUDIOMETRIC MEASUREMENTS (50 Hours Minimum)

Includes:

- a. Hearing screening
- b. Basic hearing battery: pure tone and speech audiometry, acoustic immittance measures
- c. Basic pediatric behavioral assessment: behavioral observation, conditioned orientation response, conditioned play response, visual reinforcement, pediatric speech audiometry
- d. Site-of-lesion testing e.g. reflex decay, PIPB Function (Performance Intensity Function for Phonetically Balanced Words)

ELLECTROPHYSIOLOGICAL MEASUREMENTS (10 Hours Minimum)

Includes: auditory brainstem response (ABR), late evoked potentials, middle latency response, electrocochleography, otoacoustic emissions

OTHER SPECIAL DIAGNOSTIC MEASUREMENTS

- a. Balance Measurement (Includes: Electronystagmography and Posturography)
- b. Central Auditory Processing
- c. Newborn Hearing Screening
- d. Medical/Legal Audiology (e/g Functional Hearing Loss)
- e. Tinnitus Evaluation

AMPLIFICATION (65 Hours Minimum)

Includes: hearing aids, assistive listening devices, and non-conventional aids (e.g. cochlear implant, bone anchored aid)

- a. Assessment for prescription of amplification, e.g. suprathreshold measures (MCL, UCL, Binaural Word Discrimination), real-ear to coupler-difference (RECD), loudness contours, etc.
- b. Prescription of amplification (can include impression taking, ordering of the device, etc.)
- c. Verification of performance, e.g. electroacoustic-based analysis, real ear measurements, measures of functional gain.
- d. Fitting of amplification, e.g. instruction on the care, maintenance, and use of amplification
- e. Validation of performance, e.g. aided loudness perception, speech perception measures, use of scales, questionnaires, etc.
- f. Cerumen management.

AURAL REHABILITATION EDUCATION AUDIOLOGY (25 Hours Minimum)

Includes: management of hearing loss other than provision of an amplification device (e.g. counseling, communication strategies, speech reading and auditory training, educational audiology, language and literacy issues related to hearing impairment, tinnitus management, cochlear implant training).

OTHER (Requires approval by Clinical Education Coordinator)

e.g. hearing conservation, community (industrial) audiology

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 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:

AGE		
	SLP	AUDIOLOGY
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)

ASSESSMENT / IDENTIFICATION		
	SLP	AUDIOLOGY
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

Description of Clinical Hours Requirements – Audiology

TREATMENT / MANAGEMENT		
	SLP	AUDIOLOGY
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.