

Master of Science (Speech-Language Pathology)

Introduction

The **Master of Science (Speech-Language Pathology)** is a two-year postgraduate program in Speech-Language Pathology. This post graduate program covers relevant theory, clinical and research project courses in the area of Speech Language Pathology. The aim of the theory courses is to provide thorough knowledge in different subject areas through formal lectures and / or seminars. The clinical courses aim to develop skills necessary for professional practice in the area of speech-language pathology. The courses related to research project provide graded training to conduct research in a particular area culminating in the preparation of the dissertation. This program will impart advanced theoretical knowledge and skills related to professional practice in the area of speech-language pathology than previously studied at the undergraduate level.

The objectives of the M.Sc.(Speech-Language Pathology) program are to equip the students with knowledge and skills to

- function as teachers and researchers in institutions of higher learning,
- diagnose and manage disorders of speech, language, and swallowing across life span,
- counsel and guide persons with disorders of speech, language and swallowing as well as their family members,
- implement rehabilitation programs for persons with speech, language and swallowing disorders,
- function as the disability certification authority in the field,
- liaise with professionals in allied fields and other stake holders,
- implement prevention and public education programs,
- undertake advocacy measures on behalf of and for persons with speech, language and swallowing disorders,
- advise government and other institutions on legal and policy issues related to persons with communication disorders, and
- establish and administer institutions of higher learning.

SUMMARY SCHEME FOR SEMESTER BASED CREDIT SYSTEM

Category of Courses

Master of Science (Speech-Language Pathology)

SEMESTER	Core Theory (CT) (14)	Allied Theory (AT) (2)	Clinical Rotations (CR) (4)	Research Projects (RP) (4)	Total Credits
I	CT-1	AT-1	CR-1	RP-1	
	CT-2	AT2			
	CT-3				
	12	8	5	2	27
II	CT-4		CR-2	RP-2	
	CT-5			Ĺ	
	CT-6				
	CT-7				
	CT-8				
	20		5	2	27
111	CT-9		CR-3	RP-3	
	CT-10				
	CT-11				
	CT-12				
	16		5	4	25
IV	CT-13		CR-4	RP-4	
	CT-14				
	8		5	8	21
Total	56	8	20	16	100
<u></u>	0				

REGULATIONS FOR MASTER OF SCIENCE (SPEECH-LANGUAGE PATHOLOGY)

In exercise of the powers conferred by rule 12.1 (iv) of the Memorandum of Association & Rules and clause 21 of Bye-Laws of Sri Ramachandra Medical College & Research Institute (Deemed to be University), Porur, Chennai-600 116, the Academic Council of the Deemed University hereby makes the following Regulations:

SHORT TITLE AND COMMENCEMENT

These regulations may be called as "THE REGULATIONS FOR MASTER OF SCIENCE (SPEECH-LANGUAGE PATHOLOGY) DEGREE PROGRAM OF SRI RAMACHANDRA MEDICAL COLLEGE AND RESEARCH INSTITUTE (DEEMED TO BE UNIVERSITY), PORUR, CHENNAI- 600116".

These regulations shall be deemed to have come into force from the academic year 2018-19. These regulations are subject to such modifications as may be approved by the Academic Council from time to time.

1. NOMENCLATURE

As per Rehabilitation Council of India (RCI), the nomenclature of the program shall be **Master of Science** (Speech-Language Pathology) - Abbreviated as **M.Sc. (SLP)** Degree Program.

2. ELIGIBILITY FOR ADMISSION

Candidates with a B. ASLP or B. Sc (Speech & Hearing) degree of any University recognized by the RCI or any other degree considered as equivalent thereto with an average of not less than 55% of marks are eligible for admission to M.Sc. (Speech-Language Pathology). "Average" refers to average of the aggregate marks obtained in all the years/semesters of the qualifying examination.

3. AGE LIMIT FOR ADMISSION

Applicants shall not be older than 30 years on the 1stJuly of the year of admission.

4. MEDICAL FITNESS CERTIFICATE

A candidate shall, at the time of admission, submit to the Head of the Institution, a Certificate of Medical Fitness from an authorized Medical Officer certifying that the candidate is physically fit to undergo the academic program.

5. ELIGIBILITY CERTIFICATE

Candidates who have passed B. ASLP or B.Sc (Speech & Hearing) from any university other than Sri Ramachandra Medical College and Research Institute (Deemed to be University) shall obtain eligibility certificate from this Deemed University at the time of admission and remit recognition fee as prescribed.

6. **REGISTRATION**

A candidate admitted to the program shall register his/her name with the University by submitting application form for registration duly filled in, along with the prescribed fee, through the Head of the Institution within the stipulated date.

7. DURATION OF THE PROGRAM

- a) The program shall be of 4 semesters (2 academic years) and should be completed within 4 years from the date of admission.
- b) An academic year consists of two semesters, and each semester shall extend over a minimum period of sixteen weeks excluding examination days. The semesters shall be spread out as follows:

Odd semesters – 1 & 3	July – December
Even semesters – 2 & 4	January – June

8. COMMENCEMENT OF THE PROGRAM

The program shall commence ordinarily from 1st July of the academic year.

9. COMMENCEMENT OF THE EXAMINATIONS

There shall be two sessions of University examinations in an academic year, viz., June (end of even semesters) and December (End of odd semesters).

10. MEDIUM OF INSTRUCTION

English shall be the medium of instruction and examinations.

11. CURRICULUM

The curriculum and the syllabus for the program shall be as prescribed by the Rehabilitation Council of India, New Delhi and approved by the Academic Council of this Deemed University, on the recommendations of Board of Studies. The program will be conducted on a credit based semester pattern as described below:

11.1. Program / Course Credit Structure

As per the philosophy of Credit Based Semester System, certain quantum of academic work viz. theory classes, clinics, seminars, assignments, etc are measured in terms of credits. On satisfactory completion of the courses, a candidate earns the credits. The amount of credit associated with a course is dependent upon the number of hours of instruction per week in that course. Similarly, the credit associated with any of the other academic, co/extra- curricular activities is dependent upon the quantum of work expected to be put in for each of these activities per week/per activity.

Credits

The term credit is used to describe the quantum of syllabus for various courses in terms and hours of study. It indicates differential weightage given according to the contents and duration of the course in the curriculum design. The amount of credit associated with a course/program is dependent upon the number of hours of instruction per week in that course/program. Similarly, the credit associated with any of the other academic, co/extra-curricular activities is dependent upon the quantum of work expected to be put in for each of these activities per week. Courses are broadly classified as Theory, Dissertation/Research Project and Clinical. Theory programs consist of lecture (L) and /or tutorial (T) hours; Clinical Rotation (CR) program consist of hours spent in the clinics. Credits (C) for a course/program is dependent on the number of hours of instruction per week in that program, and is obtained by using a multiplier of one (1) for lecture, and a multiplier of half (1/2) for tutorial and dissertation hours, multiplying by 1/3rd for clinicals. Thus, for example, a course/program carrying one credit for lectures will have instruction of one period per week during the semester, if three hours of lecture is necessary in each week for that program, then 3 credits will be the weightage.

The credit weightage is computed as shown below: Lecture: 1 credit = 1 hour/week; 15 hours/Semester Clinical: 1 credit = 3 hours/week; 45 hours/Semester Research Project: 1 credit = 2 hours/week; 30 hours/Semester

Table 1 Credit value per course and structure of the syllabus/course/plan

For PG Programs each course will be provided a structured syllabus in the following style:

Category	Credits	Syllabus units
Core Theory (CT) /Allied Theory (AT)	4	5
Clinical Rotation (CR)	5	240 hours
Core Projects: Research Projects (RP)	8	240 hours
Dissertation (RP)	8	240 hours

The minimum credit allocation for a course is as per the curriculum designed by the department.

The program will be conducted on a credit based semester pattern as described below:

Minimum credit requirements

The minimum credit points required for the award of **M.Sc. (SLP). Degree is 100.** These credits are divided into theory courses, clinics, seminars, assignments, dissertation with the supervisor, and journal club over the duration of four semesters. The credits are distributed semester-wise as shown in Table 2. Courses generally progress in sequence, building competencies and their positioning indicates certain academic maturity on the part of the learners. Learners are expected to follow the semester-wise schedule of courses given in the syllabus.

12. GRADING SYSTEM

The University would be following the absolute grading system, where the marks are compounded to grades based on pre-determined class intervals.

Letter grades and grade points allocations:

Based on the performances, each student shall be awarded a final letter grade at the end of the semester for each program. The letter grades and their corresponding grade points are given below:

Percentage of Marks Obtained	Letter Grade	Grade Point	Performance
90.00 - 100	0	10	Outstanding
80.00 - 89.99	A	9	Excellent
70.00 – 79.99	В	8	Good
60.00 - 69.99	С	7	Fair
50.00 - 59.99	D (PASS)	6	Average
Less than 50	RA (Reappear)	0	Reappear
Absent	AB	0	AB
Not Completed	NC	0	detained
RC-Repeat the course	RC	0	Long absent

Table 2: Letter grades and grade points equivalent to percentage of marks and performances

A student who remains absent for any University semester examination shall be assigned a letter grade of AB and a corresponding grade point of zero. He/she should reappear for the said evaluation/examination in due course.

- i. A student obtaining Grade RA shall be considered failed and will be required to reappear in the examination.
- ii. Candidate with NC grading indicates absent for examinations or detained in a course (s); while RC indicates that student is not fulfilling the minimum criteria for academic progress and attendance [i.e., lack of attendance- < 50% and internal assessments (CIA)]. Registrations of such students for those courses shall be treated as cancelled. If the course is a core course, the candidate should register for and repeat the course when it is offered the next time.</p>

Category	Course Title	Credits (C)	Grade Letter	Grade Point	Credit Point (Credit x Grade)
CT	Neurogenic Speech Disorders	3	А	9	3x 9=27
СТ	Dysphagia	3	0	10	3x 10=30
CT	Aphasia	3	В	8	3x 8=24
CT	Cognitive Communication Disorders	3	С	7	3x7=21
RP	Dissertation*	5	D	6	5x6=30
CR	Clinicals in Speech Language Pathology (Internals)*	5	A	9	5x9=45
	Total	22			177
Thus, SGPA	= 177/22 = 8.04			\mathcal{N}	

Table 3: Example: Grades and Grade Points

The Semester grade point average (SGPA)

The performance of a student in a semester is indicated by a number called 'Semester Grade Point Average' (SGPA). The SGPA is the weighted average of the grade points obtained in all the courses by the student during the semester. For example, if a student takes five courses (Theory/Practical) in a semester with credits C1, C2, C3, C4 and C5 and the student's grade points in these programs are G1, G2, G3, G4 and G5, respectively.

Computation of SGPA and CGPA

 The SGPA is the ratio of sum of the product of the number of credits with the grade points scored by a student in all the courses taken by a student and the sum of the number of credits of all the courses undergone by a student, *i.e.*,
 SGPA (Si) =∑(CixGi) /∑Ci

where Ci is the number of credits of the ith course and Gi in the grade point scored by the student in the ith course.

ii. The CGPA is also calculated in the same manner taking into account all the courses undergone by a student over all the semesters of a programme, *i.e.*, **CGPA** = Σ (Ci x Si) / Σ Ci where Si is the SGPA of the ith semester and Ci is the total number of

credits in that semester.

iii. The SGPA and CGPA shall be rounded off to 2 decimal points and reported in the transcripts.

Table 4: Illustration of Computation of SGPA and CGPA and Format for Transcripts

- i. Computation of SGPA
- ii. Computation of CGPA

Semester 1	Semester 2	Semester 3	S	emester 4					
Credit: 26	Credit: 24	Credit: 25	С	redit: 25					
SGPA: 7.42	SGPA: 6.8	SGPA: 6.6	S	GPA: 6.0					
Illustration for CGPA									
26 x 7.42 + 24 x 6.8 + 25 x 6.6 + 25 x 6.0									
CGPA =				= 6.71					
			100						

13. EXAMINATIONS AND ASSESSMENT:

- i. For all category of core theory courses offered, the assessment will comprise of Internal Assessments (IA) and the End Semester University examination (ES). For each core theory course the IA evaluation weighted at 20% and the ES weighted at 80%.
- ii. Continuous internal assessment weighted at 100% shall be conducted internally by the subject experts at the college level for those courses (Only theory & Dissertation) that have no end semester exam component.
- iii. A candidate failed in any course in the University examination will be provided an opportunity to improve his/her internal marks (theory only) which will be called "Improvement I.A. Examinations".
- iv. If a failed candidate does not appear for such "Improvement I.A. Examinations" for internal marks in the failed course(s), the internal marks (in theory) already secured by him/her shall be carried over for his/her subsequent appearance(s) in the University examinations.
- v. IA Marks shall be submitted to the University for each Course separately by the Head of the department/ program co-ordinator 15 days prior to the commencement of the University examinations, through the Principal.

13.1. Internal assessment

- a) Evaluation for a course shall be done on a continuous basis. The uniform procedures to be adopted under the Credit based semester system (CBSS) are to conduct at least two internal assessments followed by University examination for each course.
- b) A regular record of attendance in theory, clinical, seminar, assignment, journal club, discussion with the supervisor, research work presentation and dissertation, etc shall be maintained by the department / teaching staff of respective courses.

13.2. Eligibility in Internal Examination for end –semester (IA for all theory, clinical courses, and other courses)

- a) For theory, clinical and research courses, a candidate should obtain a minimum of 50% marks in IA to be eligible to appear for University examination of each course in a semester. IA marks shall be awarded on the basis of the candidates work throughout the particular semester.
- b) Improvement of Internal Assessment: A student shall have the opportunity to improve his/her performance only once in the sessional exam component of the internal assessment. The reconduct of the sessional exam shall be completed before the commencement of next end semester theory examinations.

13.3. Attendance Requirements

- a) No candidate shall be permitted to appear for the University examinations, unless he/she attends the program for the prescribed period and produces the necessary certificate of attendance and progress and a satisfactory conduct from the Head of the Institution.
- b) Every candidate is required to put in a minimum of 80% of attendance in theory and 90% in clinical course (s) in the semester concerned to become eligible to appear for admission to the University examination.
- c) A candidate lacking the prescribed attendance in any course(s) shall not be allowed to appear for University examination in that course only.

13.4. Assessments in End Semester Examinations:

- a) The process of assessment in examinations for all the theory and clinical courses offered in Semesters I to IV, dissertation examinations at the end of Semester IV shall be undertaken by internal and external who will be appointed by the Controller of Examinations based on the panel of examiners provided by the respective department heads / BoS.
- b) Clinical examinations (for PSL18CR101 and PSLP18CR301 shall be conducted by two University appointed faculty of the department at the end of 1st and 3rd semesters.

c) Clinical examinations for PSL18CR201 and PSL18CR401 will be conducted by One external examiner and One internal examiner appointed by the University at the end of the 2nd and 4th semester, respectively. Clinical examination shall be with patients, equipment, simulators and/or patient records. The examiners shall also evaluate records of clinical work of the students.

13.5. Pattern of Question Paper - End Semester Examination

Theory	Duration: 3 hours
Essays (Answer 4 out of 5) (4 x 15) Short notes (Answer 4 out of 5) (4 x 5)	60 marks 20 marks
Total	80 marks

14. DISSERTATION

Continuous and Summative assessments for DISSERTATION

- a) All candidates registered to undergo the M.Sc. (SLP) degree program shall have to submit a dissertation at the end of 4th semester (15 days prior to commencement of end semester theory exams).
- b) Each candidate will be assigned a recognized guide in the first semester.
- c) Candidate shall obtain approval for their dissertation proposal through ethical committee (students) of the university (by the end of second semester).
- d) The topic assigned to the candidate will be intimated to the controller of examination of this University by the end of second semester.
- e) The dissertation work will be individual research and will consist of data collection carried out during third and fourth semester.
- f) The dissertation work shall be in a bound volume not exceeding 75 pages (one and half line spacing and on one side of A4 size paper) excluding references.
- g) Three bound copies and one soft copy of the dissertation work shall be submitted fifteen days prior to the commencement of the University examination and forwarded to the Controller of Examination of the University.
- h) The concerned guide may evaluate the performance of the candidate for the internal marks as per the guidelines given below. This evaluation would reflect the quality of work put into the dissertation by the student.

Table 5: Guideline for awarding IA – Dissertation

Semeste	Activity to be completed	Hours/	Credit	Max.
r		Semester	s	Marks
				(Internal)
	Research Seminar -1: Submit a summary of	60	2	100
	literature related to broad area of research			
П	Research Seminar- 2: Present research proposal in	60	2	100
	the department, and obtain clearance from IEC			
III	Research Practicum: Demonstrate progress in	120	4	100
	dissertation as written report			
IV	Dissertation: Submit dissertation and present at the	240	8	20
	department			

- i) The internal marks awarded based on the above format has to be submitted to the CoE through the Head of Department 15 days before the commencement of end semester exams.
- j) One external and one internal examiner appointed by the University shall evaluate the dissertation as per the guideline given below.

Table 6 Guidelines for Allotment of Marks for University Examination

Introduction, Review of literature	10 marks
Need for the study and Objectives	10 marks
Method	20 marks
Results and discussion	30 marks
Summary and Conclusion	10 marks
Total	80 marks

15. CRITERIA FOR PASSING

15.1. Marks qualifying for a Pass for M.Sc (SLP) Program

A candidate shall be declared to have passed the examination if he/she obtains the following minimum qualifying grade / marks:-

- a) Grade D (50% of marks) in the University End Semester Examination Theory, Clinical, and Dissertation (ESE)
- b) Grade D (50%) aggregate in each course which includes both Continuous Internal Assessment and End Semester Examinations.

15.2. Reappearance for arrear subjects:

- a) In case a student fails to secure the minimum 50% in any theory or clinical course (s), then he/she shall reappear for the next end semester examination of that course only.
- b) However, his/her marks of the Internal Assessment shall be carried over and he/she will be entitled for grade obtained by him/her on passing, subject to provisions under 13 (iii & iv).

15.3. Carry-over of courses

A student will be eligible to carry forward all the failed courses (including Grade AB) of I and II semesters till the III semester examinations but he/she will not be eligible to appear for the University examinations of IV semester until all the courses of I, II and III semesters are successfully completed. However, the student may be permitted to attend and complete the course requirements **ONLY**, for courses in the IV semester.

On successful completion of all courses until third semester such candidates are eligible to appear for the end semester examinations of the IV semester.

A student shall be eligible to get his/her CGPA upon successful completion of the courses of I to IV semesters as per the norms of this University.

16. END SEMESTER SUPPLEMENTARY EXAMINATIONS

End semester supplementary examinations shall be conducted as per the schedule given in table below. The exact dates of examinations shall be notified from time to time.

17. RETOTALING OF ANSWER PAPERS

The candidates can apply for retotaling by paying prescribed fee.

18. CLASSIFICATION OF SUCCESSFUL CANDIDATES

The class shall be awarded based on CGPA as follows:

Table 9: Classification of successful candidates

≥ 7.50	First Class with Distinction	First attempt only
6.00 to 7.49	First Class	Class will be awarded only when the course
5.00 to 5.99	Second Class	is completed within the stipulated period. All others would be declared as ' Pass'

All assessments of MSc (SLP) program on an absolute mark basis will be considered and passed by the respective results passing Boards in accordance with the rules of the University. Thereafter the Controller of Examinations shall convert the marks for each course to the corresponding letter grade as mentioned in Table 3, compute the grade point average and cumulative grade point average, and prepare the grade and mark sheets. On satisfactory completion of the courses, a candidate earns the prescribed credits.

19. AWARD OF RANKS

Ranks and medals shall be awarded based on final CGPA for candidates who pass in the first attempt and the candidates should have completed the MSc (SLP) program in minimum prescribed number of years, (two years) for the award of ranks. However, candidates who fail in one or more courses during the M.Sc. (SLP) program shall not be eligible for award of ranks.

20. AWARD OF DEGREE

The University will award the degree after a candidate successfully completes the required University examinations (all semesters).

21. RE-ADMISSION AFTER BREAK OF STUDY

A candidate having a break of study shall be re-admitted after satisfactory fulfillment of the regulations of the University at the commencement of an academic year only and shall undergo the full duration of the Program. No exemption for the period of study already undergone or for the examination already passed shall be granted. The candidate will be required to appear for all the examinations as prescribed in the regulations and syllabus in vogue at the time of readmission.

A candidate having a break of study of four years and above from the date of admission and more than two spells of break will not be considered for re-admission. The four years' period of break of study shall be calculated from the date of first admission of the candidate to the course inclusive of all the subsequent spells of break of studies.

If a candidate has a break of study of more than 2 months during the semester, he/ she has to apply for continuation to the semester which has to be redone when it is being offered with specific recommendations by HOD.

22. DISCHARGE FROM THE PROGRAM

If a student admitted to a Program of study in this Deemed University is for any reason not able to complete the Program or qualify for the degree by passing the examinations prescribed within a period comprising twice the duration prescribed in the Regulations for the concerned Program, he/she will be discharged from the said Program, his/her name will be taken off the rolls of the Deemed University and he/she will not be permitted to attend classes or appear for any examination conducted by the Deemed University thereafter.

	M.Sc. (Speech-Language Pathology), 2018-19 [APSL]															
	SEMESTER- I															
r					Hours /	Week		(C	Hours/ se redits x 1	emeste 5 weel	r (s)	е	- Theory /	Unive Exa	ersity am	Grand Total
Course Numbe	Course code	Category	Course Title	Lecture (L)	Tutorial(T)/ Clinical Training (CT)	Research Project (RP)	Credits (C)	Lecture	Tutorial(T)/ Clinical Training(CT)	Research Project (RP)	Total hours	(%) Attendanc	Internal assessment (IA) - Practical (a)	Theory (b)	Viva-voce (c)	Theory: a+ b = 100 Practical: a + c = 100
														EST	ESP	
1	PSL18CT101	CT1	Speech Science and Instrumentation	4			4	60			60	80	20	80	-	100
2	PSL18CT102	CT2	Neurobiology of Speech- Language and Cognition	4			4	60			60	80	20	80	-	100
3	PSL18CT103	CT3	Augmentative and Alternative Communication	4			4	60			60	80	20	80	-	100
4	PSL18AT104	AT1	Clinical Linguistics & Multilingual Issues	4			4	60			60	80	20	80	-	100
5	PSL18AT105	AT2	Research Methods, Epidemiology and Statistics	4			4	60			60	80	20	80	-	100
6	PSL18CR106	CR1	Clinicals in Speech- Language Pathology – 1		5		5	-	225	-	225	90	50		50	100
7	PSL18RP107	RP1	Research Seminar -1			2	2			60	60	80	100			100
	Year 1 – Semes	ter-l	Total	20	5	2	27	300	225	60	585		250	400	50	700

SCHEME OF CURRICULUM AND EVALUATION OF THE PROGRAM

	M.Sc. (Speech-Language Pathology), 2018-19 [APSL]															
	SEMESTER- II															
					Hours /	Week		H (C	Hours/ se redits x 1	emeste 5 wee	r ks)		Theory/	Unive Ex	ersity am	Grand Total
Course Number	Course code	Category	Course Title	Lecture (L)	Tutorial(T)/ Clinical Training(CT)	Research Project (RP)	Credits(C)	Lecture	Tutorial(T)/ Clinical Training(CT)	Research Project (RP)	Total hours	(%) Attendance	Internal assessment (IA) – Practical (a)	Theory (b)	Viva-voce(c)	Theory: a+b = 100 Practical: a + c = 100
														EST	ESP	
8	PSL18CT201	CT4	Advances in Speech Sound Disorders	4			4	60			60	80	20	80	-	100
9	PSL18CT202	CT5	Voice Science and Disorders	4			4	60			60	80	20	80	-	100
10	PSL18CT203	CT6	Disorders of Fluency	4	\sim		4	60			60	80	20	80	-	100
11	PSL18CT204	CT7	Language Disorders in Children	4			4	60			60	80	20	80	-	100
12	PSL18CT205	CT8	Language and Literacy Disorders	4			4	60			60	80	20	80	-	100
13	PSL18CR206	CR2	Clinicals in Speech- Language Pathology - 2		5		5	-	225	-	225	90	50		50	100
14	PSL18RP207	RP2	Research Seminar -2			2	2			60	60	80	100			100
	Year 1 – Semes	ter-II	Total	20	5	2	27	300	225	60	585		250	400	50	700

	M.Sc. (Speech-Language Pathology), 2018-19 [APSL]															
					SEME	STER-	III						\sum			
					Hours /	Week		(C	Hours/ redits >	lours/ semester edits x 15 weeks)			Theory/	Unive Ex	ersity am	Grand Total
Course Number	Course code	Category	Course Title	Lecture (L)	Tutorial(T)/ Clinical Training (CT)	Research Project (RP)	Credits (C)	Lecture	Tutorial(T)/ Clinical Training (CT)	Research Project (RP)	Total hours	(%) Attendance	Internal assessment (IA) – Practical (a)	Theory (b)	Viva-voce(c)	Theory: a+b = 100 Practical: a + c = 100
														EST	ESP	
15	PSL18CT301	CT9	Neurogenic Speech Disorders	4			4	60			60	80	20	80	-	100
16	PSL18CT302	CT10	Dysphagia	4			4	60			60	80	20	80	-	100
17	PSL18CT303	CT11	Aphasia	4	X		4	60			60	80	20	80	-	100
18	PSL18CT304	CT12	Cognitive Communication Disorders	4			4	60			60	80	20	80	-	100
19	PSL18CR305	CR3	Clinicals in Speech- Language Pathology - 3	Š	5		5	-	225	-	225	90	50		50	100
20	PSL18RP306	RP3	Research Practicum			4	4			120	120	80	100			100
	Year 2 – Semester-III		Total	16	5	4	25	240	225	120	585		230	320	50	600
			Ocx													

	M.Sc. (Speech-Language Pathology), 2018-19 [APSL]															
	SEMESTER- IV															
				Hours / Week Hours/ semester (Credits x 15 weeks)		r ks)	\langle	'heory/	Unive	ersity am	Grand Total					
Course Number	Course code	Category	Course Title	Lecture (L)	Tutorial(T)/ Clinical Training(CT)	Research Project (RP)	Credits(C)	Lecture	Tutorial(T)/ Clinical Training(CT)	Research Project (RP)	Total hours	(%) Attendance	Internal assessment (IA) ² T Practical (a)	Theory (b)	Viva-voce(c)	Theory: a+b = 100 Practical: a + c = 100
							5							EST	ESP	
21	PSL18CT401	CT13	Practices in Speech- Language Pathology	4			4	60			60	80	20	80	-	100
22	PSL18CT402	CT4	Seminars in Practices related to Medical Speech- Language Pathology	4	X		4	60			60	80	100	-	-	100
23	PSL18CR403	CR4	Clinicals in Speech- Language Pathology-4	5	5		5	-	225	-	225	90	50		50	100
24	PSL18RP404	RP4	Dissertation			8	8			240	240	80	20		80	100
	Year 2 – Semester-IV		Total	8	5	8	21	120	225	240	585		190	80	130	400

M.Sc. (SLP) Regulations and Syllabus – 2018 - Passed in 26th Academic council meeting on 23.06.2018

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M.Sc (Speech-Language Pathology) Course content Semester I

Course Title: Speech Science and Instrumentation

Marks - 100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
1	PSL18CT101	Core Theory CT1	Speech Se Instrum	cience and entation	4	4	1	4	60/ 100	
	Learning o	bjectives	5	Learning outcomes						
The a) b) c) d)	e objectives of the cou knowledge on: theoretical constructs to analyze speech at acoustic and aerodyr speech. instruments and metl measuring speech pl applications of speec	urse are to s of speec different l namic asp nods relat nysiology. ch science	o provide h production evels ects of ed to s	At the end of th able to: a) discuss abo field focusin speech pro observation b) analyze aco of speech p c) discuss diffe measureme c) discuss clin of speech s	but sp ng on duction of sp coustic produce erent to erent to ical an scienc	urse, the eech sci physiolo on and di beech and aer stion echnique f speech nd non-c e	student ence as ogy aspe ifferent l odynam es for ph clinical a	will t a dis ects o evels ic as nysiol pplica	be stinct f of pects ogical ation	

Unit	Syllabus										
UNIT	Speech Science and speech physiology										
l:	a) Speech Science- Introduction and scope										
	b) Physiological aspects of speech production – subsystems involved i.e. respiration,										
	Iaryngeal & articulatory subsystem and different levels of observation of speech										
	production										
	 c) Critical evaluation of acoustic theory of speech production: source and filter sharacteristics: output speech and its sharacteristics. 										
	characteristics; output speech and its characteristics										
	d) Effects of contextual, co-articulatory and speaker related factors										
UNIT	Acoustic and aerodynamic characteristics of speech sounds										
II:	a) Speech breathing and aerodynamics of speech: mechanics of airflow – laminar,										
	orifice and turbulent flow: maintenance of airway pressure for speech										
	b) Upper and lower airway dynamics: lower - anatomy, laryngeal and lung activity in										
	speech: conversational speech and loud speech; glottal activity in the production of										
	speech sounds and whisper; upper - constrictors in upper airway; aerodynamics of										
	speech sounds										
	 Aspects of speech acoustics; aspects of prosody and their realization 										

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	d) Acoustic characteristics of vowels and consonants and prosody									
	e) Characteristics and production of vocal music in contrast with speech production									
UNIT	Technology and instrumentation – respiratory and acoustic analysis									
III:	a) Measures of respiratory analysis and instrumentation: intraoral and sub glottal									
	pressure; Instrumentation									
	b) Acoustic analysis of speech - techniques of digital signal processing (linear predictive									
	coding, fast fourier transform, short-time speech analysis - energy, zero-crossing rate,									
	autocorrelation function; Long Term Average Spectrum, Inverse filtering)									
	c) Basic principles of cepstral analysis, filtering low-time filtering for formant estimation,									
	nign-time filtering for pitch estimation, complex cepstrum									
	a) Spectrogram. Identification of sounds and their acoustic reatures through									
	e) Software for acquisition and acquistic analysis – freeware and patented software									
	e) Software for acquisition and accusic analysis – neeware and patented software									
UNIT	Technology and instrumentation – Other physiological measurements:									
IV·	Techniques and instrumentation (working principles, interpretation and implications)									
	including									
	a) electromyography,									
	b) stroboscope, high speed kymography, electroglottography,									
	c) electromagnetic articulography,									
	d) ultrasound									
	e) neuroimaging - MRI, fMRI, NIRS, CT, PET, SPECT, TMS and MEG									
UNIT	Applications of speech science									
V:	a) Clinical application of speech science: applications in speech disorders - speech of									
	persons with hearing impairment, voice disorders, stuttering, dysarthria, cleft lip and									
	palate									
	 b) Forensic applications: semiautomatic and automatic methods c) Informatic and automatic methods 									
	c) infant cry analysis- characteristics of normal and abnormal cries, models, infant cry									
	d) Speech synthesis and its applications: articulatory, parametric synthesis and applysis									
	by synthesis									
	e) Speech recognition speaker recognition speech coding and speech enhancement									
[by specific country, and specific country, and specific mancement.									

- Hixon, T. J., Weismer, G., & Hoit, J. D. (2014). *Preclinical speech sciences: Anatomy physiology acoustics perception.* San Diego: Plural Publishing.
- Behrman, A. (2017). Speech and voice science. (2nd Ed). San Diego, Plural publishing.
- Speaks, C. E. (2018). *Introduction to sound: Acoustics for the hearing and speech sciences.* (4th Edition). San Diego, Plural Publishing.
- Holmes, W. (2001). Speech synthesis and recognition. CRC press.
- Maassen, B., & Van Lieshout, P. (Eds.). (2010). Speech motor control: New developments in basic and applied research. Oxford University Press.
- Borden, G. J., & Harris, K. S. (2009). Speech science primer. (5th Ed). Philadelphia: Lippincott, William & Wilkins.
- CIIL Publications on the production of sounds in different languages of India
- Boulston, F. R. & Dvorak, J.D (2015). Matlab Primer for Speech Language Pathology and Audiology. San Diego: Plural Publishing Inc
- Ferrand, C. T. (2007). Speech Science An integrated approach to theory and practice. (2nd Ed). Boston: Allyn & Bacon.
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- Ladefogd, P. (2001). An introduction to the sounds of languages; vowels and consonants. Oxford Black Well.
- Course Title: Neurobiology of Speech-Language and Cognition

Marks - 100

Course Number	ourse Code	Course category	Cours	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks			
2 PS	SL18CT102	Core Theory CT2	Neurobiolog Language a	y of Speech- nd Cognition	4	1	27	4	60/ 100		
Learning objectives				Learning outcomes							
 The object knowled knowled in the knowled knowled in the knowled in the	ctives of the co edge on: my and physiol d to speech an ent methods to of speech lang l basis related to ption and produ- rch ent cognitive do from recent res physiological a gaging; and its age and cogniti	urse are to ogy of ner d languag assess the guage mee to speech- uction from mains and search nd functio influence ion	o provide vous system e neurological chanisms language n recent d their neural nal changes on speech,	At the end of th able to: a) discuss nervous syn neurotransi language a b) analyze diagnostic f c) discuss language a d) apply ir and functio to speech,	the course the assem as the assem as and its and finding s the r nd conformanal changua	urse, the anatomy and role s in relat disorder interpret gs, heural ba gnition ation on anges w age and	student and phy of ion to sp rs, differen asis of sp neuroph vith aging cognitio	will b vsiolo beech at neu beech g in r on	be ogy of n- uro- n- logical elation		

Unit	Syllabus
UNIT	Anatomy and physiology of the nervous system related to speech-language
E	 a) Review of central nervous system and peripheral nervous system, cortical and subcortical pathways b) Blood supply to CNS c) Neurotransmitters – types and classification, major location, functions and synthesis / chemical composition; signal propagation in the nervous system d) Neurotransmitters in neuropathological conditions influencing speech, language and related disorders e) Functional organization of brain – lateralization of functions f) Concepts related to neuroplasticity for speech-language and swallowing

UNIT	Methods of understanding the neurological status of speech-language						
11:	mechanisms						
	 a) Clinical examination of neurological status - history, physical examination, reflexes b) Neuro-diagnostic procedures for routine clinical examination – cranial nerve examination, sensory & motor examination, examination of mental functions 						
	 Neuro-imaging procedures: X-Ray, CT scan, MRI, fMRI, TcMS, PET, SPECT, and others - advantages and disadvantages 						
	 Neuro-physiological procedures - Evoked potentials (visual, auditory and somato- sensory), eye-tracking. eletromyography (EMG), magnetoencephalography (MEG) - Advantages and disadvantages 						
	e) Neuro-behavioral procedures - neurolinguistic investigation, priming and its types, reaction time measures and other related procedures						
UNIT	Neural basis of speech-language processing and production						
III:	a) Neural networks for speech perception, semantic processing and sentence						
	 b) Neural basis of speech production (sound, syllable, word and sentences) f) Representation of languages in the brain – Monolingual, bilingual and multilingual g) Evidence from research studies - behavioral, neuroimaging and evoked potentials studies in neurotypical persons and persons with neurological disorders 						
UNIT	Cognitive processes and their neural basis						
IV:	 a) Attention, memory and executive functions – types and components b) Relationship of cognitive processes to speech-language processes; implication of information processing models of cognitive linguistic processes (hierarchical, process, interactive, computational, neural network) to development of speech and language 						
	 c) Neural basis for different cognitive processes and its relation to language processes d) Neural network for reading, writing and spelling 						
UNIT	Neuroscience of aging and its effect on speech-language						
V:	a) Aging - definition, types- (senescence and senility, primary and secondary aging, biological and psychological aging), phenomenon of aging (neurological, cognitive and behavioral correlates, structural changes with age, brain weight, ventricular size, microscopic changes and atrophy).						
	 b) Theories of aging - cellular, genetic, cumulative, random cell damage, programmed cell death, high level control of aging, cellular theories, geriatric theories and other theories 						
	c) Neurophysiological / functional changes with age: accuracy, speed, range, endurance, coordination, stability and strength; neurobehavioral correlates of aging - lateralization of functions across life span, cerebral asymmetry, electrophysiological and behavioral evidences						
	d) Effects of aging on speech and language across life span: in typical and pathological conditions.						
	e) Effect of aging on cognition and speech perception						

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- Barkhof, F., Fox, N. C., BastosLeite, A. J., & Scheltens, P. (2011). Neuroimaging in Dementia. Springer-Verlag.
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- Webster, D. B. (1999). Neuroscience of communication. San Diego: Singular.

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- Lundy-Ekman, L. (2013). *Neuroscience-e-book: Fundamentals for rehabilitation*. Elsevier Health Sciences.
- Kemmerer, D. (2015). Cognitive neuroscience of language. New York: Psychology Press.
- Handy, T. C. (2005). Event-related potentials: A methods handbook. London: MIT press.
- Zigmond, M. J., Rowland, L. P. & Coyle J. T. (2015). *Neurobiology of brain disorders: Biological basis of neurological and psychiatric disorders.* New York: Academic Press.
- Bhatnagar, S. C. (2008). *Neuroscience for the study of communicative disorders.* (3rd Ed). New York: Wolters Kluwer Publisher.
- Arslan, O. E. (2015). Neuroanatomical basis of clinical neurology. 2nd Edition, New York, CRC Press.
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Course Title: Augmentative and Alternative Communication

Marks - 100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
3	PSL18CT103	Core Theory CT3	Augmentative Alternative C	e and ommunication	4			4	60/ 100	
	Learning C	L	.earni	ng outc	omes					
The a) b)	e objectives of the con knowledge on: different component alternative communi subtypes the procedures to as	urse are to s of augm cation (AA	o provide entative and AC) and their didacy for	 At the end of the course, the student will be able to: a) identify and discuss various components of AAC b) discuss the assessment procedures determining candidacy for AAC among 						
c) d)	AAC the process of imple individuals with com needs contemporary topics	individuals with complex communication needs and select appropriate AAC strategies c) discuss the treatment plan for implementation of AAC for individuals with complex communication needs								
	research aspects of India	AAC glob	ally and in	d) discuss the current status in practice of AAC in India and identify issues for research						

Unit	Syllabus									
UNIT	Types, classification and description of AAC									
l:	a) Definition, history, need and classification of AAC									
	 b) Team approach in AAC -Team members and their roles 									
	 c) AAC components – symbols, aids, strategies and techniques 									
	d) Technology in AAC: communication boards; non-tech, low-tech, high-tech aids and									
	mobile computing; Interfaces to access AAC									
UNII	Assessment for AAC									
ll:	a) Assessment for AAC candidacy: Models for assessment									
	b) Formal and informal assessment: Standard tests and scales									
	c) Considerations in other domains - physical/ motor and seating requirements,									
	cognition, vision and hearing, speech perception									
UNIT	AAC intervention: Principles and procedures									
III:	a) General principles and strategies – Aided and unaided AAC									
	b) Selection of vocabulary and symbol representation of the vocabulary: - types of									
	vocabulary, factors affecting choice of vocabulary									
	c) Strategies for selection of symbols in AAC: types of strategies (direct selection,									
	scanning, encoding, word prediction) and factors affecting decision making									
	d) Selection and decision making with reference to low and high-tech aids and devices									
	e) Counselling and guidance regarding the use and application of AAC for parents and									
	caregivers									

UNIT	AA	C for different populations
IV:	a) b)	 Implementing AAC for children with complex communication needs (intellectually challenged, cerebral palsy, children with language disorders and children with dual and multiple disabilities) Language intervention and AAC Literacy and AAC Speech and AAC Speech and AAC Implementing AAC for adults with acquired communication disorders: Temporary conditions: laryngectomy, voice disorders Neurological conditions: Degenerative and non-degenerative conditions, Aphasia, traumatic brain injury, dementia and other acquired cognitive communication disorders Structural disorders and other disorders affecting speech intelligibility
	() ()	Evidence-base for implementing AAC
	u) Co	
UNIT	Co	Intemporary topics in AAC
V:	e)	Adaptation of AAC in different set ups: home, schools, work place, and other social
		situations
	f)	AAC and community; Role of ISAAC (International Society for Augmentative and
		Alternative Communication) and other organizations
	g)	Current updates on use of technology: Hardware and software (applications)
	h)	Current status of AAC in India and scope for research

- Beukelman, D., & Mirenda, P. (2012). Augmentative and alternative communication: Supporting children and adults with complex communication needs. (4th Ed). Baltimore: MD. Paul Brookes Publishing.
- Mani, M.N.G., Gopalkrishnan, V., & Amaresh, G. (2001). *Indian sign language dictionary.* Germany: CBM International.
- Vasishta, M., Woodward, J., & Desantu, S. (1980). *An Introduction to Indian sign language.* New Delhi: All India Federation of the Deaf.
- Deshmukh, D. (1996). Sign language and bilingualism in deaf education.
- Hurtig, R.R., & Downey, D. (2015). Augmentative and alternative communication in acute and critical care settings. San Diego: Plural Publishing
- McCarthy, J.w., & Dietz, A. (Eds.) (2015). Augmentative and alternative communication: An interactive clinical casebook. San Diego: Plural Publishing.
- Loncke, F. (2014). Augmentative and alternative communication: Models and applications for educators, speech-language pathologists, psychologists, caregivers, and users. San Diego: Plural Publishing.
- Alant, E. (2016). Augmentative and alternative communication engagement and participation. San Diego: Plural Publishing
- Bryant, D. P., & Bryant, B. R. (2011). Assistive technology for people with disabilities. USA: Pearson Higher Ed.
- Light, J. C., Beukelman, D. R., & Reichle, J. (2003). Communicative competence for individuals who use AAC – From research to effective practice. Baltimore: H.Brookes Publishing Co.
- Lloyd, L., Fuller, D., & Arvidson, H. (1997). *Augmentative and alternative communication: Handbook of principles and practices.* Boston, MA: Allyn & Bacon.
- McNaughton, D. & Beukelman, D.R. (2010). *Transition strategies for adolescents & young adults who use AAC.* Baltimore: MD Paul H. Brookes Publishing Co.
- Reichle, J., Beukelman, D.R., & Light, J.C. (2002) *Exemplary practices for beginning communicators: implications for AAC.* Baltimore: MD Paul H. Brookes Publishing
- Soto, G., & Zangari, C. (2009). *Practically speaking language literacy & academic development for students with AAC needs.* Baltimore: MD Paul Brookes Publishing.

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Course Title: Clinical Linguistics and Multilingual Issues

Marks – 100

Course Number	Course Code	Course category	Cours	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
4	PSL18AT104	Core Theory AT1	Clinical Ling Multilingual I	uistics and ssues	4	-		4	60/ 100
	Learning C	Learning outcomes							
The a) b) c) d)	e objectives of the con knowledge on: aspects of clinical lin speech-language pa acquisition process a pertaining to various language, general concepts, th and issues related to nature of multilingua issues in India	urse are to nguistics ro thology, and relate compone eoretical l o socio-lin lism and r	o provide elevant to d disorders ents of packground guistics, multicultural	At the end of th able to: a) discuss the to the field c b) discuss the disorders pe of language b) discuss gen to socio-ling language ar c) discuss the issues in rel	e relat of spece e acquertaini , eral c nuistic: nd cor multili nabilit	irse, the ionship ech-lang lisition p ng to va oncepts s affectir nmunica ingual ar ation wit	student of clinica juage pa process a rious col , and iss ng speed ttion, nd multio <u>h refere</u>	will t al ling atholc and re mpor ues r ues r ch- cultur nce te	pe juistics ogy elated nents related al o India

Introduction to clinical linguistics: Phonological acquisition and related disorders
 a) Introduction to clinical linguistics and scope of linguistics in clinical field. b) Principles of general linguistics and their clinical relevance. c) Phonological acquisition d) Phonological disability
Grammatical and semantic acquisition and related disabilities
 a) Grammatical acquisition b) Grammatical disorders c) Semantic acquisition d) Semantic disorders
Pragmatics and sociolinguistic concepts
 a) Pragmatics – Theoretical background: Discourse, Deixis, Maxims and Truth relations b) Pragmatic development c) Pragmatic disorders with respect to some clinical disorders d) Sociolinguistic concepts relevant to speech-language pathologists (language and dialects issues, various types and dialects, diglossia, stylistic variation of language-registers, Language contact -Creoles, Pidgins, language maintenance, language shift and language death e) Language deficiency

UNIT	Psycholinguistics and language acquisition
IV:	a) Issues involved in language acquisition
	b) Models of second language acquisition
	c) Language acquisition in bi- and multi-lingual environments - concepts related to
	proficiency, dominance etc; issues and implications for assessment and intervention
	d) Linguistic and psycho-neuro linguistic models of language pathology
UNIT	Multilingual and multicultural issues in communication
V :	a) India as a multilingual nation– A brief introduction to the major language families of India
	b) Relation between language and culture; language and thought relationship in view of
	Sapir-Whorf hypothesis: linguistic determinism and linguistic relativity
	c) Cultural issues - cultural issues in verbal and non-verbal communication
	d) Multicultural and multilingual issues in rehabilitation with special reference to India

- Radford, A., Atkinson, M., Britain, D., Clahsen, H., & Spencer A. (2009). Linguistics: An introduction. (2nd Ed). Cambridge: Cambridge University Press.
- Aitchison, J. (2010). Aitchison's Linguistics: A practical introduction to contemporary linguistics. John Murray Learning.
- Lyons, J. (1995). Linguistics semantics. Cambridge, Cambridge University Press
- Maassen, B., & Groenen, P. (1999). Pathologies of speech and language: Advances in clinical phonetics and linguistics. John Wiley & Sons.
- Singh, S. (2005). *Phonetics: Principles and Practices*. (3rd Ed). San Diego: Plural Publishing.
- Wei, L. (2014). Applied linguistics. UK: Wiley Blackwell.
- Bonvillian, N. (2011). Language, culture and communication. New Jersey: Pearson Education.
- Ball, M., J., Perkins, M., R., Müller, N. & Howard, S. (2008). The handbook of clinical linguistics. (Eds). Oxford: Blackwell Publishing.
- Allan, B. (2014). The guidebook to sociolinguistics. UK: Wiley Blackwell.
- Bishop, D. V. M., & Leonard, L. B. (2007). Speech and language impairments in children. USA: Psychology
- Pressacy, D. P. (2007). *The Cambridge handbook of phonology.* Cambridge: Cambridge University press.

Course title: Research Methods, Statistics & Epidemiology

Marks:100

Course Number	Course Code	Course category	Course	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
5	PSL18AT105	Core Theory AT2	Research Methods, Statistics & Epidemiology			-		4	60/ 100
	Learning	j Objecti	ives	Learning outcomes					
The kno a) b) c) d)	e objectives of the c wledge on: clinical research de methods ethical consideratio research with huma epidemiological iss speech-language r methods used in e based practice in s pathology	re to provide nd statistical nduct of ipants its relevance in nd language	 At the end of the able to: a) evaluate restrictions of ty statistical in the statistical in the statistical in the disorders c) appraise end different free hearing disorders d) develop a project 	ne cou rpes o metho bidemi speed eviden elds o sordel resea	irse, the ch mater f researd ological ch-langu ce-base f speech rs rch prop	student rial/publi ch desig concept age, hea d practio h-langua	will t catio ns ar s in aring ce in ge ar rese	be ns in nd nd arch	

Unit	Syllabus									
UNIT	Research designs, documentation and research ethics									
1:	 Types of research- post facto research, normative research, standard group comparison, 									
	 Experimental research, clinical and applied research, sample surveys, evaluation research 									
	c) Methods of observation and measurement, strategies and designs in research									
	d) Experimental designs - single subject designs and group designs									
	e) Documentation and research writing									
	f) Ethical considerations in research with human participants – ICMR guidelines									
UNIT	Epidemiology									
ll:	a) Definition, basic concepts – scope and function of epidemiology									
	 b) Study designs in epidemiology: Cohort studies, case-control studies, cross-sectional studies, clinical trials 									
	c) Measures in epidemiology – Ratios, proportions, rates, relative risk, odds ratio									
	 Identify biases and their consequences in published literature. 									
	e) Describe criteria for characterizing the causality of associations.									
	f) Application of epidemiology in evaluation and screening procedures employed in									
	Speech-language Pathology									
	 g) Application and impact of epidemiology on national and local policy; influence of epidemiology on ethical and professional issues 									

Sta	atistical measures and their features
a)	Review of data description and exploratory data analysis (Numerical summaries and
	graphical summaries)
b)	Statistical Inference – Estimation of Confidence Intervals
C)	Statistical Interence – Basic concepts related to hypothesis testing –null hypothesis,
	alternative hypothesis, significance level, statistically significant, critical value,
	acceptance / rejection region, p-value, power, types of errors: Type I (α), Type II (β),
4)	One-sided (one-tailed) test, 1 wo-sided (two-tailed) test
u)	(Independent complex t test. Paired complex t test)
۵	(independent samples r-lest, raned sample r-lest)
6)	narametric tests independent samples (Median test Mann-Whitney II test Kruskal-
	Wallis test) and for related samples (Sign test, Wilcoxon's signed-rank test,
	Friedman's test)
f)	Analysis of qualitative data - Contingency tables; Chi-square test for independence of
ĺ,	attributes; Measures of Association - contingency coefficient and Cramer's;
	Measures of agreement - Kappa coefficient
Re	gression, univariate and multivariate analysis
a)	Correlation; simple and multiple linear regression; logistic regression; path analysis
D)	Analysis of Variance (ANOVA)- Basic models, assumptions, one way and two-way
	additivity, homogonoity, transformation; Post host tests; Analysis of Covariance
	$(\Delta NOCO)/\Delta$: Repeated measure $\Delta NO/\Delta$
c)	Multivariate data analysis (concept only) - Need for multivariate data analysis:
0)	Introduction to various methods including Principal component analysis. Cluster
	analysis, Discriminant analysis, MANOVA
d)	Evaluation of application of statistics to different research designs used in different
,	publications
e)	Critical analysis of research articles in the field: Analysis of research designs in
	different areas of Speech-language Pathology
Εv	idence based practice
a)	Introduction to Evidence Based Practice (EBP) and Steps to EBP from formulating
	foreground question, finding best current evidence, critical appraisal of best current
	evidence, summarizing evidence, integrating evidence and tracking progress.
b)	Concepts related to practical significance (effect size) vs. statistical significance,
->	precision of measurement (confidence intervals)
C)	Levels of evidence for experimental and non-experimental designs; treatment
	study single subject designs, expert committee report, consensus conference
d)	Measures of diagnostic accuracy – positive and pegative likelihood ratios: positive
μ,	predictive value, negative predictive value, diagnostic odds ratio
e)	Concepts related to randomized control trials: Comparative groups- allocation
	concealment / random allocation; importance of participation and follow up in
	understanding, evaluating and applying randomized controlled trial results
f)	Methods of carrying out therapy trials; execution, indexing and reporting of therapy
	trials – efficacy studies; Conventions to study outcomes - i) Absolute risk reduction, ii)
	Absolute benefit increase, iii) Absolute risk increase, and iv) Absolute benefit
	reduction
g)	Systematic review and meta-analysis: importance of research publications in terms
	of systematic review, meta-analysis, clinical practice guidelines, health technology
ы	assessments. Challenges in implementation of ERD in Speech language Dathology in India and
11)	
	Sta a) b) c) d) e) f) Re a) b) c) d) e) b) c) d) e) b) c) d) e) f) g) h) o) e) f) g) h) e) f) e) g) h) e) f) g) h)

- Hegde, M. (2017). A coursebook on scientific and professional writing for speechlanguage pathology (5th Ed). San Diego: Plural Publishing
- Irwin, D. L., Pannbacker, M., & Lass, N. J. (2013). *Clinical research methods in speech-language pathology and audiology*. (2nd Ed). San Diego: Plural Publishing
- Silverman, F. H. (1998). *Research design and evaluation in speech-language pathology and audiology*. Allyn & Bacon.
- Goyal, R. C. (2010). *Research methodology for health professionals*. Jaypee brothers' publishers.
- Kothari, C. R., & Garg, G. (2004). Research methodology: Methods and techniques. (3rd Ed). New Age International.
- Gurumani, N. (2011). Research methodology: for biological sciences. Mjp Publishers.
- National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (2017) by Indian Council of Medical Research, New Delhi
- National Ethical Guidelines for Bio-Medical Research Involving Children by Indian Council of Medical Research, New Delhi
- Orlikoff, R.F., Schiavetti, N., & Metz, D. E. (2014). *Evaluating research in communication disorders*. USA: Pearson Education.
- Meline, T., (2009). A research primer for communication sciences and disorders. USA: Pearson Education.
- Miles, J., & Gilbert, P. (Eds.). (2005). A handbook of research methods for clinical and health psychology. Oxford University Press on Demand.
- Maxwell, D. L., & Satake, E. (2006). *Research and statistical methods in communication sciences and disorders*. San Diego: Singular Publishing.
- Carter, R., &Lubinsky, J. (2016). *Rehabilitation research: Principles and applications.* Elsevier.
- Reinard, J. C. (2006). Communication research statistics. SAGE Publications
- Pring, T. (2005). Research methods in communication disorders. Wiley
- Doehring, D. G. (2002). Research strategies in human communication disorders. Pro-Ed.
- Johnson, C. E., & Danhauer, J. L. (2002). Handbook of outcomes measurement in audiology. San Diego: Singular Publishing.

Course Title: Clinicals in Speech-Language Pathology -1

Marks: 100

Course Number	Course Code	Course category	Course Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
6	PSL18CR106	Clinical Rotation CR1	Clinicals in Speech- Language Pathology - 1	-	5		5	225/ 100

Note: Clinical practicum for CR-1 will be based on the sub-specialty clinics attended the students. The practicum is listed at the end of the syllabus.

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Course Title: Research Seminar -1

Marks:100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project	Total Credits	Total Hours/Marks
7	PSL18RP107	Research Project	Research Sei	minar -1	-	-	2	2	60/ 100
	Learnin	a objectives	6	L	earni	na outc	omes		
The the and a) b) c) d)	e objectives of the course on researd l statistics are to: learn to perform a broad area of rese learn to critically e appraise on issue research on huma learn about functio committee and re	njunction with epidemiology search in a search article thics in s utional ethics of proposals.	At the end of th a) to identify a research the b) submit a sur broad area	ne cou resea eme mmar of res	rse the rch ques y of litera earch	studer stion w	it will b ithin a elated t	e able broad to	

COURSE PLAN:

- 1. Identify a Research Theme
- 2. Identify an Advisor and get approval
- 3. Perform a review of literature in the area of the research theme and write an annotated bibliography
- 4. Formulate hypotheses or research question
- 5. Complete online learning related to ethics in research on human subjects covering topics included but not restricted to:
 - History and ethics of human subject research
 - Social and behavioral research
 - Basic Institutional Review Board (IRB) Regulations and Review process
 - Informed consent
 - · Populations in research requiring additional considerations and/or protection
 - Vulnerable subjects Research involving children
 - · Conflict of Interest in research involving human subjects
 - Records-based research

The above course plan will be transacted by students individually with their research advisors. The internal assessment for the course will be based on brief review of literature/annotated bibliography submitted by the student.

Course content

Semester II

Course Title: Advances in Speech Sound Disorders

Marks - 100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
8	PSL18CT201	Core Theory CT4	Advances in Disorders	Advances in Speech Sound Disorders				4	60/ 100
	Learning C	Dbjective	S	Learning outcomes					
a) b)	objectives of the count knowledge on: current theoretical condition development of phonological normal in assessment and methonological disorder learn about the procupation congenital orofacial approximation	o provide n I classification ment of of phonology ent of gnosing and uals with	At the end of the able to: a) Analyze reached to perform the disorders, b) discuss cornel assessment disorders c) develop an effor children c) provide connel speech the member of	ne cou cent the honol npreh t for c with npreh rapy f the cl	urse, th neories ogical eensive childrer nce-ba speech ensive or pers eft pala	e stude and co develop e evidend with sp sed inte sound care ind sons with ate team	nt will b ncepts ment a ce-base eech s rventio disorde cluding n CLP	oe and its ed sound an plan ers, as a	

Unit	Syllabus
UNIT	Speech sound development and disorders
l:	a) Current concepts in taxonomy of speech sound disorders in children
	 Recent concepts in theories of phonological development: Generative phonology, non-linear phonology, optimality theory
	 Application of phonological theories in evaluation and management of phonological disorders
	d) Co-articulation – Types (anticipatory, carryover); Models of co-articulation - feature
	based, syllabic, allophonic, target, physiological and degree of articulatory
	constriction models); Physiological / Acoustical / Perceptual studies in co-articulation
UNIT	Assessment of speech sound disorders
11:	 Comprehensive phonological assessment procedures – Formal and informal; Independent and relational analyses; dynamic assessment
	 Assessment of phonological awareness and phonological processing in children with speech sound disorders
	 Critical appraisal of test material in Indian context - Specific issues in phonological assessment in multilingual environments
	d) Determining need for intervention and intervention decisions

UNIT	Ма	nagement of children with speech sound disorders					
III:	a)	Evidence based approaches to intervention – motor-based approaches, linguistic					
		based approaches; use of non-speech oro-motor activities; review of research					
		evidence for intervention approaches					
	b) Motor learning principles – applications to intervention of speech sound disorders						
	C)	Considerations in intervention: selection of target; methods to measure clinical					
		change and determining progress in therapy and generalization; intensity of intervention					
	d)	Specific considerations in phonological intervention within multilingual contexts.					
	e)	Use of software applications (mobile apps) in intervention: Use of tele-health for					
	,	intervention of speech sound disorders					
UNIT	Cle	eft lip and palate					
IV:	a)	Phonological development in children with CLP					
	b)	Velopharyngeal closure- normal physiology, parameters affecting velopharyngeal					
		closure and nature of velopharyngeal dysfunction in individuals with CLP					
	c)	Perceptual assessment protocols for speech characteristics in children with repaired					
		CLP					
	d)	Instrumental assessment of velopharyngeal closure- Imaging techniques, acoustic					
		measurements, aerodynamic measurements					
UNIT	Ма	nagement of individuals with CLP					
V:	a)	Surgical and prosthodontic management in CLP.					
	b)	Early intervention for children with CLP – Methods and studies related to efficacy of					
	-	treatment for speech and language					
	c)	Current evidence-based approaches for corrections of errors in articulation in					
	۹)	Individuals with CLP					
	(a)	with velopherupgeed dysfunction					

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- Bowen, C. (2014). Children's speech sound disorders. John Wiley & Sons.
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- Shprintzen, R. J., & Bardach, J. (1995). *Cleft palate speech management: A multidisciplinary approach*. St. Louis: Mosby.
- Rvachew, S., & Brosseau-Lapré, F. (2012). *Developmental phonological disorders: Foundations of clinical practice*. San Diego: Plural Publishing.
- Paul, R., & Flipsen Jr, P. (2009). Speech sound disorders in children: In honor of Lawrence D. Shriberg. San Diego: Plural Publishing.
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- Williams, A., McLeod, S., & McCauley, R. (2010). *Interventions for speech sound disorders in children.* Baltimore: Brookes.
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Course Title: Voice: Science and Disorders

Marks – 100

Course Number	Course Code	Course category	Cours	e	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
9	PSL18CT202	Core Theory CT5	Voice Science and Disorders				-	\mathbb{P}	4	60/ 100
	Learning C	Objective	5	Learning outcomes						
The	objectives of the cou	urse are to	o provide	At the end of the course, the student will be						
a)	knowledge on: the biomechanics c	of voice pr	oduction and	able to: a) discuss the bio-mechanics of voice						
α,	role of systems invol	lved in voi	ce production	production in normal individuals and in						
b)	the principles and r	nethods ir	n the	those with voice disorders,						
	assessment and ma	nagemen	t of voice	b)	explain an	d ass	ess the	e roles o	f breat	hing
c)	disorders	mechanism, vocal fold vibration, vocal tract								
0)	users and issues rel	ated to as	sessment of		production	,	cirunci		10100	
management of voice concerns among					delineate t	he ro	les and	d respon	sibilitie	es of
them,					an SLP in	a trar	ns-disc	iplinary (medic	al)
 different service delivery models and procedures to run a voice clinic 					team to as	Sess	and tre	eat voice rics and	disord	iers in
procedures to run a voice clime					population	inclu	ding pr	ofessior	nal void	ce
			users, and		01					
		d)	appraise d	iffere	nt serv	ice deliv	ery mo	odels		
					and proce	aures	to run	a voice	clinic	

Unit	Syllabus
UNIT	Voice science
Ë	 a) Vocology – scope and objectives b) Breathing and voicing: lungs and airways, breathing mechanism as an interactive sound generating system: breathing oscillator & valving oscillator, combining the breathing and valving oscillators with voicing c) Vocal folds and voice: Biology of vocal fold tissue and lamina propria, muscular properties and vocal behaviours, biomechanics and voice control/modulation, voice fatigue, vocal injury and recovery, wound healing d) Resonance and voice: concepts of acoustic impedance, reactance, inertance, and compliance, acoustic impedance of the vocal tract, the effect of vocal tract reactance on self-sustained vocal fold oscillation, idealized vocal tract shapes and voice quality, modulating phonation with articulation and prosody
UNIT	Voice assessment and voice disorders
11:	 a) Vocometry: assessing vocal ability: principles, methods and procedures: General assessment principles, evaluation procedures, tools of measurement, purpose of measurement, measurement scales, auditory perceptual evaluation- speech

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		breathing, voice quality, resonance, and overview of instrumentation for voice assessment: visualization techniques, acoustic analysis, aerodynamic analysis,
	b)	glottography, nasometry and electromyography Voice disorders: issues in definition, incidence and prevalence, occupational risks
	c)	and voice disorders Classification of voice pathologies, characteristics and pathophysiology: Structural, neuropathologic, idiopathic, functional/behavioral - pathologies related to mechanical stress, tissue elasticity, fluid transport, airway environment and abnormal muscle
	d)	Voice disorders in specific populations: pediatric voice disorders, aging voice, professional voice, vocal cord dysfunction/paradoxical vocal fold motion, transgender and trans-sexual voice
UNIT	Vo	ice habilitation
III:	a)	Voice management team, roles and functions
	b)	Pharmacological and surgical effects on voice: Current trend in medical and surgical
	~)	management: Medications for bacterial and other infections, allergies, edema, pain, asthma, cough, gastric and laryngopharyngeal reflux, stage fright, spasmodic dysphonia, mood conditions, sleep disturbance, hormone imbalances, etc. Voice surgeries – pre-operative and post-operative care and precautions
	c)	Voice habilitation: Current views and approaches; EBP for voice and its disorders;
		Voice therapy methods for children and adults.
	d)	Voice exercise principles and procedures: Physiological voice therapy methods Vs.
		Behavioral voice therapy methods, role of vocal hygiene and voice rest, basics of
		exercise physiology, general principles, types of exercises, exercise prescription and
		exercise, confidential voice therapy, and other voice exercises including
		nsychological approaches, relance and restoration
	e)	Habilitation of persons with larvngectomy. Speech surgical radiological and medical
	0)	considerations in larvngectomy, voice restoration in larvngectomees, counseling and
		quality of life
UNIT	Vo	ice needs and problems in professional voice users
IV:	a)	Vocal professionals and voice disorders: classification, pathologies affecting voice –
	<i></i> ,	frequency, personal and social impacts, occupational hazards and issues, nature of
		voice problems: repetitive strain injuries, acute injuries and chronic problems -
		presentation, assessment and treatment
	b)	Laryngeal rest, modified voice rest/conservative voice use, vocal hygiene; laryngeal
		rest versus exercise: effects on wound healing, general wound healing processes
	c)	Voice habilitation for singers and other elite vocal users: Demands on voice, nature
		of vocal training and use, voice fatigue and assessment, basic principles of motor
		learning, awareness training, and vocal exercises, concept of professional voice care
	-1	team – role of medical and non-medical team players
	a)	voice nabilitation for teachers: voice problems in teachers: nature and manifestation,
		use of voice in classroom and factors innuencing, vocal loading and assessment,
		vocal raligue, techniques to improve the speaking voice and delivery, voice
LINIT	So	rvice delivery and other professional issues
V.	2	Scope of practice in the area of voice training in and accopy documentation
v.	a)	telepractice – trends across globe and in India (practice guidelines, technical reports
		position statements, knowledge and skills document relevant to voice as per RCI.
		ASHA, European Laryngologiocal Society, and other relevant professional/statutory
		body). Issues in adopting and implementing the same in India.
	b)	Patient compliance and concordance to voice management: Relevance of voice
		problems/voice problems as a public health concern, measuring severity of voice
		condition, measurement of compliance to management options, treatment variables
1	I	and effects patient-clinician interactions socio cultural and economic considerations

- c) Voice clinics: SLP led clinics Vs. SLP in a medical team, space and other infrastructural requirements, specialty clinics considering needs of specific population such as singers, transgenders, transsexuals, non-native speakers, broadcasters, etc
- d) Research and ethics in clinical practice: overview of basic and applied research in voice, ethics in clinical research, informed consent, clinical trials, methods to popularize services- roles of associations, conferences, working groups, awareness movements/drives like world voice day, camps, public awareness programs, role of media, prevention of voice problems.

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- Scope of practice document SLPA (2015) Rehabilitation Council of India
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- Hixon, T. J., Weismer, G., & Hoit, J. D. (2014). *Preclinical speech science: Anatomy, physiology, acoustics, perception* (2nd Ed.). San Diego: Plural publishers.
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- Sataloff, R. T. (2006). Vocal health & pedagogy: Advanced assessment and treatment. Vol. II. (2nd Ed.). San Diego: Plural Publishing.
- Sataloff, R. T. (2006). *Vocal health & pedagogy: Science and assessment.* Vol. I. (2nd Ed.). San Diego: Plural Publishing.
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Course Title: Disorders of Fluency

Marks - 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
10	PSL18CT203	Core Theory CT6	Disorders of Fluency			-		4	60/ 100
Learning Objectives				Learning outcomes					
The c ki a) re fli si b) ei ty c) re a d d d) a d e	objectives of the con nowledge on: ecent updates relate uency and theoretic tuttering tiologies and charac ypes of fluency disor ecent updates in cor ssessment of fluency ifferential diagnosis pproaches to managi isorders with apprai	urse are to ed to deve al concep cteristics o rders mprehens cy disorde gement of sal of reso e.	o provide lopment of ts related to of different ive rs leading to fluency earch	At the end of the able to: a) analyze the nature of second disorders b) discuss the diagnosis of fluency diservelop and plan for che disorders d) counsel the members and effective members and the second disorders	e curr tutter e asse of chil order n evid ildren e clini and co anag	urse, the ent the ing and essmer dren a s, enced and ad cal clie ommur ement	ne studer oretical d other fl nd adults -base m dults with entele, th nity mem	nt will t concep uency fferent s with anage h fluen eir fan bers fo	oe ots on ial ment cy nily or

Unit	Syllabus
UNIT	Overview of fluency and theoretical concepts related to stuttering
l:	 a) Dimensions of fluency disorders- recent advances b) Development of fluent speech: Factors affecting fluency of speech c) Theories of stuttering - linguistic, articulatory, audiological, laryngeal and genetic predisposition d) Neuro anatomical, neuro-physiological bases of fluency disorders e) Cortical activation patterns in stuttering - a neuromotor problem f) Stuttering as a timing disorder; feedback and feed-forward models of stuttering.
UNIT	Different types of fluency disorders
11:	a) Normal non-fluency and developmental stuttering
	b) Cluttering- characteristics and etiologies
	 c) Neurogenic stuttening – characteristics and etiologies d) Development and other types of fluency disorders
	a) Stuttoring on a commercial condition in children and adulta
	e) Somering as a co-morbid condition in children and adults

UNIT	Assessment of fluency disorders in children and adults
111:	a) Objective tools for assessment of fluency and its disorders
	life assessment.
	c) Electrophysiology in the evaluation of fluency disorders
	d) Functional radiological studies of stuttering
	e) Cognitive dimension of stuttering
	f) Differential diagnosis
UNIT	Management of fluency disorders in children and adults
IV:	a) General principles of therapy; skill training
	b) Current evidenced based- approaches to management of different fluency disorders
	c) Group therapy
	d) Input from allied professionals in the management of fluency disorders
	e) Benavioral and work-place management
	f) Counseling - including parents and teachers
UNIT	Recovery and related issues on intervention
V:	a) Relapse and spontaneous recovery pattern in fluency disorders
	b) Efficacy and outcome measures of fluency therapy
	c) Tele-practice for delivery of intervention; use of technology in assessment and
	management
	d) Self-help and advocacy groups
	e) Bilingualism / multilingualism relating to stuttering and cultural sensitivity
	f) Ethics in research and management of stuttering

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- Logan, R. (1999). The three dimensions of stuttering: Neurology, behaviour and emotion.
 (2nd Ed). Wiley-Blackwell
- Shames, G.H., & Rubin, H. (1986). Stuttering: Then and now. Merril Publishing
- Maassen, B., & Van Lieshout, P. (Eds.). (2010). Speech motor control: New developments in basic and applied research. Oxford University Press.
- Bloodstein, O., & Ratner, N. B. (2008). *A handbook on stuttering* (6th Ed). Clifton Park, NY: Thomson Demer Learning.
- Conture, E., Curlee, R., & Rrichard, F. (2007). *Stuttering and related disorders of fluency.* (3rd Ed). N Y: Thieme Publishers.
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- Myers, (1992): *Cluttering*. Kibworth: Far Communication.
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- Peters, H.F.M. and others (Ed.) :(1991). *Speech motor control and stuttering.* Amsterdam: Excerpta medicals.
- Rustin, L. and others (1996). Assessment and therapy for young dysfluent children. London: Whurr Publishers.
- Webster, R. L. (2014). From stuttering to fluent speech, 6300 cases later: Unlocking muscle mischief create space. South Carolina: Independent Publishing Platform.

Course Title: Language Disorders in Children

Marks – 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
11	PSL18CT204	Core Theory CT7	Language Disorders in Children			-		4	60/ 100
Learning Objectives				Learning outcomes					
The a) ((b) (c) (a i	objectives of the con- knowledge on: current concepts rela- disorders and their et- children during birth- recent methods in as differential diagnosis disorders different intervention children with languag appraisal of research ntervention approacl	o provide guage mong years. and inguage nes for rs and critical for	At the end of the able to: a) discuss recently a classification child languate b) conduct evice (formal and diagnose var children c) apply evider approaches disorders in	ne cou ent co n, cha ge dis dence inforr trious nce-ba to ma childi	urse, th ncepts iracteri sorders -based nal) an langua ased s anager ren	ne studer stics and s in your d assess d differe age disor trategies nent of la	nt will b to d etiolo ig chilo ments ntially rders in anguag	be bgy of fren. n ge	

Unit	Syllabus								
UNIT	Language Acquisition, classification and assessment of language Disorders								
1:	 Theories of language acquisition - biological maturation, linguistic, cognitive, information processing and social theory; critically evaluate implications of theories for assessment and intervention 								
	b) Classification of language disorders: Primary language impairment, language impairment secondary to cognitive/ sensory and/ other related disorders								
	 c) Recent trends in the assessment of children with language disorders – static and dynamic assessment; methods of observation and interpreting informal assessment, critical evaluation of procedures 								
	d) Age specific assessment protocols and content: pre-linguistic period, emerging language, developing language								
	 e) Global and Indian scenario with reference to assessment of bi/multilingualism, linguistically and culturally diverse children 								
UNIT	Primary language impairment and other language disorders in children								
II:									
	 a) Primary language impairment: Different terminologies (Specific language impairment/Mixed receptive and expressive language disorder/Language impairment etc.): Incidence and prevalence: etiologies: defining characteristics 								
	 b) Intellectual disability- incidence, prevalence; relationship between cognition and language 								
	 c) Language impairment resulting from other conditions: Genetic and chromosomal abnormalities (syndromes related to language disorders); prematurity and low-birth- weight; prenatal exposure to alcohol and others; sensory impairments (visual and hearing impairment); neglected, abused children, etc. 								

	 d) Acquired language disorders: causes; incidence and prevalence of acquired language disorders; defining characteristics- cognitive-communication deficits e) Intervention approaches- Focused stimulation, enhanced milieu teaching, prelinguistic milieu teaching, conversational recast training, sentence combining, and other specific interventions for language impairment – research evidence for different approaches.
UNIT	Autism Spectrum Disorders (ASD)
111:	a) Defining characteristics as per different classification system (ICD10; DSM V),
	Incidence and prevalence of ASD, warning signs, etiology
	b) Symbolic abilities; social aspects of communication, theory of mind
	d) Co-morbid conditions
	e) Assessment and diagnosis of ASD - norm-referenced and criterion referenced tools:
	specific checklists and informal assessment tools used in India (ISAA. INCELN tool
	etc.)
	f) Prognosis and intervention – applied behavioral analysis, peer mediated interactions,
	floor time/developmental individual difference relationship-based model, social-
	communication, emotional regulations abilities and transactional supports,
	responsive teaching, relationship development intervention, Hanen approach,
	Children Disture exchange communication exctant Com DEALL SCEPTS
	approach, and diet management: review of evidence-base for different interventions
	approach, and diet management, review of evidence-base for different interventions
UNIT	Attention Deficit Hyperactivity Disorder
IV:	
	a) Defining characteristics as per different classification system (ICD10; DSM V).
	a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology,
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues,
	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues
UNIT	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials b) Response-to-Intervention in child language disorders
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials b) Response-to-Intervention in child language disorders c) Team approach to assessment and management
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials b) Response-to-Intervention in child language disorders c) Team approach to assessment and management d) Presence of co morbid features like swallowing / apraxia etc. and their assessment
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials b) Response-to-Intervention in child language disorders c) Team approach to assessment and management d) Presence of co morbid features like swallowing / apraxia etc. and their assessment
UNIT V:	 a) Defining characteristics as per different classification system (ICD10; DSM V), incidence and prevalence of ADHD, warning signs, etiology, b) Relationship of attention and executive functions to language acquisition and use c) Language outcomes among children with ASD d) Co morbid conditions and adolescents with ADHD e) Assessment and diagnosis of ADHD - norm-referenced and criterion referenced tools; specific checklists and informal assessment tools used in India f) Treatment of ADHD- areas of treatment – communication deficits, academic issues, memory deficits, behavioral, medical and social issues General consideration in the assessment and management a) Critical review of developmental scales, norm- and criterion-referenced tools for language development for Indian population; comparison with Western test materials b) Response-to-Intervention in child language disorders c) Team approach to assessment and management d) Presence of co morbid features like swallowing / apraxia etc. and their assessment e) Parent empowerment/ parent implemented intervention for language delay/disorders f) Use of AAC in the management of child language disorders

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Course Title: Language and Literacy Disorders

Marks - 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
12	PSL18CT205	Core Theory CT8	Language and Literacy Disorders			-	7.	4	60/ 100
	Learning C	Learning outcomes							
The objectives of the course are to provide				At the end of the course, the student will be					
 a) general concepts related to reading and writing and their relation to oral language skills 				 a) discuss relationship between oral language and development of reading and writing b) identify characteristics of language and 					uage g 1
b)	the characteristics o	f disorder	ders related to best age					n oifio	
	children.	hildren.					and		
c)	c) methods of screening and specific diagnostic assessment methods for			literacy skills in preschool and school-age					age
	assessment language and literacy in			d) plan evidence-based intervention strategies					egies
d)	intervention strategie	juage and	and languag	ge in s	school	years		115	
	interacy disorders in								

Unit	Syllabus							
UNIT	Reading: Development and relationship with language							
l:	 Concepts related to reading and its acquisition – Decoding, reading accuracy, reading fluency, reading comprehension; 							
	 Differences among writing systems for languages; Importance of phoneme- grapheme correspondence for reading 							
	 c) Foundations for development of reading in languages with different writing systems (Phonological processing, phonological awareness, orthographic skills, visual processing skills, oral language skills); 							
	 Role of oral language in the acquisition of literacy – Aspects of oral language contributing to decoding (e.g., vocabulary and morphosyntax) and reading comprehension (e.g., syntax, syntactic awareness etc.) and spelling (e.g., morphological awareness) 							
	 Stages of reading and writing development – emergent literacy to proficient reading comprehension; models of reading development in English /alphabetic script and other writing systems. 							

UNIT	Disorders related to language and literacy
11:	a) Definition and differences among underachievement in school, learning disability, reading disability, dyslexia, dysgraphia, dyscalculia, language learning disability,
	language impairment/ specific language impairment; DSM V and ICD 10
	b) Language characteristics of students with reading/language/learning disabilities
	c) Issues related to co-morbidity and overlap among phonological disorders, primary
	language impairment/specific language impairment, reading disability and auditory
	d) Genetics of literacy disorders (family risk, molecular genetics etc.).
UNIT	Assessment
III:	a) Screening of children for language disorders in schools; formal tests to assess
	language (English and other languages) in children in school (5-18 years)
	school - Criterion referenced assessments, language sampling, portfolio, dynamic
	assessment, curriculum-based assessment etc.
	C) Specific assessment tools for learning disability in India (e.g., NIMHANS battery, Dyslexia Assessment for Languages in India and other published tests)
	d) Informal assessment of different domains – Tasks and stimuli in specific languages
	for phonological awareness, orthographic skills, phonological processing, oral
	language skills etc.
	e) Brief overview of assessment of associated areas (auditory processing, visual
	processing, memory etc.)
	e) Approaches to promote amorgant literacy decading and early reading skills
IV.	b) Interventions to promote language-for-learning in school
	c) Approaches to promote development of reading comprehension
	d) Intervention to promote spelling and written language output
	e) Research on cross-linguistics issues in intervention; intervention for children with
	Bilingual / multilingual background and reading intervention
UNIT	Issues related to Service Delivery and Related Laws/Policies
V:	a) Modes of service delivery for school-aged children (clinical, consultative,
	collaborative, language-based classroom, peer-mediated)
	tiers and their role in instruction for poor readers; role of SLP in Response to
	Intervention
	c) Acts, regulations and policies relevant to education and children with special needs
	in India (e.g., Right to Education Act, Sarva Siksha Abhiyan, regulations related to
	Ianguage exemption in examination, National Open School system).
	U) Dysiexia associations/groups in mula

- Paul, R. & Norbury, C. (2012). Language disorders from infancy through adolescence: Listening, speaking, reading, writing, and communicating (4th Ed.). St. Louis, MO: Elsevier.
- Justice, L. M. (2006). *Clinical approaches to emergent literacy intervention*. San Diego: Plural Publishing.
- Burrows, C., Marinac, J. V., & Pitty, K. (2009). Phonological awareness training for high schools (PATHS). San Diego: Plural Publishing.
- Nag, S., & Snowling, M. J. (2012). School underachievement and specific learning difficulties. IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Children and Adolescent Psychiatry and Allied Professions.
- Cabell, S. Q., Juctice, L. M., Kadeverek, J., Pence, K. L., & Breit-Smith, A. (2008). Emergent literacy lessons for success. San Diego: Plural Publishing.

- o Pence, K. L. (2007). Assessment in emergent literacy. San Diego: Plural Publishing.
- van Kleeck, A. (2007). Sharing books and stories to promote language and literacy. San Diego: Plural Publishing.
- Goldsworthy, C. L., & Lambert, K. (2010). Linking the strands of language and literacy: A resource manual. San Diego: Plural Publishing.
- Kamara, C. A. (2015). *Neurolinguistic approach to reading: A guide for speech-language pathologists treating dyslexia.* San Diego: Plural Publishing.
- Hulme, C., & Snowling, M. J. (2009). *Developmental disorders of language learning and cognition*. John Wiley & Sons.
- Carroll, J. M., Bowyer-Crane, C., Duff, F. J., Hulme, C., & Snowling, M. J. (2011). *Developing language and literacy: Effective intervention in the early years*. John Wiley & Sons.
- C. A. Stone, E. R. Silliman, B. J. Ehren, & G. P. Wallach (Eds.), (2016). Handbook of language and literacy: Development and disorders (2nd ed.), pp. 339-357. New York, NY: Guilford Press.
- Clarke, P. J., Truelove, E., Hulme, C., & Snowling, M. J. (2013). *Developing reading comprehension*. John Wiley & Sons.
- Turnbull, K. L. P., & Justice, L. M. (2011). *Language development from theory to practice*. USA: Pearson Higher Ed.
- Cabell, S. Q., Justice, L. M., Kaderavek, J., Pence, K. L., & Breit-Smith, A. (2008). Emergent literacy: Lessons for success. San Diego: Plural Publishing.

Course Little: Clinicals in Speech-Language Pathology -2	Course	Title:	Clinicals	in	Speech-	Language	Pathology -2
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Marks: 100

Course Number	Course Code	Course category	Course Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
13	PSL18CR206	Clinical Rotation CR2	Clinicals in Speech- Language Pathology -2	-	5	\mathcal{C}	5	225/ 100

Note: Clinical practicum for CR-2 will be based on the sub-specialty clinics attended the students. The practicum is listed at the end of the syllabus.

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Course Title: Research Seminar - 2

Marks:100

Course Number	Course Code	Course category	Cours	se Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
14	PSL18RP207	Research Project RP2	Research Seminar - 2			-	2	2	60/ 100	
	Learning	g objectives		Learning outcomes						
The objectives of the course in conjunction with the course on research methods, epidemiology and statistics are to: At the end of the course the student will be able a) become familiar with components of a research proposal b) understand details of scientific writing							e able cribed for			

Course Plan

- 1. Develop a hypothesis or a research question in an identified area of research
- 2. Write a research proposal and submit to your advisor
- 3. Make a presentation of the research proposal in the department
- 4. Submit the research proposal with necessary documentation to the Institutional Ethics Committee for approval; obtain approval from the IEC.

The above course plan will be transacted by students individually with their research advisors. The internal assessment for the course will be conducted by the advisor based on the written research proposal, presentation of the research proposal and submission to the IEC.

Semester III Content

Course Title: Neurogenic Speech Disorders

Marks - 100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks	
15	PSL18CT301	Core Theory CT9	Neurogenic S Disorders	speech	4	-	2.	4	60/ 100	
	Learning C	Objectives	5	Learning outcomes						
 The objectives of the course are to provide knowledge on: a) the neuroanatomical and physiological correlates of speech motor control. b) assessment procedures for different aspects of speech in children and adults with motor speech disorders. c) therapy principles and approaches to intervention of speech among children and adults with motor speech disorders including appraisal of research evidence for the different approaches c) therapy principles and approaches to intervention of speech disorders including appraisal of research evidence for the different approaches d) At the end of the course, the able to: a) apply models of speech explain neurogenic speech children and adults b) discuss assessments of components of speech disorders including appraisal of research evidence for the different approaches 					he studer h motor eech dis of differe h leading of motor nd adults wased int idults wit	nt will t contro orders nt to speech s erventi h moto	be I and in n ion pr			

Unit	Syllabus
UNIT	Neuroanatomical and physiological substrates and models of speech motor
I:	control
	 a) Review of neuroanatomical substrates of speech motor control- motor and sensory cortex, subcortical, cerebellar and brain stem structures and their pathways; cranial nerves and peripheral nervous system, types of mechanoreceptors and their topography in speech b) Early models of speech motor control: Closed Loop, Open Loop, Associative Chain and Serial Order Model, Schema Theory, Task Dynamic Model, Mackay's Model, Gracco's Model; Recent models of speech motor control: DIVA Model c) Other speech motor control models related to development of speech motor control in children d) Application of models of speech motor control to motor speech disorders in children and adults. e) Age related changes in speech motor control

UNIT	Assessment and management of dysarthria in adults	
II:	a) Perceptual methods: Rating scales and tests for speech parameters, prose	ody,
	b) Recent advances in use of aerodynamic and acoustic analysis of speech a	among
	persons with dysarthria	
	c) Other physiological analyses of speech subsystems in persons with dysart	hria
	d) Benavioural approaches for treatment of speech subsystems affected in pe	ersons
	WITH Dysarthria	
	e) Evidence based practice guidelines for management of dysarthina in adults	6
UNII	Assessment and management of dysarthria in children	
:	a) Behavioral approaches to correct posture, tone, and strength and sensori-	motor
	treatment techniques) marca a a b
	b) Specific behavioral approaches in developmental dysannia: McDonald's A	Approach
	c) Application of facilitatory approaches (neurodevelopmental approach and i	methods
	for reflex inhibition) in the management of developmental dysarthria's – evin	dence
	base for facilitatory approaches	
UNIT	Assessment and management of apraxia of speech (AOS) in adults	
IV:	a) Assessment for suspected apraxia of speech, apraxia of speech and non-s	speech
	apraxia: Perceptual assessment protocols; physiological assessment of sp	eech in
	adults with AOS	
	b) Intervention methods for non-verbal apraxia's	
	c) Intervention for AOS in adults: specific, programmed and nonspecific appro	oaches –
	Evidence based practice	
	d) Motor learning principles – applications in intervention of AOS	
UNIT	Assessment and management of childhood apraxia of speech (CAS)	
V:	a) Current status of nature of CAS as primary disorder and CAS as co-morbid	d condition
	In other neurodevelopmental disorders	h oound
	b) Assessment protocols for CAS and differential diagnosis from other speech	n sound
	c) Current evidenced based intervention approaches for CAS	
	 d) Motor learning principles – applications in intervention of CAS 	
	a) motor rearring principles applications in intervention of 0/10	

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- Maassen, B., Kent, R., Peters, H., Lieshout, P.V., & Hulstijn, W. (Eds.) (2009). Speech motor control in normal and disordered speech. NY: Oxford University Press.
- Maassen, B., & Lieshout, P. V. (Eds.) (2010). Speech motor control: New developments in basic and applied research. NY: Oxford University Press.
- Weismer, G. (2007). *Motor speech disorders: Essays for Ray Kent.* San Diego: Plural Publishing.
- Netsell, R. (1991). A neurobiologic view of speech production and the dysarthrias. SanDiego: Singular Publishing.
- LaPointe, L. L., & Murdoch, B.E. (2013). *Movement disorders in neurologic disease: Effects on communication and swallowing*. San Diego: Plural Publishing.
- Lowit, A., & Kent, R. D. (2010). Assessment of motor speech disorders. San Diego: Plural Publishing.
- Fish, M. (2015). *Here's how to treat childhood apraxia of speech*. (2nd Edition). San Diego: Plural Publishing.
- Yorkston, K. M., Beukelman, D. R., Strand, E. A., & Hakel, M. (2010). *Management of motor speech disorders in children and adults* (3rd Ed.). Austin, Texas: Pro-Ed Inc.
- Burda, A. N. (2011). Communication and swallowing changes in healthy aging adults. Chapter 7 & 8. MA: Jones & Barlett Learning.

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- McNeil, M. R. (2008). Clinical management of sensorimotor speech disorders (2nd Ed.). New York, NY, Thieme.
- Perkell, J. S., & Nelson, W.L. Sensorimotor Control of Speech Production: Models and Data. Cambridge, Massachusetts Institute of Technology.
- Caruso. A. C., & Strand, E. A. (1999). *Clinical management of motor speech disorders in children*. New York. Thieme.
- Crary. M. A. (1993). *Developmental motor speech disorders*. San Diego: Singular Publishing.
- Dodd, B. (2005). *Differential diagnosis and treatment of children with speech disorders.* London: Whurr Publishers.
- Halpern, H., & Goldfarb, R. (2013). *Language and motor speech disorders in adults* (3rd Ed.). Chapters 8 and 9. MA: Jones & Barlett Learning.
- Love. R. J. (2000). Childhood motor speech disability. (2nd Ed.). USA, Allyn & Bacon.
- Manasco, M. H. (2014). Introduction to neurogenic communication disorders. MA: Jones & Barlett Learning.

Course Title: Dysphagia

Marks – 100

Course Number	Course Code	Course category	Course Title		Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
16	PSL18CT302	Core Theory CT10	Dysphagia		4	-		4	60/ 100
	Learning o	L	earni	ng out	tcomes				
The c kn a) tl r a b) tl c c) ir c) ir c d) c d) c	objectives of the con nowledge on: he neuroanatomical neurophysiological b abnormal swallowing he methods of asse disorders across the of a trans-disciplinar ntervention approac swallowing disorders and appraisal of reso different approaches different service delir ntervention and ethi professional consider and management of	o provide ormal and en and adults, swallowing as a member eding and he lifespan lence for the els for al and assessment a.	 At the end of the course, the student will be able to a) discuss the neuroanatomical and neurophysiological bases of normal and abnormal swallowing b) delineate the roles and responsibilities of an SLP in a trans-disciplinary team to assess and treat swallowing disorders in infants, children, adults and geriatrics in multiple work settings. c) discuss evidence-based assessment for swallowing across the lifespan. d) develop management plan for swallowing disorders in the context of different service delivery models. 						

Unit	Syllabus							
UNIT	Neuroanatomical and neurophysiological bases of swallowing							
1:	 a) Structures involved in three phases of swallow and peripheral nervous system control of mastication and swallowing (anatomy & physiology of three phases & cranial nerve innervation) 							
b) Central nervous system control for mastication and swallowing								
	c) Etiologies for dysphagia in adults (structural anomalies, neurological conditions, mechanical & motility)							
	d) Age-related changes in eating & swallowing.							
	e) Role of cognition in swallowing disorders (post TBI and hemorrhagic stroke)							
UNIT	Assessment of swallowing and its disorders							
11:	a) Clinical assessment of swallowing: Clinical bedside evaluation, various published							
	protocols for clinical examination, cervical auscultation for clinical examination							
	b) Visual examination of swallowing and its disorders: modified barium swallow							
	/videofluroscopic study of swallow, flexible endoscopic examination of swallowing –							
	team for conducting assessment, procedure and interpretation							
	esophagoscopy, acoustic analysis of swallowing)							
	d) Self-report questionnaires and quality of life assessment for dysphagia							
	 e) Differential diagnosis - oral vs. pharyngeal dysphagia, prognostic variables and recommendations for oral/non-oral options for nutritional intake/ management. 							

UNIT	Management of dysphagia in adults	
III:	a) Behavioral management - Compensatory and facilitatory strategies in detail	
	b) Other behavioral management strategies (e.g., neuromuscular electrical stimu	ulation)
	c) Pharmacological and surgical management of dysphagia	
	d) Specific management strategies for mechanical causes of dysphagia (trached	ostomy,
	glossectomy, mandibulectomy, oral/ pharyngeal cancer, trismus etc.)	
	e) Evidence Based Practice (EBP) - levels of evidence, strengths and weakness	ies,
	evidence base for various management approaches, evaluation of patient pro	gress
	and treatment efficacy - when to continue treatment, when to terminate and w	/hen
	referrals are appropriate)	
UNIT	Pediatric dysphagia	
IV:	a) Anatomical differences in neonatal and pediatric upper aero digestive tract with	th
	reference to adults, Oral-motor and swallow development of infants and childr	ren
	b) Clinical manifestations of feeding and swallowing difficulties in children	
	c) Motor and sensory issues in feeding/ swallowing among developmental condi	tions-
	Sensory based feeding disorders and special populations	
	d) Specific considerations for clinical and instrumental evaluation of swallowing i	n
	children	
	e) Direct and indirect strategies to facilitate safe swallow in children (including m	otor
	and sensory issues)	
	f) SLP in Neonatal Intensive Care Unit: Etiology of feeding delay/disorders in ne	onates;
	assessment of primitive reflexes, suck-swallow coordination among neonates	,
	management of feeding delay/disorders in neonates	
UNIT	Service delivery and other issues related to management	
V:	a) Scope of practice in the area of dysphagia: training in endoscopy, documenta	ition,
	tele-practice	1
	b) I rends across the world and in India: Review of practice guidelines, technical	
	reports, position statements, knowledge & skills document relevant to dyspha	gia in
	India and other countries - issues in adopting and implementing the same in it	ndia.
	c) Dysphagia clinics: SEP led clinics vs. SEP in a medical team, space and other	[ath ar
	initiastructural requirements within hospital setup, private clinics, schools and	other
	d) Econhegical dyophagia eticlogical symptoms differential diagnosis and role	
	in management	UISLP
	 A) Ethical and cultural considerations in dysphagia management 	

- Arvedson, J. C., & Brodsky, L. (2002). *Pediatric swallowing and feeding: Assessment and management.* (2nd Edition). Canada: Cengage Learning.
- Logemann, J.A. (1998). *Evaluation and treatment of swallowing disorders*. (2ndEdition). Austin: Pro-Ed.
- Murry, T., Carrau, R. L., & Chan, K. (2016). *Clinical management of swallowing disorder.* San Diego: Plural Publishing
- Huckabee, M. L., & Pelletier, C. A. (1999). *Management of adult neurogenic dysphagia*. San Diego: Singular Publishing.
- LaPointe, L. L., & Murdoch, B.E. (2013). *Movement disorders in neurologic disease: Effects on communication and swallowing*. San Diego: Plural Publishing.
- Carrau, R. L., Murry, T., & Howell, R. J. (Eds.). (2016). Comprehensive management of swallowing disorders. San Diego: Plural Publishing.
- Aviv, J. E., & Murry, T. (2005). FEESST: Flexible endoscopic evaluation of swallowing using sensory testing. San Diego: Plural Publishing Inc.
- Newman, R. D., & Nightingale, J. M. (Eds.). (2012). *Videofluoroscopy: A multidisciplinary team approach*. San Diego: Plural Publishing Inc.
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Course Title: Aphasia

Marks – 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
17	PSL18CT303	Core Theory CT11	Aphasia			-		4	60/ 100
	Learning C	Learning outcomes							
The (k a) t a b) a (l c) t s d) a d) a e) v s	objectives of the con nowledge on: he neuroanatomical and linguistic aspect assessment protoco and non-linguistic sk monolinguals, biling anguage users) heories and factors spontaneous recove associated reading a ndividuals with apha various general and strategies for aphasi	urse are to l, pathoph is of aphas l for profili sills in aph guals, illite influencin ry of apha and writing asia specific ir a	o provide ysiological sia ng linguistic asia rates, sign g asia g disorders in ntervention	At the end of the able to: a) demonstration neuroanate linguistic able to: a) discuss as linguistic able discuss abl	ate kn omica aspect ssessi and no uals, l users valuat g spor e asso in indi l use v on stra	urse, th owledg al, path s of ap ment p on-lingu oilingua) e theo ntaneou viduals various tegies	e studen ophysiol ohasia rotocol fo uistic ski als, illiter ries and us recov reading s with ap general for apha	nt will I ogical or prof lls in a rates, s factor ery of and w hasia and s asia	and iling phasia sign s riting pecific

Unit	Syllabus
UNIT	Aphasia: Neuroanatomy, Pathophysiology and features
	 a) Neuroanatomical and pathophysiological basis of major types of aphasias based on connectionist and process models, b) Cerebral dominance and hemispheric lateralization for language c) History, Definition, Etiology and Classification of aphasic syndromes d) Linguistic aspects of aphasia: Phonological, Lexical, Syntactic, Semantic and Pragmatic models and deficits d) Associated problems in aphasia: Motor, sensory, psychological and cognition

UNIT	Assessment in aphasia
11:	 a) Formal and informal cognitive-linguistic assessment tools: Purpose, test constructs, rationale, scoring, procedures and interpretation both Indian and other languages; Do's and don'ts in assessment procedures b) Methods for studying language and the brain- neuroimaging and cortical potentials (electroencephalography, magnetoencephalography, positron emission tomography, functional magnetic resonance imaging, N400 and T-complex) – Evidence from persons with aphasia. d) Differential diagnosis of different types of aphasia
UNIT	Spontaneous recovery in aphasia
III:	a) Theories of spontaneous recovery
	b) Prognostic factors affecting spontaneous recovery
	c) Recovery pattern in monolingual, bi/multilingual aphasia
UNIT	Disorders of reading and writing in aphasia and aphasia in varied population
IV:	a) Introduction to acquired disorders of reading: dual route models; extended
	connectionist models
	b) Acquired alexia; assessment and intervention of acquired reading disorders
	d) Neuroanatomical substrates of writing
	 e) Assessment of writing disorders and intervention approaches to writing disorders
	f) Aphasia in bilinguals/multilingual population- definition and features
	g) Aphasia in illiterates, left handers and sign language users- definition and features
UNIT	Management of persons with aphasia
V:	a) Introduction to language intervention strategies in adult aphasia (Principles, different
	b) Reteaching and Re-access
	c) Linguistic approaches - General and Specific
	d) Family and Group intervention
	e) Computer applications in the treatment of aphasia, tele-rehabilitation
	f) Medical aspects of rehabilitation
L	

- Chapey, R. (2008). Language intervention strategies in aphasia and related neurogenic communication disorders. Philadelphia: Lippincott Williams & Wilkins.
- Papathanasiou, I. Coppens, P., & Potagas, C. (2013.). Aphasia and related neurogenic communication disorders. Burlington: Jones & Bartlett.
- Martin, N., Thompson, C. K., & Worrall, L. (2007). *Aphasia rehabilitation: The impairment and its consequences*. San Diego: Plural Publishing.
- Holland, A. L., & Forbes, M. M. (2013). Aphasia treatment: World perspectives. Springer.
- Hegde, M. N. (2006). A coursebook on aphasia and other neurogenic language disorders. Thomson Delmar Learning.
- Goswami, S. P., & George, A. (2006). ISHA monograph. Adult Aphasia: Language Intervention. A publication of Indian Speech and Hearing Association.
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Course Title: Cognitive-Communication Disorders

Marks - 100

Course Number	Course Code	Course category	Course Title		Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
18	PSL18CT304	Core Theory CT12	Cognitive-Communication Disorders		4	-	-	4	60/ 100
Learning Objectives				Learning outcomes					
The c kı a) va pı bi a di b) as sł c) co a d) n c	 The objectives of the course are to provide knowledge on: a) various conditions such as primary progressive aphasia, dementia, traumatic brain injury, right hemisphere damage in adults leading to cognitive communication disorders b) assessment of linguistic and non-linguistic skills of cognitive communication disorders c) cognitive communication changes related to ageing d) management strategies for cognitive communication disorders d) Plan evidence-based intervention strategies for management of cognitive communication disorders 							be mary atic in tion gnitive egies cation	

Unit	Syllabus
UNIT	An overview of cognitive communication disorders
1:	Cognition- Description of cognitive processes models, mechanisms, concept, schema and properties of a) Attention b) Memory c) Executive function

UNIT	Traumatic Brain Injury (TBI) and Right Hemisphere Damage (RHD)
II	a) Cognitive communication disorders associated with TBI (effects, classification and
	linguistic and non-linguistic features)
	 b) Assessment and principles of cognitive rehabilitation of TBI – Evidence based
	guidelines
	c) Linguistic and Nonlinguistic deficits in individuals with Right Hemisphere Damage
	 Assessment and management of various cognitive communication deficits in RHD
	Demontia and related as miting disculars
	Dementia and related cognitive disorders
	a) Dementia (definition and different etiologies)
	b) Classification (cortical, subcortical and mixed)
	c) Linguistic and nonlinguistic features based on stages (Early, Middle and Late)
	d) Evaluation of cognitive-communication skills – formal and informal test batteries;
	tasks and findings leading to differential diagnosis of the types of dementia
	e) Intervention of cognitive communication disorders in dementias – intervention
	strategies for cognition and communication; Evidence based guidelines in
	Primary Progressive Anhasia and other cognitive communication disorders
	a) Cognitive communicative aspects in primary progressive aphasis (PPA), evaluation
10.	and management of PPA
	 b) Cognitive communication deficits in alcohol induced and metabolic language
	disorders -Assessment and management
	c) Differential diagnosis of cognitive communication disorders in adults
	 d) Ethno-Cultural consideration in assessment and management of cognitive
	communication disorder
UNIT	Cognitive communication disorder and ageing
V:	a) Theories of aging
	b) Neuroanatomical changes associated with ageing
	c) Neurophysiological changes in Language and Cognition in elderly
	d) Psychological, Physical, quality of life changes associated with ageing

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- Morris, J. C. (1994). Handbook of dementic illinesses. NY, Marcel Dekker Inc.
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Course Title: Clinicals in Speech-Language Pathology - 3

Marks: 100

Course Number	Course Code	Course category	Course Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
19	PSL18CR305	Clinical Rotation CR-3	Clinicals in Speech- Language Pathology - 3		5		5	225/ 100

Note: Clinical practicum for CR-3 will be based on the sub-specialty clinics attended the students. The practicum is listed at the end of the syllabus.

Course Title: Research Practicum

Marks:100

Course Number	Course Code	Course category	Course Title		Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
20	PSL18RP306	Research Project RP3	Research Practicum		-		4	4	120/ 100
	Learnin	g Objectives	6	Learning outcomes					
 The objectives of the course in conjunction with the course on research methods, epidemiology and statistics are to: a) become familiar with procedures in data collection and organization of data b) learn about components of writing a dissertation 				At the end of the course the student will be able:a) demonstrate progress in relevant sections of the research study depending on the individual requirements of the study.					

Course Plan

- 1. Complete the literature search related to the research question
- 2. Undertake pilot study and interim analysis if required
- 3. Begin data collection as required by the research study
- 4. Demonstrate progress in dissertation as written report and submit for evaluation

Semester IV

Content

Course Title: Speech-language Pathology in Practice

Marks - 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
21	PSL18CT401	Core Theory CT13	Speech-language Pathology in Practice			6	-	4	60/ 100
	Learning C	Learning outcomes							
The knov a) b) la c) e d) d e) e	objectives of the con- wledge on: the role of a speech- different set-ups and professionals. aws, regulations and related to practice in pathology. merging sub-speciali of speech-language ifferent service delive practice applications ntrepreneurship, door monitoring quality of language pathology.	o provide pathologist in out other nal ethics anguage ithin the field s and tele- on and in speech-	At the end of the able to: a) liaise with a speech-lib) implement persons with the formula acts relation d) audit speed set-ups.	ne cou other angua acts (th spo vernm ation o ig to s ch-lar	urse, th profess age clir and leg eech-la ents ar of polic speech aguage	ne studen sionals in nic. gislations anguage nd other ies and -languag practice	nt will k n settir impair agenc legisla ge disa es in ex	ng-up ng to ment. tive ibility kisting	

Unit	Syllabus
UNIT	Scope of practice, laws, regulations and professional ethics
<u></u>	 a) Scope of practice in global and Indian scenario b) Professional ethics c) Acts, legislations, policies related to persons with communication impairment d) Role of speech-language pathologists in the formulation of acts, regulations and policies e) Implementation of acts, legislations, policies and welfare measures relating to persons with speech-language impairment f) Advocacy groups, NGOs and rights of citizens g) National and international standards related to speech-language pathology
	g) National and international standards related to speech-language pathology

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- Houston, K. T. (2013). *Telepractice in speech-language pathology*. San Diego: Plural Publishing.
- Joffe, V., Cruice, M., & Chiat, S. (Eds.). (2008). Language disorders in children and adults: new issues in research and practice. John Wiley & Sons.
- Acts relating to disability, particularly hearing, enacted by the Indian Parliament.

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- Position paper speech and language therapy in adult critical care. Royal college of Speechlanguage therapists. (2014), London.
- Speech-Language Pathology Medical Review Guidelines (2015). American Speech-Language-Hearing Association.
- College of Audiologists and Speech-Language Pathologists of Ontario. (2004). Use of Tele practiceapproaches in providing services to patients/clients.
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- www.rehabcouncil.nic.in (website of Rehabilitation Council of India)
- Barone, O. R. (2016). Counseling and interviewing in speech-language pathology and audiology. Jones & Bartlett Publishers.
- Irwin, D., & Irwin, D. L. (2007). *Ethics for speech-language pathologists and audiologists: An illustrative casebook*. Clifton, NY: Thomson Delmar Learning.
- Rizzo, S.R., & Trudean, M.D. (1994). *Clinical administration in audiology and speech language pathology*. San Diego: Singular Publishing.
- Ginsberg, S. M., Friberg, J., & Visconti, C. F. (2011). Scholarship of teaching and learning in speech-language pathology and audiology: Evidence-based education. San Diego: Plural Publishing.
- Schraeder, T. (2013). A guide to school services in speech-language pathology. 2nd Edition

Course Title: Seminars in Practices related to Medical Speech-language Pathology Marks - 100

Course Number	Course Code	Course category	Course Title			Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
22	PSL18CT402	Core Theory CT14	Seminars in practices related to Medical Speech- language Pathology			-	\sim	4	60/ 100
	Learning C	Learning outcomes							
Learning ObjectivesThe objectives of the course are to provide knowledge on:a) Scope of medical speech language pathologyb) basic procedures and requirements for practice in a medical set-up including infection control and basic life support.c) procedures for documentation and quality benchmarks in medical set-upd) collaborative practice and concepts related to inter-professional practice within transdisciplinary team in a hospitalLearning outcomesLearning outcomesAt the end of the course, the student will be able to:a) identify clientele within a medical set-up for services of an SLPb) demonstrate procedures and requirements for practice including infection control and basic life supportc) procedures for documentation and quality benchmarks in medical set-upd) collaborative practice and concepts related to inter-professional practice within transdisciplinary team in a hospital							be p for ents and for dical el.		

Course Plan

The following areas will be covered through structured courses offered in the hospital/ medical college or lectures/seminars delivered by respective professionals:

- Infection control/management caution on type of clothing, washing hands and use of disinfectants
- Basic life support
- Documentation of assessment and management
- Electronic Medical Records
- Standard Operating Procedures in hospital
- Quality benchmarks for medical-set ups
- Medico-legal isssues

Topics related to communication disorders and swallowing will be discussed in relation to medical professions through seminars led by different medical professionals jointly with speech language pathologist. The areas covered will include but be restricted to:

- Neonatology
- Pediatrics
- Otolaryngology
- Neurology/Neurosurgery
- Oncology
- Plastic Surgery
- Psychiatry

General medicine

Course Title: Clinicals in Speech-Language Pathology -4

Marks: 100

Course Number	Course Code	Course category	Course Title	Lecture (L)	Tutorial (T)/Clinical Training (CT)	Research Project/ Dissertation	Total Credits	Total Hours/Marks
23	PSL18CR403	Clinical Rotation CR-4	Clinicals in Speech- Language Pathology - 4	-	5	\mathbf{S}	5	225/ 50

Note: Clinical practicum for CR-4 will be based on the sub-specialty clinics attended the students. The practicum is listed below:

Clinical Practicum for CR-1, CR- 2, CR- 3 and CR- 4

Know how

- a) Perform acoustic analysis of speech including FFT, LPC, cepstrum and inverse filtering; acoustic analysis of vowels, diphthongs, plosives, nasals, fricatives, affricates and other speech sounds using spectrograms on PRAAT
- b) Vowel synthesis using parametric and analysis by synthesis; demonstration of articulatory synthesis
- c) Observation of stroboscopic evaluation of persons with voice disorders as part of team assessment
- d) Observation of endoscopic examination of persons with cleft lip and palate as part of team assessment
- e) Differential diagnosis of conditions relevant to speech and hearing as per DSM-V and ICD 10 classifications
- f) Observation of neurodevelopmental assessment in infants and young children (birth-to-two years) as part of child development unit.
- g) Practice and learn to use finger spelling and signs for functional vocabulary
- h) Observation of modified barium swallow examination
- i) Observation of flexible endoscopic examination of swallowing as part of team assessment
- j) Observe and identify reports of persons with neurogenic communication disorders in tests such as EEG, CT Scan, MRI etc.
- k) Reversible and irreversible conditions that cause neurogenic communication disorders.
- I) Rights and privileges of persons with communication disorder
- m) Analyze the certification procedures for persons with communication disorder
- n) Use of mobile apps for assessment and management of different communication disorders in adults and children
- o) Become familiar with scope of practice of different medical and rehabilitation professionals in transdisciplinary practice

Demonstrate

- a) Measurement of aerodynamic parameters using spirometer and instrumentation for aerodynamic analysis
- b) Carry out and interpret the acoustic measures of voice on two recorded samples and correlate with the perceptual analysis

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- c) Practice and learn to use the strategies of direct selection, scanning, encoding and word prediction in a communication board/book or aided AAC system in simulated situation
- d) Learn to operate non-tech, low-tech and high-tech AAC aids
- e) Complete perceptual analyses of speech samples of persons with CLP.
- f) Demonstration of therapy techniques for disorders of speech sound, voice, and fluency.
- g) Record language samples of typically developing children and children with language disorders, transcribe the samples using International Phonetic Alphabet (IPA) and perform analysis of language in terms of - phonology, morphology, syntax, semantics and pragmatics
- h) Perform assessment of typically developing child using assessment protocols for learning disability
- i) Demonstrate process of differential diagnosis for persons with adult language and cognitive communication disorders.
- j) Use of AAC for adults with communication disorders (e.g., alphabet supplementation board, software applications)
- k) Demonstration of therapy techniques for adults with aphasia, cognitive communication disorders, dysarthria and dysphagia
- Conduct assessment and management for child/adult with communication disorders using tele-practice
- m) Prepare a report for persons with communication disorders for medico-legal purposes

Do

- a) Complete evaluation, write detailed evaluation report, counsel persons with communication disorder and their families as required for the following:
 - Persons with stuttering using standardized tests (SSI, SPI etc.), including assessment of rate of speech, type, percent of dysfluencies, and quality of life measures.
 - Persons with voice disorders including perceptual assessment using different scales, acoustic analysis of voice and patient reported outcome measurement.
 - Children with speech sound disorders record and transcribe speech samples (word and connected speech), carry out independent and relational analyses;
 - Children with language disorders using appropriate tests/protocols: focus on birth-tothree years, preschool and school ages.
 - Persons with communication disorders at bed side
 - Persons with aphasia using appropriate screening, diagnostic (WAB/ BDAE etc.) and performance tool
 - Persons with adult cognition communication disorders using appropriate screening (ACE/MMSE/CLQT etc.), diagnostic (ABCD/CLAP etc.) and performance tool
 - Persons with motor speech disorders including perceptual evaluation of speech subsystems, speech intelligibility assessment, instrumental assessments for respiration or phonology and quality of life assessment
 - Children and adults with concerns in swallowing
- b) Plan and carry out appropriate intervention program for children and adults with voice and fluency disorders, and children with speech sound disorders.
- c) Plan and carry out appropriate intervention program for children with language disorders
- d) Plan and carry out early communication stimulation program for children 'at-risk' for developmental delays as part of child development follow-up clinic.
- e) Plan and carry out intervention program for a child with language disorder using AAC
- f) Plan and carry out intervention program for adults with neurogenic speech disorders, aphasia, cognitive communication disorders and dysphagia

Students will complete the clinical practicum during rotations in specialty clinics during the four semesters. The objectives of the specialty clinics are to provide focused exposure on clinical practice with specific populations of individuals with communication disorders across the

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lifespan. Students will be exposed to advanced methodologies in assessment and management in addition to those focused in the undergraduate training program. An additional emphasis will be on interaction with professionals in transdisciplinary management team. The specialty clinics and their focus areas in the four semesters will include the following:

Sub-specialty clinic	Focus/ Thrust area					
Voice and fluency disorders	Clinical practice with children and adults with voice disorders fluency disorders Instrumentation Professional voice users					
Speech sound disorders	 Clinical practice with children and adults with speech sound disorders- Cleft lip and palate speech sound disorders- Phonological disorders Community based practice for individuals with cleft lip and palate 					
Child Language Disorders – 1	 Clinical practice with children in birth-to-three years including early communication stimulation program in NICU and regular follow-up in child development unit preschool years school-going years 					
Child Language Disorders- 2	Augmentative and Alternative Communication for children with language disorders					
Neuro Communication Disorders - 1	Clinical practice with persons with neuro-communication disorders and swallowing disorders in acute and sub-acute care settings out-patient clinic 					
Neuro Communication Disorders - 2	Clinical practice for feeding disorders among neonates in NICU and infants and children in PICU, paediatric wards and Vidya Sudha - Early Intervention Centre					
X	Augmentative and alternative communication for persons with neurocommunication disorders in acute care settings and out-patient clinic settings.					
Tele-practice in Speech- Language	Clinical practice with children and/or adults with communication disorders					
Pathology	Training of caregivers for supporting home-based intervention					
Communication disorders associated with hearing impairment/ multiple handicap	Clinical practice with children with hearing impairment and/or multiple handicap					

A continuous formative assessment will be done based on clinical activities in each rotation for every semester. A university exam will be conducted at the end of each semester.

Course Title: Dissertation

Marks:100

Course Number	Course Code	Course category	Cours	e Title	Lecture (L)	Clinical Training (CT)	Research Project (RP)/ Dissertation	Total Credits	Total Hours/Marks
24	PSL18RP404	Research Project RP4	Dissertation			-	8	8	240/ 100
	Learnin	g Objectives	6	Learning outcomes					
The the and a) a b) c a	objectives of the course on researd statistics are to: learn about data and analyses inclu- and interpretation learn about comp dissertation incluc- and summary/con	At the end of th a) analyze da analyses a b) interpret th reference a c) write a disa	ne cou ata by as req ne finc to pre sertat	urse the applyi uired fe lings o vious r ion in t	e studen ng statis or the re f the stu research he preso	t will b stical search dy with cribed	e able n study n format		

Course Plan

- 1. Complete the data collection,
- 2. Data analysis and interpretation
- 3. Complete writing the dissertation in the prescribed format.
- 4. Make a presentation in the department
- 5. Prepare manuscript for publication and submit for approval of the publication oversight committee