

Standard Operating Procedure (SOP) for Clinical Conferences for  
BASLP Sem-V and Sem-VI

Clinical Conferences at the Institute provide a critical platform for the presentation and discussion of clinical cases, promoting reflective and evidence-based practices in the rehabilitation of individuals with speech, language, and hearing disorders. Active participation with professionalism, mutual respect, and collaboration is essential to uphold the Institute's core values.

**A. Purpose**

To define the process and professional expectations for students presenting cases in clinical conferences, ensuring ethical conduct, academic quality, and adherence to departmental guidelines.

**B. Scope**

Applicable to all Semester V & VI students presenting clinical case presentations from either the Audiology or Speech-Language Pathology departments.

**C. Responsibilities**

- **Students** -- Select an approved case, prepare, and present following this SOP.
- **Course Coordinator** -- Monitor compliance and ensure timely approvals.
- **Supervisors & HOD** -- Approve cases, guide preparation, and oversee presentations.

**D. General Rules**

1. **Only one case per student** may be selected for presentation in a semester.
2. A case presented without **prior permission** from both the HOD and the respective supervisor will be considered **unethical practice** and dealt with as per disciplinary policy.
3. Students must strictly follow the **professional dress code** (clean apron/lab coat, neat footwear, modest professional attire).
4. Mobile phones are prohibited during clinical conferences.

## **E. Procedure-**

### **Step 1 – Case Selection & Permission**

1. Identify a suitable case during speech clinical postings.
2. Discuss the case with your clinical supervisor for preliminary approval.
3. Case presentations should be primarily guided by clinical staff or clinical supervisors to ensure consistency and adherence to best practices.
4. Review the draft with your supervisor and HOD before finalizing the presentation.

### **Step 2 – Case Preparation**

1. Prepare the case in the prescribed format (case history, assessment, diagnosis, management plan, progress, discussion, references).
2. Maintain client confidentiality by anonymizing details.
3. Accurately acknowledge all references and data sources.
4. Review the draft with your supervisor and HOD before finalizing the presentation.

### **Step 3 – Presentation Guidelines**

1. Duration: **20–25 minutes maximum** per presentation.
2. Use clear, error-free, formal PowerPoint slides.
3. Arrive at the venue at least **15 minutes before** the start time and check all audio-visual systems.
4. Greet faculty and begin only after permission from the chair.
5. Maintain respectful and professional language throughout.
6. The presenter is expected to demonstrate thorough preparation in the subject matter and respond to queries independently and confidently.

### **Step 4 – Post-Conference**

1. Submit the final, updated case file to your supervisor soon after the presentation.
2. Return any departmental equipment or materials used for the case.
3. Note and incorporate feedback for future improvement.

**F. Disciplinary Clause**

Non-compliance with any step of this SOP — including case selection without approval, exceeding presentation limits, late submissions, or breach of professional conduct — will be addressed under the institution's disciplinary framework.

**G. Scoring Pattern:**

Total=10 marks (Topic Selection-02, Style of Presentation-02, Case Information-03, Q & A-03).

**H. Review & Updates**

This SOP will be reviewed annually by the HODs of Audiology and Speech-Language Pathology, along with the academic committee, to ensure continued relevance and alignment with institutional policies.

Clinical Conference Coordinator.

*HBK*  
20/8/24

I/C SLP Dept

*[Signature]*  
22/08/24

HOD Audiology.

*[Signature]*  
20/8/25

Director Pls.

*[Signature]*  
25/08/25

Yo Academic cell

please inform all the concerned.

*[Signature]*  
25/8/25

considered. Faculty /  
Clinical Staff

## **Standard Operating Procedure (SOP) for Speech-Language Disability Certification: Under RPWD Act, 2016 (Revised on March, 2024)**

### **Objective:**

To establish a clear, standardized protocol for the assessment, documentation, and issuance of disability certification reports for individuals with speech and/or language disorders, in accordance with the Rights of Persons with Disabilities (RPWD) Act, 2016.

### **Scope:**

Applicable to all clinical professionals and administrative staff involved in the certification assessment process at the Speech & Language Pathology clinic.

### **Assessment Protocol:**

- i. Initial testing should be conducted by an experienced/senior clinician and under close supervision by the clinical supervisors.
- ii. Clinician should use of standardized tools as applicable for assessment of disability certification.
- iii. Disability related cases should be supervised by senior ASLP.
- iv. Clinicians should ensure about the disability criteria for appropriate recommendations.
- v. Video/audio sample recording is mandatory as a part of assessment process and is to be submitted in the speech-language department database.
- vi. Final speech and language diagnostic report should be checked by any faculty of SLP Dept.
- vii. Speech-Language disability related summary reports should verified by senior ASLP or faculty before releasing the report.

### **Confidentiality & Ethics:**

- All patient data to be handled as per institutional confidentiality policies.
- Strict adherence to documentation integrity for disability related cases.
- Any forged/tampered documents/reports should be brought to the notice of the CVO, HoD, or Director.

Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan), Mumbai  
Department of Speech & Language Pathology

**Guidelines for Speech and Language Disability Certification Assessment Process:**

**Conditions affecting Speech Components for Speech Disability certificate:**

- (i) Laryngectomy
- (ii) Glossectomy
- (iii) Bilateral vocal cord paralysis
- (iv) Maxillofacial Anomalies.
- (v) Dysarthria
- (vi) Apraxia of Speech

**Criteria for Disability Certification Assessment:**

- (i) Laryngectomy and Glossectomy (Assessment for disability to be done after completion of treatment)
- (ii) Bilateral vocal cord paralysis (Assessment for disability to be done 09-12 months' post onset)
- (iii) Maxillofacial Anomalies (Assessment for speech disability to be done- after completion of medical-surgical treatment, use/fitting of prosthetic devices and one year of regular documented speech therapy intervention by RCI Registered Speech Language Pathologists).
- (iv) Dysarthria and Apraxia of Speech (Assessment for disability to be done after completion of one year of regular documented speech therapy intervention by RCI Registered Speech Language Pathologists).

**Computation of percentage Speech Disability:**

➤ **Speech Intelligibility Test:**

Only **Perceptual Speech Intelligibility Rating Scale** [AYJNISHD (D), 2022] to be utilized for percentage of Speech Intelligibility Affected (SIA)

➤ **Voice Test:**

Consensus Auditory Perceptual Evaluation of Voice (CAPE-V) or Dysphonia Severity Index (DSI) can be used for measuring percentage of Overall Voice Clarity Affected (OVCA) which includes- roughness, breathiness, strain, pitch, and loudness. Average score to be given weighted for the percentage of overall voice clarity affected.

**Conditions affecting Language Components for which Language Disability certificate can be issued:**

- i. Aphasia

**Language Test:**

Western Aphasia Battery (WAB) in Indian languages is to be administered **post six months** of the onset of the stroke and Aphasia Quotient (AQ) is to be calculated as per standard procedure by a Speech Language Pathologist.


**Percentage of Language Disability:**

Percentage of Language Disability can be computed directly from the ready reckoner by intersection of value for Number in Tens place in WAB score and Number in Unit place in WAB score. For example, if the AQ is 56, intersection of 6 (in column) and 5 (in row) is 40. The Percentage of Language Disability is 40%.

**Medical Authority:**

The Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified by the State Government shall be the head of the certification medical authority for the purpose of certification of hearing disability and speech & language disability. The certification medical authority shall comprise of:

- i. Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority.
  - ii. ENT Specialist
  - iii. Audiologist/Speech Language Pathologist/ Audiometric Assistant (Should be BASLP or equivalent which is RCI recognized).
- ❖ In addition to above.
- In case of Speech disability due to "Dysarthria" and "Apraxia of Speech" and Language Disability due to "Aphasia", Neurologist/Paediatric Neurologist shall be included in the Medical Board.
  - In case of Speech Disability in the "Maxillofacial anomalies". Plastic Surgeon/Oral-Maxillofacial Surgeon/Paediatric Surgeon shall be included in the Medical Board.

  
Joyanta Chandra Mandal  
I/C of SLP Dept.  
Lect. (Audio and Speech Pathology)

Director Pls. 