

Scope of the Speech-Language Therapy Qualifying Examinations

Examination format: Two 3-hour written papers (held on 2 separate days) and two 20-minute viva examinations (held on 1 day).

Candidates must pass both written exams and both viva exams to obtain a pass in the Qualifying Examination.

To pass, candidates are required to demonstrate evidence of theoretical knowledge and clinical reasoning expected of a new graduate at entry-level to the profession, across all clinical areas assessed.

Written Paper A: Communication and Swallowing Impairment in Adults (3 hours)

- i. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence. Three detailed case studies of adults with swallowing, language, and speech problems accompanied by a series of questions on assessment, intervention, and management procedures. The case studies may be a mix of routine and complex cases (75%).
- ii. Short answers on assessment and treatment of adult voice disorders (10%).
- iii. Short answer questions on anatomy and physiology (15%).

Written Paper B: Communication and Swallowing Impairment in Children (3 hours)

- i. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence. Three detailed case studies of children with swallowing, language, and speech problems accompanied by a series of questions on assessment, intervention, and management procedures. The case studies may be a mix of routine and complex cases (75%).
- ii. Short answers on assessment and treatment of child fluency disorders (10%).
- iii. Short answer questions on grammatical analysis, phonetic transcription, and interpretation (15%).

Two Viva Examinations (20 minutes each)

Two viva examinations will be held in sequence on the same day. These will test the candidate's ability to demonstrate entry-level competency to assess and diagnose communication and/or swallowing impairment in children and adults, to plan short-term and long-term intervention goals, provide feedback and information counselling, and make appropriate referrals in managing the relatively complex cases presented.

The primary profiles of impairments assessed will be:

- i) Adult viva: speech, language, and swallowing impairment
- ii) Child viva: speech and language impairment

Format for the Viva Examinations

Candidates will be required to wait in a holding room until their scheduled exam time.

The candidate reviews the summary case-history information provided (5 minutes preparation).

This is then followed by an interview with 2 examiners with content area expertise (15 minutes). The examinations will be recorded.

From the case information provided, the candidate will be asked to identify and discuss:

- i) Key gaps in assessment information
- ii) Further assessment required
- iii) Diagnosis / diagnoses
- iv) Appropriate short- and long-term intervention goals
- v) Management issues

To pass, candidates are required to demonstrate a minimum of entry-level clinical reasoning and professionalism, communication, and lifelong learning skills. Candidates will be expected to demonstrate sound reasoning with due regard to theoretical concepts and research evidence.

Recommended Reading List

Language

Bishop, D. V. M. (2017). Why is it so hard to reach agreement on terminology? The case of developmental language disorder (DLD). *International Journal of Language & Communication Disorders*, 52(6), 671–680.
doi:10.1111/1460- 6984.12335

Bishop, D., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & and the CATALISE-2 consortium (2017). Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*, 58(10), 1068–1080.
<https://doi.org/10.1111/jcpp.12721>

Brookshire, R. H., & McNeil, M. R. (2015). *Introduction to neurogenic communication disorders* (8th ed.). St. Louis, Missouri: Elsevier Mosby.

Chapey, R. (2011). *Language intervention strategies in aphasia and related communication disorders* (5th ed.). Philadelphia: Lippincott Williams and Wilkins.

Deterding, D. (2007). *Singapore English*. Edinburgh University Press.

Paul, R., Norbury, C. & Gosse, C. (2018). *Language disorders from infancy through adolescence: Listening, speaking, reading, writing, and communicating*. (5th ed.). St Louis: Mosby.

Reed, V. A. (2017). *An introduction to children with language disorders* (5th ed.). Pearson.

Spencer, S. (2018). *Supporting adolescents with language disorders*. Croydon: J&R Press Ltd.

Whitworth, A., Webster, J., & Howard, D. (2014). *A cognitive neuropsychological approach to assessment and intervention in aphasia* (2nd ed.). Psychology Press.

Speech

American Speech-Language-Hearing Association. (2022, December 4). *Dysarthria in Adults*.
<https://www.asha.org/Practice-Portal/Clinical-Topics/Dysarthria-in-Adults/>

Bowen, C. (2014). *Children's speech sound disorders* (2nd ed.). Chichester: John Wiley and Sons.

Dodd, B. (Ed.). (2013). *Differential diagnosis and treatment of children with speech disorder* (2nd ed.). London: Whurr Publishers Ltd.

Dodd, B. & Morgan, A. (2017). *Intervention case studies of child speech impairment*. Croydon: J&R Press Ltd.

Duffy, J. R. (2019). *Motor speech disorders: Substrates, differential diagnosis, and management* (4th ed.). St. Louis Missouri: Elsevier Mosby.

McLeod, S. & Baker, E. (2017). *Children's speech: An evidence-based approach to assessment and intervention*. Pearson.

Williams, A. L., McLeod, S., & McCauley, R. J. (Eds.) (2021). *Interventions for speech sound disorders in children* (2nd ed.). Baltimore, MA: Paul H. Brookes Publishing.

Feeding and Swallowing

Arvedson, J.C., Brodsky, L., & Lefton-Greif, M.A. (2020). *Pediatric Swallowing and Feeding: Assessment and Management* (3rd ed.). San Diego: Plural Publishing Inc.

Daniels, S.K., Huckabee, M., Gosdzikowska, K. (2019). *Dysphagia following stroke* (3rd ed.). San Diego: Plural Publishing Inc.

Evans Morris, S. & Dunn Klein, M. (2000). *Pre-feeding skills: A comprehensive resource for mealtime development* (2nd ed.). Psychological Corporation.

Groher, M.E. & Crary, M.A. (2020). *Dysphagia: Clinical management in adults and children* (3rd ed.). St. Louis: Elsevier Mosby.

SOS Approach to Feeding. (2022, December 4). *Parent/Caregiver Resources*. <https://sosapproachtfeeding.com/start-here-parents/>

Swigert, N. B. (2010). *The Source for Pediatric Dysphagia* (2nd ed.). Illinois: LinguiSystems.

Winstock, A. (2005). *Eating and Drinking Difficulties in Children: A Guide for Practitioners*. Speechmark Publishing Ltd.

Fluency

Guitar, B. (2018). *Stuttering: An Integrated Approach to its Nature and Treatment*. (5th ed.). Baltimore: Lippincott Williams & Wilkins.

Onslow, M. (2022, December). *Stuttering and its Treatment – Twelve Lectures*. Retrieved from https://www.uts.edu.au/sites/default/files/2022-12/Stuttering%20and%20its%20treatment%20-%20Twelve%20lectures_2022-12-08.pdf

Voice

American Speech-Language-Hearing Association Special Interest Group 3: Voice and Voice Disorders (2009). *Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V)*.
<https://www.asha.org/siteassets/uploadedfiles/asha/sig/03/cape-v-procedures-and-form.pdf>

Colton, R. H., Casper, J. K., & Leonard, R. (2011). *Understanding Voice Problems: A Physiological Perspective for Diagnosis and Treatment* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Rammage L., Morrison, M., & Nichol, H. (2001). *Management of Voice and its Disorders* (2nd ed.). Singular Thomson Learning.

University of Wisconsin-Madison. (2022, December 4). *Voice Disorders: Simulations – Resources for Teaching & Learning*.
<https://slpsims.csd.wisc.edu/simulations.html>

Anatomy and Physiology

Seikel, J. A., King, D., & Drumright, D. G. (2019). *Anatomy and Physiology for Speech, Language, and Hearing* (6th ed.). Clifton Park: Cengage Learning.

Linguistics and Phonetics

Alsagoff, L. (2009). *A visual grammar of English* (2nd ed.). Singapore: Pearson Education Asia.

Alsagoff, L. (2016). Interpreting error patterns in a longitudinal primary school corpus of writing. *The Asian Journal of Applied Linguistics*, 3(1), 114-124.
Retrieved from <https://caes.hku.hk/ajal/index.php/ajal/article/view/361>

Cruz-Ferreira, M. & Abraham, S. A. (2006). *The Language of Language: Core Concepts in Linguistic Analysis* (3rd ed.). Singapore: Prentice Hall/Pearson Education Asia.

Ladefoged, P. & Johnson, K. (2014). *A Course in Phonetics* (7th ed.). Boston: Cengage Learning.

McAllister, J. & Miller, J. (2013). *Introductory Linguistics for Speech and Language Therapy Practice*. Wiley Blackwell.

Evidence-Based Practice

Dobinson, C. & Wren, Y. (Eds.). (2019). *Creating Practice-based Evidence – A guide for SLTs* (2nd ed.). Croydon: J&R Press Ltd.

Hearnshaw, S., Baker, E., & Munro, N. (2019). Speech perception skills of children with speech sound disorders: a systematic review and meta-analysis. *Journal of Speech, Language, and Hearing Research*, 62(10), 3771-3789.
doi: 10.1044/2019_JSLHR-S-18-0519.

Irwin, D., Pannbacker, M., & Lass, N. J. (2019). *Clinical Research Methods in Speech-Language Pathology and Audiology* (3rd ed.). Plural Publishing.

Reilly, S., Douglas, J., & Oates, J. (Eds.). (2004). *Evidence Based Practice in Speech Pathology*. London: Whurr.

Roddam, H. & Skeat, J. (2010). *Embedding Evidence-Based Practice in Speech and Language Therapy: International Examples*. Wiley Blackwell.

Others

Enderby, P. & John, A. (Eds.). (2015). *Therapy Outcome Measures for Rehabilitation Professionals* (3rd ed.). Croydon: J&R Press Ltd.

Hegde, M.N. (2018). *PocketGuide to Assessment in Speech-language Pathology* (4th ed.). San Diego: Plural Publishing Inc.

Hegde, M.N. (2018). *PocketGuide to Treatment in Speech-Language Pathology* (4th ed.). San Diego: Plural Publishing Inc.

World Health Organization (2007). *International Classification of Functioning, Disability and Health. Version for Children and Youth*. Version (ICF-CY). Geneva: World Health Organization.