



Year 2 Fall 2023

SCSD 626 – Aural Rehabilitation

Number of credits: 2 credits

Course Time: Tuesday 1:30-3:30pm

Location: SCSD Room 869

Instructors:

Liliane Brunetti, M.Cl.Sc (Adult Focus)

Mary-Jane Blais, M.Sc., SLP(C) (Pediatric Focus)

Office Hours: By appointment (set up by phone or by email in advance)

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COURSE DESCRIPTION/OVERVIEW:

This course will familiarize the student with issues central to understanding the impact of hearing loss/deafness on speech and language in various populations (both adult and pediatric) and will introduce models and approaches for habilitation/rehabilitation of communication in these populations.

The Aural Rehabilitation course will be presented in two sections:

- 1) Adult Focus
- 2) Pediatric Focus

Instructor Message Regarding Course Delivery

- It is understood that students may have experienced a variety of challenges due to the realities of learning during a pandemic. The instructors will make every effort to be understanding of students' individual circumstances and to provide support as needed. Students are encouraged to reach out at any time if they are feeling overloaded with work so that concerns can be addressed collaboratively.
- In order to promote student success, students are invited to make use of the resources available such as: [Guidelines for Students on Teaching, Learning, and Assessment](#) and [Learning Resources](#).

LEARNING OBJECTIVES/OUTCOMES (COMPETENCIES):

UNIT ONE: Basic Requirements (Audiology and Speech-Language Pathology)

The audiologist and speech-language pathologist demonstrate basic knowledge of:

1.1 Anatomy and Physiology

1.1.iii Auditory and vestibular systems (external, middle and inner ear, auditory and vestibular pathways, and auditory cortex).

1.2 Neuroanatomy and Neurophysiology

Not covered in this course.

1.3 Genetics and Human Development

Not covered in this course.

1.4 Counselling and Applied Psychology

1.4.ii Health psychology approaches to behavior change and enablement.

1.4.iii Cultural and linguistic factors that may affect clinical relationships, assessment, and treatment outcomes; including but not limited to race, ethnicity, and gender identity.

1.4.iv The psychosocial effects of communication disorders on the client and significant others, including stigma.

1.4.v The psychosocial effects of health conditions that may include a communication disorder (e.g., stroke, cancer), including the implications of acute versus chronic illness, stable versus progressive conditions, and congenital versus acquired conditions.

1.4.vi Coping mechanisms used by clients/families.

1.4.vii The role of communication in interpersonal relations.

1.4.viii Interviewing and counselling methods for clients, their caregivers, and their significant others, in the context of family-centered care.

1.5 Psycholinguistics and Linguistics

1.5.i Normal and abnormal communication behaviour throughout the lifespan in both auditory and visual modalities (e.g., sign language) in the following areas: phonetics and phonology, morphology and syntax, semantics, pragmatics, nonverbal communication, and sociolinguistics.

1.5.iii The nature and theories of bilingual and second language development.

1.6 Speech Perception and Acoustics

1.6.i The nature and theories of perceptual processes and their development with an emphasis on speech perception, and perception of non-linguistic aspects of communication (e.g., nonverbal affect cues, music, and environmental sounds).

1.6.ii The physics of sound.

1.6.iv Psychoacoustics.

1.7 Instrumentation

1.7.i Instrumentation relevant to clinical practice and its operation (e.g., amplification and assistive devices, audiometers, audio and video recorders, voice and speech synthesizers and analyzers, hearing aid analyzers, real-ear measurement systems).

1.7.iii Digital health-related platforms (e.g., online communication platforms, eHealth platforms) used in clinical practice.

1.8 Pharmacology and Other Medical Interventions

1.8.i The effects of medical intervention on auditory function, balance, swallowing, and communication (e.g., medication, radiation, surgery, implanted devices).

1.9 Research Methodology

1.9.v How to critically evaluate research using principles of evidence-based practice.

UNIT TWO: Knowledge Expert

The speech-language pathologist demonstrates knowledge of:

2.1 Developmental Speech Sound Disorders

2.1.iv Profiles of special groups with speech sound disorders (e.g., children with cleft palate and/or other structural disorders, hearing impairment, developmental delay, or childhood apraxia of speech).

2.1.vii How the processes and factors associated with the development of normal speech production (e.g., linguistic, motor, perceptual, cognitive, affective, environmental, and cultural) apply to clinical practice.

2.2 Motor Speech Disorders

Not covered in this course.

2.3 Developmental Language Disorders

2.3.ii Factors and processes associated with the development of normal language and acquisition of literacy (e.g., motor, perceptual, cognitive, affective, environmental, and cultural).

2.3.v Profiles of special populations at risk for developmental language disorders (e.g., autism spectrum disorder, hearing impairment, Down syndrome).

2.4 Acquired Language and Cognitive-Communication Disorders

2.4.i Typical changes in language and cognitive-communication function throughout the lifespan, related factors and processes (e.g., motor, sensory, perceptual, cognitive, affective, cultural) and their application to clinical practice.

2.5 Voice and its Disorders

2.5.v Factors and processes that may impact voice production (e.g., expression of gender identity, removal of larynx, hearing loss, neuromuscular involvement, musculoskeletal tension, vocal fold pathology, systemic conditions, affective states, environmental factors).

2.6 Resonance Disorders

Not covered in this course.

2.7 Fluency Disorders

Not covered in this course.

2.8 Augumentative and Alternative Communication

Not covered in this course.

2.9 Dysphagia

Not covered in this course.

2.10 Hearing Disorders and Related Speech-Language Disorders

2.10.i Anatomical and physiological characteristics of hearing disorders.

2.10.ii Factors causing or increasing risk of hearing loss, including environmental and genetic factors

2.10.iii Signs and symptoms of hearing disorders, including associated speech, language, and voice profiles for prelingual and post-lingual onset.

2.10.iv Different theoretical frameworks relevant to the speech and language and communication problems of people with hearing impairments.

2.10.v Incidence and prevalence of hearing impairment in specific populations.

2.10.vi Acoustics of speech and its role in speech perception and communication.

2.10.vii The psychosocial, educational, vocational, cognitive and other health consequences of hearing impairment.

2.10.viii The evidence base regarding benefits of audiologic rehabilitation.

2.10.ix The philosophical underpinnings of sign language (e.g., American Sign Language, Langue des signes québécoise) and other visual communication methods (e.g., Manually Coded English, Signed Exact English).

2.10.x Approaches to habilitation and rehabilitation of speech and language in various sensory modalities for people with hearing impairment (e.g., manual, total, aural/oral, visual, tactile communication), and their advantages and disadvantages.

UNIT THREE: Clinical Expert - Cross-Cutting Assessment and Intervention Standards

The speech-language pathologist demonstrates the ability to:

3.1 Identify individuals requiring speech-language pathology services:

3.1.i Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a speech-language pathology assessment.

3.1.ii Engage in screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services.

3.2 Plan, conduct, and adjust an assessment:

3.2.i Collect and analyze pertinent information prior to the assessment, including intake information and previous reports.

3.2.ii Use principles of assessment to develop assessment plans (e.g., tools, strategies, resources, environment) that reflect background information about the client (including personal and environmental factors), known or suspected primary and concomitant disorders (e.g., medical, emotional), knowledge of normal and disordered communication or swallowing as well as risk factors for communication or swallowing disorders; modify this plan when appropriate.

3.2.iii Demonstrate knowledge of principles underlying clinical assessment, including standardized and nonstandardized procedures and their advantages, disadvantages, limitations, representativeness, and applicability to the individual management plan.

3.2.iv Conduct a clinical interview with the client and other pertinent individuals that is relevant to the diagnosis, presenting complaints, and management of the communication or swallowing disorder.

3.2.v Administer valid, accurate, and reliable assessment measures and/or procedures (quantitative and/or qualitative), as appropriate to the client and circumstances, and accurately listen to, observe, and document all responses and observations.

3.2.vi Assess the impact of the client's personal and environmental factors (e.g., coping style, housing) in the client's environment (home, community, school, work) on communication or swallowing needs and effectiveness.

3.3 Analyze and interpret assessment results:

3.3.i Analyze formal, informal, quantitative, and qualitative assessment results, including accurate scoring and interpretation of standardized tests.

3.3.ii Formulate a diagnostic statement about the client's communication or swallowing skills, including the impact on daily activities and educational, vocational, and psychosocial needs; include functional prognosis, as appropriate.

3.4 Develop and share recommendations based on assessment results:

3.4.i Develop evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings and available resources.

3.4.ii Discuss the assessment results, recommendations, and implications with the client and other relevant individuals, as permitted by the client.

3.5 Develop and implement a realistic, evidence-informed, and measurable intervention plan:

3.5.i Utilize a biopsychosocial framework (e.g., the World Health Organization International Classification of Functioning, Disability, and Health) to establish and prioritize intervention aims that reflect the client's strengths, needs, values, expectations, and constraints.

3.5.ii Develop specific, measurable, realistic, time-limited targets to reach the aims.

3.5.iii Demonstrate knowledge of different approaches to intervention (including assistive devices/systems), the evidence and theoretical bases behind the approaches, their advantages, disadvantages, limitations.

3.5.iv Select and apply an appropriate intervention approach and service delivery model (e.g., periodic review, consultation, facilitator training, direct 1:1 therapy, direct group therapy, home/school program, interdisciplinary therapy) that is applicable to the client context.

3.5.v Develop and implement appropriate clinical activities and environmental supports for meeting treatment targets and facilitating generalization and maintenance of skills and strategies, including use of appropriate modalities, materials, and technologies, use of feedback and modelling, and provision of education, support, training, and counselling to the client, family and/or significant others.

3.5.vi Develop and implement outcome measures to evaluate progress on an ongoing basis.

3.5.vii Modify or discontinue the intervention (goals, approach, service delivery model) in keeping with outcomes and client feedback.

3.5.viii Refer to other healthcare or educational professionals as required; identify and recommend alternative services when client needs are beyond the professional limitations of the speech-language pathologist.

3.5.ix Provide training, tasks, and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity, and individual competencies.

3.6 Share knowledge of concepts and strategies for prevention of communication and swallowing disorders across the lifespan (e.g., primary, secondary, and tertiary preventive strategies).

3.7 Consider sociodemographic and sociocultural factors in all aspects of assessment and intervention, including but not limited to factors such as race, ethnicity, gender identity, and differential access to services by Indigenous and other underserved populations; and intersections among these factors, communication, and swallowing.

UNIT FOUR: Clinical Expert - Disorder-Specific Assessment and Intervention Standards

The speech-language pathologist demonstrates the ability to:

4.1 Developmental Speech Sound Disorders

Not covered in this course.

4.2 Motor Speech Disorders

Not covered in this course.

4.3 Developmental Language Disorders

Not covered in this course.

4.4 Acquired Language and Cognitive-Communication Disorders

Not covered in this course.

4.5 Voice and its Disorders

Not covered in this course.

4.6 Resonance Disorders

Not covered in this course.

4.7 Fluency Disorders

Not covered in this course.

4.8 Augmentative and Alternative Communication

Not covered in this course.

4.9 Dysphagia

Not covered in this course.

4.10 Hearing Disorders and Related Speech-Language Disorders

4.10.i Apply audiometric information to the speech-language assessment, including recognizing the type (sensorineural, conductive, mixed, unilateral) and degree of hearing loss from an audiogram.

4.10.ii Modify speech and language assessment procedures to accommodate varying degrees of hearing loss.

4.10.iii Obtain a case history regarding use of hearing aids, cochlear implants, and/or assistive technologies for hearing.

4.10.iv Demonstrate basic processes and procedures used to assess unaided and aided hearing.

4.10.v Demonstrate basic procedures for testing if a hearing aid is working properly.

4.10.vi Formulate a clinical conclusion incorporating the importance of hearing health for psychosocial, educational, and vocational well-being.

4.10.vii Modify management plans to accommodate varying degrees of hearing loss.

4.10.viii Implement strategies for managing hearing loss and associated speech-language communication difficulties.

4.10.ix Demonstrate the use, care, and maintenance of hearing aids, assistive listening devices, and amplification systems.

4.10.x Determine the need for further investigation and referral of clients with hearing impairments.

UNIT FIVE: Communication

The speech-language pathologist and audiologist demonstrate the ability to:

5.1 Communicate respectfully and effectively using appropriate modalities (spoken, written, gestural):

5.1.i Use language appropriate to the client and context, taking into account all aspects of diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).

5.1.ii Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., spoken, non-verbal, written, sign, electronic) and by using translators/interpreters, as required.

5.1.iii Adapt communication in response to verbal and nonverbal cues from communication partners.

5.1.iv Communicate in a socially appropriate and respectful manner that is comfortable for the client and demonstrates empathy and openness.

5.1.v Participate respectfully in challenging conversations.

5.2 Complete documentation thoroughly and accurately, in a timely manner:

Not covered in this course.

UNIT SIX: Collaboration

The speech-language pathologist and audiologist demonstrate the ability to:

6.1 Establish and maintain effective team collaborations to optimize client outcomes:

6.1.i Interact effectively and positively with all team members.

6.1.ii Communicate one's professional roles, responsibilities, and scope of practice in collaborative interactions.

6.1.iii Recognize and respect the roles and perspectives of other professionals.

6.1.iv Participate actively and respectfully in shared responsibilities and decision-making.

6.1.v Manage misunderstandings, limitations, and conflicts to enhance collaborative practice.

6.1.vi Facilitate transfer of care within and across professions.

6.2 Collaborate with the client during all stages of care:

6.2.i Engage and support the client in identifying concerns, priorities, values, beliefs, assumptions, expectations, and desires in order to inform assessment and intervention.

6.2.ii Demonstrate respect for the client's rights, dignity, uniqueness, and equal opportunity.

6.2.iii Recognize and adapt to all aspects of client diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).

6.2.iv Promote and support the client's (or substitute decision maker's) participation in decision-making.

UNIT SEVEN: Advocacy

The speech-language pathologist and audiologist demonstrate the ability to:

7.1 Advocate for necessary services and resources that support an individual client.

7.2 Provide information and support to promote a client's self-advocacy.

7.3 Identify the need for, plan, and deliver promotion and education programs and activities related to communication and/or swallowing disorders, and speech-language pathology services.

UNIT EIGHT: Scholarship

The speech-language pathologist and audiologist demonstrate the ability to:

8.1 Maintain currency of professional knowledge and performance in order to provide optimal care:

Not covered in this course

UNIT NINE: Management

The speech-language pathologist and audiologist demonstrate the ability to:

9.1 Manage the clinical setting:

Not covered in this course

UNIT TEN: Professionalism

The speech-language pathologist and audiologist demonstrate the ability to:

10.1 Maintain professional demeanor in all clinical interactions and settings:

Not covered in this course

10.2 Practice ethically:

- 10.2.ii Recognize and use critical judgment to respond to ethical issues encountered in practice.
10.2.v Identify and mitigate own biases, as they relate to the care of a client.

10.3 Adhere to professional standards and regulatory requirements:

Not covered in this course

INSTRUCTIONAL METHODS:

The course consists of lectures, guest lecturers, videos, readings, class discussions, and group assignments.

Lectures are planned to be delivered in person, with some exceptions for guest speakers as indicated in the course outline. Participation in Zoom lectures will require access to a computer with camera and microphone, as well as a quiet environment. Remote lectures will be delivered synchronously.

Note that plans are subject to change based on public health protocols

If you anticipate that you cannot take part in any component of the course, or require accommodation for any valid reason, please reach out to the instructor(s) individually to make alternate arrangements.

Expectations for Student Participation

Students are expected to participate actively in all lectures and course assignments. Expectations for participation include the following:

- Be present for each lecture
- Complete assigned reading prior to each lecture
- Communicate respectfully with instructors and peers
- Complete and submit all assignments on time
- Stay up to date with material posted on MyCourses

Recordings of Sessions:

Both online (Zoom) and in-person classes may be recorded as needed. Lecture recordings will be available on MyCourses, which provides access only to those students registered in the course. Unauthorized use or distribution of any part of lecture recordings is prohibited.

REQUIRED COURSE MATERIALS

Course readings will be posted on MyCourses prior to each lecture.

OPTIONAL COURSE MATERIALS

Optional/suggested readings may also be posted on MyCourses

COURSE CONTENT

Class	Date	Description	Course Materials	Assignments Due
<u>Section I – Liliane Brunetti – Adult Focus</u>				
1	Sept. 5, 2023	Introduction & Overview of Audiological Rehabilitation <ul style="list-style-type: none"> • Review of Audiology introduction course • Definition of audiological rehabilitation or Aural Rehab (AR) • Historical background • AR model – CORE & CARE • Hearing Aids & Assistive Devices 	<u>Readings:</u> ASHA position paper - Definition of Competencies for Aural Rehabilitation Teaching Coping Strategies, J. Abrahamson CI rehab not just for kids, D. L. Sorkin, & N. Caleffe-Schenck	
2	Sept. 12, 2023	Auditory / Visual Stimuli in Communication <ul style="list-style-type: none"> • Acoustics of speech • Speech perception and hearing loss • Auditory Training • Speech reading 	<u>Readings:</u> Schow, R.L. (2007) Introduction to Audiologic Rehabilitation Chapter 4, p. 115 -136 Chapter 5, p. 151- 168 Feld and Sommers (2009) Lipreading, Processing Speed, and Working Memory in Younger and Older Adults Tracking and Communication Repair Procedures	

3	Sept. 19, 2023	<p>Guest Speaker: Marc Gervais - work adaptation counselor (fluent in both ASL and spoken English, understanding of Deaf culture)</p> <ul style="list-style-type: none"> Bilingual oral / ASL communication will be discussed 	<ul style="list-style-type: none"> Will be posted to MyCourses as soon as they are made available 	
4	Sept. 26, 2023	<p>Assessment & management of clients with hearing loss</p> <p>Optimizing functional communication with acquired hearing loss</p> <ul style="list-style-type: none"> Profile of adult / elderly client Rehabilitation model Rehabilitation management Self-assessment inventory 	<p>Schow, R.L. (2007) Introduction to Audiologic Rehabilitation Chapter 10, p. 393 – 429</p> <p>Hearing Questionnaires Aphab, COSI, HAUQ</p> <p>Training the adult brain to listen, Hearing Journal (PageTen) R.Sweetow</p>	
5	Oct. 3, 2023	<p>Test – First hour of class</p> <p>Approaches to working with adult clients going through rehabilitation program / videos</p> <ul style="list-style-type: none"> Auditory Neuropathy Case discussions review Group 	<p><u>Readings:</u></p> <p>A retrospective look at the future of aural rehabilitation, M. Ross</p> <p>Making Sense of Auditory Neuropathy Spectrum Disorder</p>	Test

		presentations guidelines		
	Oct. 10, 2023	Fall Break – No class		
6	Oct. 17, 2023	Group presentations		Group Presentations
<u>Section II – Mary-Jane Blais – Pediatric Focus</u>				
7	Oct. 24, 2023	<p>Overview of demographics and best practices of aural rehabilitation in Pediatric</p> <p>Populations</p> <ul style="list-style-type: none"> • Historical overview of Sign Language and Oralism (mostly Europe/North America) • Historical conflict between approaches • Current ratio of Sign Language user to Aural/Oral Deaf post CI era (Local data) • Percentage of Deaf/deaf in general population and impact on future S-LP caseloads • Introduction to ASHA best practices for working with children of all types of deafness/hearing loss 	<p><u>Readings:</u></p> <p>ASHA’s ‘<i>Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention Following Confirmation That a Child Is Deaf or Hard of Hearing</i>’, online at: http://www.asha.org/policy/ps2013-00339/</p> <p>Yoshinaga-Itano, C. (2013). Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing. <i>Journal of Deaf Studies and Deaf Education</i> 19, 143-175</p>	Distribution of full-class debate assignment

8	Oct. 31, 2023	<p>1. Full class debate: Oral-only vs visual modes of communications</p> <p>2. Lecture: Approaches to Working with deaf/hearing impaired children</p> <ul style="list-style-type: none"> • American Sign Language • Signed Exact English • Cued Speech • Auditory Verbal Therapy (LSLS) • Total Language Approach • Bilingual/bicultural approach 	<p><u>Readings:</u></p> <p>Gardiner-Walsh, S. & Lenihan, S. (2017). An introduction to educating children who are deaf/hard of hearing: Chapter 2</p> <p>Chu et al., 2016: Addressing the ‘type’ and ‘dose’ in early intervention provided to children, using cochlear implants: How much is enough?</p> <p>Mellon, N. K., Niparko, J. K., Rathmann, C., Mathur, G., Humphries, T., Napoli, D. J. & Lantos, J. D. (2015). Should all deaf children learn sign language? Pediatrics, 136(1), 170-176.</p> <p>Smith, J. & Wolfe, J. (2016). Should all deaf children learn sign language? The Hearing Journal, 10, pp. 18-24</p>	Debate written support due (submit on MyCourses)
9	Nov. 7, 2023	<p>Universal Hearing Screening & Family and Psycho-social Impact</p> <ul style="list-style-type: none"> • Overview of Status of Universal Hearing Screening in Canadian Provinces • Introduction to SAC’s ‘report card’ on Universal Hearing Screening • The impact of earlier hearing screening on families and on language outcome • Psycho-social 	<p><u>Readings:</u></p> <p>Cole, B. & Flexer, C. (2007). Children with hearing loss: Developing listening and talking. Chapter 10 pp. 261-271</p> <p>“Newborn Hearing Screening”: ASHA: https://www.asha.org/practice-portal/professional-issues/newborn-hearing-screening/</p>	

		<p>Impact and Cycle of Grief (also multi-ethnic considerations in grieving)</p> <ul style="list-style-type: none"> • Guest speakers: Zachary Holbrough & Elaine Dix-Holbrough – child CI recipient & mom. 		
10	Nov. 14, 2023	<p>Auditory Neurological Development & Introduction to (Re)habilitation</p> <ul style="list-style-type: none"> • Critical periods for language development in children requiring implants • Neurological changes when these critical periods are not met • Critical periods for visual language (sign language) • Impact when these critical periods are not met • Optimizing outcome for language outcome for young children • Data on outcome for language for children with two CIs versus one CI 	<p><u>Readings:</u></p> <p>Sharma, A., Dorman, M., Kral, A. (2005), The influence of a sensitive period on central auditory development in children with unilateral and bilateral cochlear implants, in <i>Hearing Research 203, Elsevier</i>, pp. 134-143</p> <p>Sharma et al. (2015). Developmental and cross-modal plasticity in deafness: Evidence from the P1 and N1 event related potentials in cochlear implanted children.</p> <p>Other optional readings to be posted</p>	
11	Nov. 21, 2023	<p>Calculating Hearing Age, Evaluating, and Intervening with Babies and Young Children</p>	<p><u>Readings:</u></p> <p>Cole, B. & Flexer, C. (2007). Children with hearing loss:</p>	<p>Distribution of case studies: to work through for</p>

		<ul style="list-style-type: none"> • When, how and why to calculate hearing age of young children • S-LP evaluation tools for very young children • Demo reports on very young children • Best practices applied to intervention of young children • An introduction to working with very young children with ANSD (Auditory Neuropathy Spectrum Disorder) 	Developing listening and talking. Chapter 6-7 pp. 166-223	discussion next class.
12	Nov. 28, 2023	<p>Speech Acoustics & Development of Auditory Skills in Children</p> <ul style="list-style-type: none"> • Practical application of speech acoustics in relation to actual children/actual audiograms • Understanding speech acoustic charts and formants • Understanding when a speech problem is due to a hearing access versus due to a speech sound disorder • Introduction to the development of listening skills in 	<p><u>Readings:</u></p> <p>Madell, Jane R, and Carol A. Flexer. (2014). Pediatric Audiology: Diagnosis, Technology, and Management. Chapter 19, pp. 201-207</p> <p>Torppa, R. et al. (2018). Developmental links between speech perception in noise, singing, and cortical processing of music in children with cochlear implants. Music Perception, vol. 36, no. 2, pp. 156-174</p>	Case studies (in-class discussion)

		<p>young children</p> <ul style="list-style-type: none"> • Keys to success with auditory development / language development of young children 		
13	Dec. 5, 2023	<p>Communication (Re)Habilitation with Deaf and Hard of Hearing Youth</p> <p>Guest Lecturer: Farha Hussain, M.Sc.(A), SLP (Lethbridge-Layton-Mackay Rehab Centre), PhD Student (NYU)</p> <ul style="list-style-type: none"> • Client-centered rehabilitation (including asset-based and anti-oppressive reflections) • De-colonial considerations when working with Indigenous (esp. Inuit and Cree) clients • Advocacy, Educational Success and Social Participation 	<p><u>Required Readings:</u></p> <p>Pesco, D. (2014). Working with Aboriginal Children and Families: Cultural Responsiveness and Beyond. Canadian Journal of Speech-Language Pathology and Audiology, 38, 144-150.</p> <p>Rosenbaum, P., & Gorter, J.W. (2011). The 'F-words' in childhood disability: I swear this is how we should think! Child: care, health and development, 38(4) 457-463. DOI: 10.1111/j.1365-2214.2011.01338.x</p> <p><u>Recommended Readings:</u></p> <p>Annamma, S.A., Connor, D., Ferri, B. (2013). Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability. Race Ethnicity and Education, 16(1), 1-31.</p> <p>Peltier, S. (2011). Providing Culturally Sensitive and Linguistically Appropriate Services: An Insider Construct. Canadian Journal of Speech-Language Pathology and Audiology, 35, 126-134.</p> <p>Speech-Language & Audiology Canada (2018). Speech-Language pathology and Audiology Services for First Nations Position Statement. SAC. https://www.sac-oac.ca/sites/default/files/resources/sac_first_nations_position_statement_en.pdf</p>	<p>Take home final exam distributed; to be submitted on MyCourses within one week (by midnight on December 12th, 2023).</p>

EVALUATION

The final course grade will be based on the following evaluation methods:

- Adult section:
 - One in-person closed-book exam - 25%
 - One group presentation - 25%
- Pediatric section:
 - Debate assignment – 10%
 - Participation (in-class discussions and case studies) – 10 %
 - One take-home final exam – 30%

Detailed descriptions of assignments and exams will be discussed in class and available in MyCourses.

Students should contact the instructor should they encounter any exceptional circumstances which will prevent/delay their completion of assignments or exams. Requests for extensions or accommodations will be considered on a case-by-case basis.

Electronic assignments should be submitted via myCourses. Please refer to the [FAQs for students using myCourses: Assignments.](#)]

Name of Assignment or Exam	Targeted Competencies	Due Date	% of Final Grade
Test – Adult Section	1.4 ii,iii,iv,v,vi,vii,viii,ix 1.7 i, iii 2.4 i 3.1 i,ii 3.2 i,ii,iii,iv,v,vi 3.4 i,ii 3.5 i,ii,iii,iv,v,vi,vii 4.10 i,ii,iii,iv,v,vi,vii,viii,ix,x 5.1 i,ii,iii,iv,v 6.1 i,ii,iii,iv,v,vi 6.2 i,ii,iii,iv	Oct. 3, 2023	25
Group Presentation – Adult client presentation	1.4 ii,iii,iv,v,vi,vii,viii,ix 1.7 i, iii 2.4 i	Oct. 17, 2023	25

	3.1 i,ii 3.2 i,ii,iii,iv,v,vi 3.4 i,ii 3.5 i,ii,iii,iv,v,vi,vii 4.10 i,ii,iii,iv,v,vi,vii,viii,ix,x 5.1 i,ii,iii,iv,v 6.1 i,ii,iii,iv,v,vi 6.2 i,ii,iii,iv		
Debate on modes of communication (written support)	1.5 i, iii 1.8 i 1.9 v 2.1 iv, vii 2.10 i-x 3.4 i,ii 3.5 i,ii,iii,iv,v,vi,vii 4.10 i,ii,iii,iv,v,vi,vii,viii,ix,x 5.1 i,ii,iii,iv,v 6.1 i,ii,iii,iv,v,vi 10.2 ii, v	Oct 31, 2023	10
Participation – in-class discussions, case studies, and debate	2.10 3.1 – 3.7	Oct. 24 – Dec 5	10
Take-home Final Exam – Pediatric Section	1.4 ii,iii,iv,v,vi,vii,viii,ix 1.6 i, ii, iv 1.7 i, iii 1.8 i 2.3 ii, v 2.10 i-x 3.1 i,ii 3.2 i,ii,iii,iv,v,vi 3.3 i, ii 3.4 i,ii 3.5 i,ii,iii,iv,v,vi,vii 3.7 4.10 i,ii,iii,iv,v,vi,vii,viii,ix,x 5.1 i,ii,iii,iv,v 6.1 i,ii,iii,iv,v,vi 6.2 i,ii,iii,iv	Dec. 12, 2023	30

MCGILL POLICY STATEMENTS

Language of Submission

“In accord with McGill University’s [Charter of Students’ Rights](#), students in this course have the right to submit in English or in French any written work that is to be graded. This does not apply to courses in which acquiring proficiency in a language is one of the objectives.” (Approved by Senate on 21 January 2009)

« L'université McGill attache une haute importance à l'honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l'on entend par tricherie, plagiat et autres infractions académiques, ainsi que les conséquences que peuvent avoir de telles actions, selon le Code de conduite de l'étudiant et des procédures disciplinaires (pour de plus amples renseignements, veuillez consulter le [guide pour l'honnêteté académique de McGill](#).)»

Academic Integrity

“McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the [Code of Student Conduct and Disciplinary Procedures](#)” (Approved by Senate on 29 January 2003) (See [McGill’s guide to academic honesty](#) for more information).

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Additional Statements

- “The [University Student Assessment Policy](#) exists to ensure fair and equitable academic assessment for all students and to protect students from excessive workloads. All students and instructors are encouraged to review this Policy, which addresses multiple aspects and methods of student assessment, e.g. the timing of evaluation due dates and weighting of final examinations.”
- © Instructor-generated course materials (e.g., handouts, notes, summaries, exam questions) are protected by law and may not be copied or distributed in any form or in any medium without explicit permission of the instructor. Note that infringements of [copyright](#) can be subject to follow up by the University under the Code of Student Conduct and Disciplinary Procedures.
- Please read the [Guidelines for Instructors and Students on Teaching, Learning, and Assessment](#) and this course outline. You will be notified through a “pop-up” box in Zoom if part of a class is being recorded (see image below). By remaining in sessions that are recorded, you agree to the recording, and you understand that your image, voice, and name may be disclosed to

classmates. You also understand that recordings will be made available in myCourses to students registered in the course.”



- The University is committed to maintaining teaching and learning spaces that are respectful and inclusive for all. To this end, offensive, violent, or harmful language arising in contexts such as the following may be cause for disciplinary action:
 1. Zoom sessions, including Username (use only your legal or preferred name), virtual backgrounds, “chat” boxes, whiteboard annotations, breakout rooms
 2. myCourses discussion fora
- As the instructor of this course I endeavor to provide an inclusive learning environment. However, if you experience barriers to learning in this course, do not hesitate to discuss them with me and the [Office for Students with Disabilities](#), 514-398-6009.
- Many students may face mental health challenges that can impact not only their academic success but also their ability to thrive in our campus community. Please reach out for support when you need it; many [resources](#) are available on-campus, off-campus and online.
- McGill University is on land which long served as a site of meeting and exchange amongst Indigenous peoples, including the Haudenosaunee and Anishinabeg nations. We acknowledge and thank the diverse Indigenous people whose footsteps have marked this territory on which peoples of the world now gather.
- If you have difficulty affording food or if you lack a safe and stable place to live and believe that this may affect your performance in this course, I encourage you to contact the [Dean of Students](#) who can connect you with support services. If you feel comfortable doing so, please let me know as well, so we can discuss how I can best support your learning.
- [End-of-course evaluations](#) are one of the ways that McGill works towards maintaining and improving the quality of courses and the student’s learning experience. You will be notified by e-mail when the evaluations are available. Please note that a minimum number of responses must be received for results to be available to students.

- In the event of extraordinary circumstances beyond the University's control, the content and/or evaluation scheme in this course is subject to change.
- McGill has policies on sustainability, paper use, and other initiatives to promote a culture of sustainability at McGill. (See the [Office of Sustainability](#).)
- Mobile computing and communications devices are permitted in class insofar as their use does not disrupt the teaching and learning process.