



Development of a Standardized Clinical Practicum Model in Speech-Language Pathology: Analysis of Current Training Systems

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Purpose: A systematic and detailed practicum operation framework is essential to enhance the quality of clinical practicum in institutions training SLP and providing professional rehabilitation services for individuals with communication disorders. This study aimed to analyze the current status of clinical practicums at speech-language pathology education institutions in Korea and to develop an appropriate practicum model.

Methods: This study was conducted in a stepwise manner to develop standardized guidelines and criteria for on-campus clinical practicum operations. The preparation phase began in March 2022, followed by the development of survey items on practicum status from September 2023 to January 2024. A comprehensive on-site evaluation of clinical practicum operations was carried out from February to March 2024, and finally, the development of practicum standards and operational guidelines was undertaken from April 2024 to January 2025.

Results: A total of 33 speech-language pathology education institutions were analyzed, excluding 4 programs out of the total 37 institutions revealed that all had on-campus practicum facilities. These facilities were systematically organized, with designated spaces per trainee, treatment room setups, monitoring systems, and additional facility space. Notably, individual treatment rooms were a primary component, and the adoption rate of observation rooms and real-time monitoring systems was also relatively high. Based on these findings, an integrated practicum model was proposed encompassing physical space, environmental setup, system operations, and documentation management, presenting a clinical practicum model suitable for the educational context in Korea.

Conclusions: This clinical practicum model aimed to improve the quality of on-campus practicum experiences, strengthen the systematization and professionalism of practicum operations, and ultimately contribute to the systematic enhancement of clinical competencies and professional capabilities of speech-language pathologists in Korea.

Keywords: Speech-language pathologist, Standardized practicum model, Clinical practicum, Practicum operation system, Speech-language pathology



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INTRODUCTION

Speech-language pathologists (SLPs) are professionals who assess and intervene in

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various communication disorders, including those related to speech, language, voice, and swallowing. Their clinical judgment and intervention skills are developed through systematic education and sufficient clinical experience. Since practical capabilities are especially critical in speech-language pathology, clinical practicums are regarded as essential components of training programs rather than supplementary activities. Practicums play a pivotal role in forming clinical competence [1,2], offering students valuable opportunities to gain firsthand experience with a wide range of disorders, age groups, and treatment settings. Effective practicum experiences directly influence confidence, problem-solving skills, and professional development in the early stages of their careers. In particular, on-campus clinical practicum is a core component that helps students gain practical treatment experience before entering actual clinical settings and grow into SLP equipped with professional competence [2].

However, the clinical practicum system in Korea remains insufficiently structured. According to Article 57-2 of the Enforcement Rule of the Act on Welfare of Persons with Disabilities, candidates for the national SLP licensing examination must complete at least 120 hours of clinical practicum, comprising 30 hours of observation and 90 hours of direct clinical practicum (with a minimum of 45 hours conducted on-campus) [3]. While the minimum practicum hours are specified, there are no detailed national-level guidelines regarding the content, structure, or supervision of practicums. As a result, practicum quality and execution vary significantly across institutions, often focusing merely on meeting the minimum hours without ensuring diversity of clinical exposure. These disparities lead to discrepancies in the professional competence of students upon graduation [1].

In addition, other countries implement rigorous and systematic clinical practicum standards to ensure the professionalism of speech-language pathologists.

For example, students in the United States must satisfy the stringent requirements set by the American Speech-Language-Hearing Association (ASHA), completing at least 400 hours of clinical practicum (including 25 hours of observation). Of these 400 hours, 375 must involve direct client interactions (consultation, diagnosis, treatment, or feedback), excluding indirect activities like documentation or meetings. Practicum hours are calculated in exact 60-minute increments without rounding (shorter durations such as 45 or 50 minutes cannot be rounded to one hour). Additionally, 325 hours of the 400 must be completed during graduate pro-

grams, up to 75 hours possibly completed during supervised undergraduate studies or SLP Assistant programs. Following academic training, candidates must undergo a Clinical Fellowship Year (CFY) comprising at least 36 weeks of full-time supervised work (minimum 1,260 hours) under an ASHA-certified supervisor. Certification (CCC-SLP) is awarded only after passing the Praxis Exam and completing the CFY [4]. Most states also require additional ethics or jurisprudence exams for state licenses. These structured requirements in the United States quantify practicum hours and specify practicum content, environment, supervision criteria, and post-training assessments. Such structured requirements contribute to making the United States a global model for clinical training in this field and strengthen the professionalism and adaptability of candidates.

In the United Kingdom, candidates must complete over 500 hours of clinical practicum across a combined 5-year program (three years for a Bachelor's and two years for a Master's) accredited by the Health and Care Professions Council (HCPC) without a separate national licensing exam [5]. In France, after a preparatory year, students undergo four years of education, including more than 1,715 hours of hospital-based practicum at Ministry of Health-approved Orthophonie schools before earning the *Certificat de Capacité d'Orthophoniste* [6,7]. In Canada, candidates must complete at least 350 supervised clinical hours, of which 300 must involve direct client interaction (up to 50 hours may be achieved with simulation), and pass the Canadian Entry-to-Practice Exam (CETP) administered by Speech-Language & Audiology Canada (SAC) [8,9]. In Australia, roughly 1,000 supervised practicum hours are required within SPA-accredited programs, including mandatory rural placements, though no national licensing exam is required [10]. In Germany, about 2,100 clinical hours within three to four years of education are required for state licensing without a national exam but with strict governmental approval [11].

Similarly, Ireland mandates over 450 clinical hours in a two-year master's program certified by the Health and Social Care Professionals Council (CORU) and the Irish Association of Speech and Language Therapists (IASLT) (University of Limerick, 2024). Of the 450 hours, at least 300 hours must be conducted as a supervised practicum, and 150 hours may be performed as related activities. Certification is granted upon completing the program and registering with CORU and IASLT [12]. Brazil requires 520 to 684 supervised hours during a four-year undergraduate program, followed by an additional

500 or more hours of specialized training. Graduates must register with the Conselho Federal de Fonoaudiologia (CFFa) [13].

The requirements in Asia countries are as follows. In China, undergraduate programs provide about 800 clinical hours and grant professional eligibility upon graduation. Singapore requires 1,000 supervised hours within Allied Health Professions Council (AHPC) accredited programs and a qualifying exam [14,15]. Taiwan mandates a minimum of 375 hours of practicum across six months during undergraduate studies and a national exam [16]. Malaysia and India similarly require extensive supervised clinical practicums, generally over 350 to 1,000 hours, followed by professional registration with their respective councils [17].

A comparison of such international criteria clearly shows that Korea's practicum requirements are relatively minimal and that in most other countries, SLP training is typically conducted at the graduate level, with far greater practicum rigor. Moreover, global standards highlight a quantitative increase in practicum hours and qualitative controls, such as supervisor qualifications, diverse clinical settings, and structured evaluation and feedback mechanisms [18].

Thus, the current Korean system needs urgent reform, such as expanding practicum hours and establishing standardized guidelines for content, supervision, and quality control. This study ultimately sought to develop a practicum model suitable for Korean conditions, enhancing the reliability of education, aligning Korea's licensing system with international standards, and systematically strengthening the clinical competencies and professional capabilities of Korean speech-language pathologists.

METHODS

In order to improve the quality of speech-language pathology practicum, this study aimed to develop a clinical practicum guideline that focused on constructing appropriate practicum environments, standardizing practicum systems, establishing documentation management systems, and setting up sustainable evaluation and feedback mechanisms to enhance qualitative competencies.

The study was conducted in three major phases to develop standards and criteria for on-campus speech-language pathology practicum operations, reflecting the characteristics of the field. To this end, from March 2022, a preparation period was undertaken, followed by a survey of the current status of

international clinical practicum in speech-language pathology and an investigation into practicum operations conducted between August 2023 and January 2025. The procedure was carried out in the following order: Step 1 involved establishing survey items to examine the types of practicum operations; Step 2 was the field investigation phase, during which on-site surveys of clinical practicum operations in domestic speech-language pathology education programs were conducted; and Step 3 focused on developing standards and guidelines for operating clinical practicum in speech-language pathology. The research procedures for each step are as follows:

Surveying the current status of speech-language pathology practicum

Step 1: Establishing survey items for practicum operations

Before conducting the field survey, expert opinions were gathered to determine the survey items for assessing practicum operations. An advisory panel was organized, comprising researchers and members from key organizations such as the Korean Association of Speech-Language Pathologists (KSLP), Korean Council of Academic Programs of Communication Disorders (KoCAPCD), Korean Academy of Speech-Language Pathology and Audiology, and the Korean Speech-Language & Hearing Association. The panel provided consultation on each item of the survey and on the development of the clinical practicum standards and guidelines. An initial draft of the survey items was developed based on previous studies on speech-language pathology practicum in Korea [1, 2,19], domestic and international practicum operation standards [4,19,20], criteria for the designation of developmental rehabilitation service institutions [21], and practicum education operation guidelines and evaluation standards from domestic healthcare-related organizations [22-24].

To provide high-quality clinical practicum experiences for students majoring in speech-language pathology, it is essential to ensure basic structural requirements such as practicum facilities and qualified supervisory guidance. These basic components must form the foundation for practical clinical training. Particularly, since speech-language pathology practicums involve individuals with communication disorders, it is crucial to verify accessibility and safety.

Accordingly, the survey items were categorized into facility-related factors, practicum implementation, and other relevant factors.

To ensure the systematic evaluation of core elements in

Table 1. Checklist for speech-language pathology practicum

Items		Personal/material Items	Etc
Facility-related Items			
1	Presence of on-campus practicum facilities	Pictures (to observe overall practicum facilities)	
2	Practicum space	Area (m ²)	Practicum facilities floor plan
3	Practicum space	- Number of total treatment rooms	Details
4	Practicum space	- Number of trainees	
5	Practicum space	- Number of clients	
6	Practicum space	- Observation rooms - Real-time monitoring system - Additional facility space	yes/no One-way mirror, CCTV, etc () Waiting room for parents, treatment preparation room, supervisor's office, counseling room, etc ()
7	Supervisors	- Number of clinical supervisors - Per clinical supervisor	Full-time faculty External supervisors (lecturers) Number of trainees
8	Practicum time logs	- Observation practicum report - Clinical practicum report - Clinical practicum time logs - Method of observation - Hours of observation - Current clinical practicum hours	Retention or not Location Retention or not Location Observation practicum yes/no Clinical practicum yes/no Diagnostic practicum Rehabilitation practicum
9	Assessment and therapy tools	- Assessment tool - Therapy tool - List	Type, number Type, number Yes/no List
Practicum Operation-related Items			
1	On-campus practicum	- Practicum on the day of field inspection	Yes/no
2	Ratio of trainees: clients	- Number of trainees: number of clients - Practicum schedule - Start time of therapy	Number: number Comparison of on-campus trainee and clients schedule
3	Practicum during vacation	- Practicum during vacation	Yes/no Verification of actual schedule
4	Protection of personal information of clients	- Consent form from clients/caregivers	Yes/no Consent form
Other Items			
1	Usage fees	- Usage fees - Fees for clinical supervisors - Purpose	Per session/per month Pay/non-pay Purchase of books/material, facility management, non-functional items, and other related expenses. etc ()
2	Facilities for the disabled	- Installation of facilities	Wheelchair, accessible restrooms, ramps, etc ()
3	Insurance and other safety measures	- Insurance - Safety facilities	Liability insurance, fire insurance, and absence of coverage Window safety measures, corner protectors, fire safety measures, and other protective equipment, etc ()

clinical practicum operations, five first-grade certified speech-language pathologists and professors with more than ten years of practicum supervision experience reviewed the survey items. Through this process, the internal validity of the survey tool was verified, and the final set of 16 detailed survey items was established (Table 1).

Facility-related items

To ensure the effective execution of clinical practicums in speech-language pathology, appropriate practicum spaces and equipment must be provided. In particular, the size of practicum and treatment rooms and the ratio between trainees and clients critically influence the quality of clinical practicums. Kim and Lee [19] emphasized that the practicum environment is an important factor for trainees and clients. Furthermore, a study by the Korean Association of Speech-Language Pathologists [20] highlighted that the physical environment of practicum facilities and the role of supervisors are crucial in providing sufficient practicum opportunities to students. Facility-related survey items included the presence of practicum rooms, the area of the practicum facilities, the number of treatment rooms, the number of trainees, the number of clients, the availability of observation rooms, the presence of clinical supervisors, practicum time logs, and the availability of assessment and therapy tools.

Practicum operation-related items

Items related to practicum operation included whether on-campus practicums were actively conducted, the ratio of trainees to clients, whether practicums were available during vacation periods, the management of practicum reports, and the protection of personal information. Kim and Lee [19] found that the number of clients available for practicums significantly affected the satisfaction levels of both clinical supervisors and trainees. Similarly, ASHA [4] emphasized that practicums must be conducted continuously and systematically, with ample opportunities for interaction between trainees and clients to maximize learning experiences. Therefore, in compliance with the Welfare of Disabled Persons Act, on-campus clinical practicums in speech-language pathology must be strictly managed under departmental supervision, ensuring that trainees accumulate sufficient clinical experience during the practicum period.

Other items

Other survey items included practicum-related usage fees, ac-

cessibility facilities for individuals with disabilities, and insurance and safety-related provisions. According to the designation criteria for developmental rehabilitation service providers (Article 8, Paragraph 1), accessibility and safety facilities must be guaranteed. It also highlights the necessity of providing safe and appropriate practicum environments for children with disabilities. Accordingly, insurance and safety management must also be firmly established to minimize risks during the practicum.

Step 2: Field check of clinical practicum operations

From February to March 2024, a field survey was conducted to assess the on-campus clinical practicum status in speech-language pathology programs. The field check targeted all junior colleges, four-year universities, and graduate schools nationwide that offer speech-language pathology programs and were willing to participate in the practicum operation survey. The field surveys were conducted at 33 institutions, including six junior colleges, 16 four-year universities, and 11 graduate schools excluding the four institutions that could not be verified. In cases where both graduate and four-year undergraduate programs were operated simultaneously, they were classified as four-year universities. Two experts visited each institution directly to perform on-site surveys. After the evaluations, a report summarizing the practicum operation status was sent to each institution, and each institution was invited to share their opinion on the evaluation results. Based on the field surveys, practicum report forms for each institution were collected. The KSLP advisory committee and practicum supervision experts convened to draft a standardized practicum report format. This draft was distributed to all participating institutions, and feedback was gathered from each head of department to finalize a unified practicum report template.

Step 3: Development phase for standards and criteria for clinical practicum operations

Based on the discussions from the National Forum for Speech-Language Rehabilitation Professionals held on November 4, 2022, the National Assembly public hearing on May 17, 2023 regarding the legislation of the qualification reporting system and practicum accreditation system for speech-language pathologists, as well as the results of on-site evaluations conducted at each institution, a final set of standards for clinical practicum was developed through advisory meetings involving academic and clinical experts from organizations such as the KSLP, KoCAPCD, Korean Academy of Speech-

Language Pathology and Audiology, and the Korean Speech-Language & Hearing Association.

RESULTS

Findings from the field check on speech-language pathology practicum operations

The status of clinical practicum room operations investigated in this study is as follows (Table 2). All participating institutions (33 out of 33, 100 percent) operated on-campus practicum facilities. The average total area of the practicum facilities was 230.80 square meters (SD = 139.62), with considerable variation across institutions, ranging from a minimum of 15.06 square meters to a maximum of 594.00 square meters. The average facility space available per trainee was 13.56 square meters (SD = 8.73), ranging from 2.48 to 43.13 square meters.

The average number of individual treatment rooms per institution was 6.48 (SD = 2.88), while the average number of group treatment rooms was 0.73 (SD = 0.80), indicating that most institutions are structured around individual therapy-

based facilities. The total number of treatment rooms per institution averaged 7.21 (SD = 3.15).

The average number of practicum rooms per trainee was 0.56 (SD = 0.65), ranging from a minimum of 0.06 to a maximum of 3.50 rooms per student.

The average number of trainees per institution engaged in on-campus practicums was 24.03 (SD = 20.34). When practicums were conducted on campus, the average practicum space available per trainee was 13.56 square meters (SD = 8.73), with a distribution ranging from 2.48 to 43.13 square meters.

Finally, the average number of practicum clients per institution was 20.58 (SD = 13.70), ranging from 1 to 49, indicating considerable variability in the availability of clinical training opportunities across institutions.

Status of practicum facility spaces

The status of practicum facility spaces is presented in Table 3. Among the surveyed institutions, 66.7 percent operated observation rooms. Regarding real-time monitoring systems, 75.8 percent of the institutions were equipped with a one-way

Table 2. Status of on-campus speech-language pathology practicum facilities

Items	Average	Standard deviation	Range
Area of practicum facilities (m ²)	230.80	139.62	15.06-594.00
Area of facility space/number of trainees	13.56	8.73	2.48-43.13
Number of individual treatment rooms	6.48	2.88	1-13
Number of group treatment rooms	0.73	0.80	0-3
Number of total treatment rooms	7.21	3.15	1-14
Number of treatment rooms per trainee	0.56	0.65	0.06-3.50
Number of trainees	24.03	20.34	1-92
Average of practicum space per trainee	13.56	8.73	2.48-43.13
Number of clients	20.58	13.70	1-49

Table 3. Status of practicum facility spaces

Items		Status (N (%))	
		Yes	No
Observation room		22 (66.7)	11 (33.3)
Real-time monitoring system	One-way mirror	25 (75.8)	8 (24.2)
	CCTV	24 (72.7)	9 (27.3)
	One-way mirror or CCTV	31 (93.9)	2 (6.1)
Additional facility space	Waiting room for parents	31 (93.9)	2 (6.1)
	Treatment preparation room	29 (87.9)	4 (12.1)
	Supervisor's office	11 (33.3)	22 (66.7)
	Counseling room	19 (57.6)	14 (42.4)

mirror system, 72.7 percent had CCTV systems, and 93.9 percent were equipped with at least one of these two monitoring systems.

As for additional facility spaces, 93.9 percent of institutions had a parent waiting room, 87.9 percent had a treatment preparation room, 33.3 percent had a clinical supervisor's office, and 57.6 percent operated a counseling room. On average, institutions had 2.73 additional facility spaces ($SD=0.94$) beyond the standard practicum rooms. The number of additional spaces was 2.58 ($SD=1.03$).

Status of clinical supervisors secured

The status of clinical supervisors is presented in Table 4. At nearly all institutions, except for one, the clinical supervisors overseeing on-campus practicum held first-grade certifications (32 institutions), rather than second-grade certifications. The average number of full-time faculty members serving was 3.24 ($SD=1.75$), with numbers ranging from 1 to 8 by institution.

The average number of external supervisors was 2.42 ($SD=3.46$). The average number of clinical supervisors, including full-time faculty and external supervisors, was 4.06 ($SD=3.93$), with a wide variation across institutions, ranging from a minimum of 1 to a maximum of 22 supervisors. The average number of trainees per on-campus clinical supervisor was 6.84 ($SD=4.41$). Finally, the average clinical experience of supervisors was 9.17 years ($SD=2.24$), ranging from a minimum of 4 years to a maximum of 15 years.

Status of practicum time logs and report management

The status of the practicum report and record management are summarized in Table 5. The average retention period for paper-based practicum reports was 5.33 years ($SD=3.35$) for observation practicum reports and 6.41 years ($SD=2.60$) for

clinical practicum reports. Observation practicum reports were retained by 23 institutions (69.7 percent), while clinical practicum reports were retained by 28 institutions (84.8 percent). Regarding time accumulation records, observation practicum time logs were retained by 23 institutions (69.7 percent), and clinical practicum time logs were retained by 22 institutions (66.7 percent).

Status of practicum hours

The status of practicum hours is presented in Table 6. The average supervision time per trainee was 198.57 minutes ($SD=172.58$). During the observation practicum, the average on-campus direct observation time was 18.69 hours ($SD=13.94$), ranging from 0 to 50 hours. The average off-campus direct observation time was 9.73 hours ($SD=14.28$), slightly lower than the on-campus observation time. The average indirect observation time was 6.67 hours ($SD=9.13$). Regarding clinical practicum hours, the average time spent in diagnostic activities was 43.87 hours ($SD=5.28$), while the average time spent in rehabilitation activities was 46.50 hours ($SD=5.28$). The total diagnostic and clinical practicum hours consistently amounted to exactly 90 hours across all institutions. This indicates that every institution uniformly adhered to the minimum clinical practicum hour requirement mandated by national regulations. In

Table 4. Status of clinical supervisors secured

Items	Average	Standard deviation	Range
Number of full-time faculty	3.24	1.75	1-8
Number of external supervisors	2.42	3.46	0-18
Total number of clinical supervisors	4.06	3.93	1-22
Number of trainees per on-campus clinical supervisor	6.84	4.41	1-18.4
Clinical experience of supervisors (years)	9.17	2.24	4-15

Table 5. Status of practicum time log and report management

Items	Report retention (N (%))	
	Yes	No
Observation practicum report	23 (69.7)	10 (30.3)
Clinical practicum report	28 (84.8)	5 (15.2)
Observation practicum time record	23 (69.7)	10 (30.3)
Clinical practicum time record	22 (66.7)	11 (33.3)

Table 6. Status of practicum supervision hours management

Items	Average	Standard deviation	Range
Average supervision time per trainee (minutes)	198.57	172.58	40-720
On-campus direct observation (hours)	18.69	13.94	0-50
Off-campus direct observation (hours)	9.73	14.28	0-50
Indirect observation (hours)	6.67	9.13	0-30
Diagnostic practicum (hours)	43.87	5.28	20-50
Rehabilitation practicum (hours)	46.50	5.28	45-70
Total of diagnostic and rehabilitation practicum (hours)	90.32	1.80	90-100

most institutions (29/33), 100% of the diagnostic and rehabilitation practicum hours were conducted on-campus.

Status of assessment and therapy tools in the practicum room

The status of assessment and therapy tools available in the on-campus clinical practicum facilities is presented in Table 7. The average number of types of assessment tools was 56.47 (SD=28.13), ranging from a minimum of 26 to a maximum of 133 types across institutions. The total number of assessment tools averaged 116.14 (SD=59.97), with substantial variation between institutions, ranging from 45 to 238 items. For therapy tools, the average number of types was 166.14 (SD=136.22), ranging from 12 to 463 types depending on the institution. The total number of therapy tools averaged 254.77 (SD=244.93). Additionally, 67.7 percent of the surveyed institutions reported maintaining an inventory list to manage their assessment and therapy tools.

Actual status of on-campus clinical practicum

The status of on-campus clinical practicum operations observed on the day of the field inspection is summarized in Table 8. Among the surveyed institutions, 21 schools (63.6 percent) had scheduled and actively conducted clinical practicums on the day of inspection. Regarding the management of practicum schedules, 90.9 percent of institutions (30 schools)

Table 7. Status of assessment and therapeutic tools in the practicum room

Items		Average	Standard deviation	Range
Assessment tools	Type	56.47	28.13	26-133
	Number	116.14	59.97	45-238
Therapy tools	Type	166.14	136.22	12-463
	Number	254.77	244.93	15-908

Table 8. Actual status of on-campus clinical practicum

Items	Status (N (%))	
	Yes	No
On-campus clinical practicum conducted on the day of the field inspection	21 (63.6)	12 (36.4)
Practicum schedule	30 (90.9)	3 (9.1)
Commencement of therapy session	30 (90.9)	3 (9.1)
Practicum during vacation	30 (90.9)	3 (9.1)
Acquisition of consent form from clients (caregivers)	30 (90.9)	3 (9.1)

had prepared practicum timetables, while 9.1 percent (3 schools) had not established a separate schedule. In terms of verifying the start times of therapy sessions, 90.9 percent of institutions (30 schools) conducted start time checks, whereas 9.1 percent (3 schools) did not. Additionally, 30 out of the 33 institutions (90.9 percent) conducted clinical practicums during vacation periods, indicating that most institutions provided additional practicum opportunities during academic breaks. As for the acquisition of consent forms for personal information from clients (and their caregivers), 90.9 percent of the institutions (30 schools) obtained consent, while 9.1 percent (3 schools) did not separately collect consent forms.

Status of usage fee collection

The status of usage fee collection is presented in Table 9. The average fee paid by clients for clinical sessions was KRW 10,307.69 per session (SD=13,227.30), with an average monthly payment of KRW 77,034.48 (SD=102,319.70). Only 12.9 percent of institutions reported providing additional payments to clinical supervisors for their supervision services.

Status of convenience and safety facilities and insurance coverage

The status of accessibility, safety facilities, and insurance is summarized in Table 10. Wheelchairs were available at 29 out of 33 institutions (87.9 percent), while four institutions (12.1 percent) did not. All institutions (32 out of 33, 97 percent) had accessible restrooms for individuals with disabilities, fully

Table 9. Status of usage fee collection

Items		Average	Standard deviation	Range
Usage fee	KRW/session	10,307.69	13,227.30	0-68,000
	KRW/month	77,034.48	102,319.70	0-544,000

Table 10. Status of convenience and safety facilities and insurance coverage

Items	Status(N (%))	
	Yes	No
Wheelchairs	29 (87.9)	4 (12.1)
Accessible restroom	32 (97.0)	1 (3.0)
Ramps	24 (72.8)	9 (27.3)
Liability insurance	22 (66.7)	11 (33.3)
Fire insurance	22 (66.7)	11 (33.3)
Safety facilities	14 (42.4)	19 (57.6)

meeting accessibility requirements. 24 institutions (72.8 percent) had ramps installed. Regarding insurance, 22 institutions (66.7 percent) had liability insurance, and 22 institutions (66.7 percent) had fire insurance coverage. Safety facilities, such as the installation of windows or corner protectors, were present at 14 institutions (42.4 percent), accounting for about half of all surveyed institutions.

Proposed standards for clinical practicum operations in speech-language pathology

Based on the findings from the institutional assessments and discussions from the National Forum on Speech-Language Rehabilitation Experts, the following practicum model is proposed to reflect the current conditions and needs of speech-language pathology training programs in Korea.

Practicum facilities and space

On-campus speech-language pathology practicum rooms must be exclusively for speech-language pathology practicum purposes. Each trainee must be provided with a minimum dedicated space of 6.6 square meters. Accordingly, the total practicum facility area must be at least the product of the minimum number of trainees and 6.6 square meters.

Essential facilities within the on-campus clinical practicum center should include individual treatment rooms, a treatment preparation room, an assessment tool storage room, a parent waiting area, and an observation room. In addition, essential accessibility features for individuals with disabilities, such as accessible restrooms and wheelchair-accessible pathways, must be provided.

Practicum supervision environment

Real-time observation must be made possible to ensure effective observation and supervision of practicum activities. Therefore, institutions must be equipped with one-way mirrors or CCTV systems so that supervising faculty can monitor treatment sessions in real time and provide immediate feedback to trainees.

Practicum system

The on-campus speech-language pathology practicum system should adhere to the following criteria. First, each trainee must be assigned to at least one client for direct treatment, and all practicum sessions must be conducted in a one-on-one format.

Faculty responsible for clinical supervision must be full-

time faculty members at the institution specializing in speech-language pathology. They must hold a first-grade Speech-Language Pathologists certification.

Supervising faculty must have at least 10 years of clinical or educational experience. At least one qualified supervisor must be assigned for every ten trainees. Furthermore, each practicum section should consist of no more than ten trainees.

Practicum report management

All reports and documentation generated during the practicum must be completed individually for each trainee and stored for 10 years in printed form within the on-campus clinical practicum office. Documents that must be retained are listed in Table 11.

Format and duration of observation practicum in speech-language pathology

Trainees must complete at least 30 hours (1,800 minutes) of observation practicum in speech-language pathology. Of the 30 hours, at least 15 (900 minutes) must be conducted as a real-time direct observation within the on-campus clinical practicum facility. This observation component is designed to enhance the practical effectiveness of supervision by allowing students to observe actual therapy sessions directly.

Table 11. List of clinical practicum documents

Number	Reports and documents
1	Initial client report
2	Clients' consent form for personal information collection and usage
3	Trainees' consent form for personal information collection and usage
4	Supervisor/trainee agreement
5	Accumulation time log for observation practicum
6	Accumulation time log for diagnostic/therapy practicum
7	Attendance sheet for clinical practicum
8	Weekly schedule for treatment rooms
9	Observation practicum report
10	Speech and Language Diagnostic report
11	Long/short term Treatment plan
12	Treatment plan report for the session
13	Treatment report for the session
14	Progress report
15	Final report

Format and duration of clinical assessment and therapy practicum

Trainees must complete at least 90 hours (5,400 minutes) of direct face-to-face practicum, including speech and language assessment and therapy (treatment) practicum. Of the 90

hours, a minimum of 45 hours (2,700 minutes) must be completed within the on-campus clinical practicum facility, while the remaining hours may be fulfilled at external institutions with formal agreements with the university. A clinical practicum center is recognized as meeting the operational stan-

Table 12. Proposed criteria of clinical practicum

Items		Standard	Specifics
Speech-Language treatment (rehabilitation) practicum facilities	Space	- Designated exclusively for speech-language practicum - Required facilities	- Individual treatment room - Treatment preparation room - Assessment tool room - Waiting room for parents - Observation room - Facilities for individuals with disabilities (e.g., accessible restrooms, wheelchair ramps, and other accommodations)
	Environment	- Exclusive practicum area more than 6.6 m² per trainee - Facilities for real-time observation and supervision	- The total practicum facility area must be at least the product of the minimum number of trainees and 6.6 square meters - One-way mirror - CCTV
Supervision system	Number of clients per trainee	More than 1	- One trainee treats more than one client - One to one treatment
	Supervision full-time faculty qualification and number of trainee	- Full-time faculty qualification and number - Number of trainee	- More than one full-time faculty supervisor specialized in speech-language therapy per 10 trainee - Full-time faculty should be working at the institution, hold the first-grade degree in speech-language rehabilitation certificate, with more than 10 years of experience in clinics (education) - Class should be made up of less than 10 trainees
Report management		Report writing and retention in campus	Each report shall be individually prepared by the trainee in written format and retained in on-campus clinics for a period of 10 years 1. Initial client report 2. Client consent form for personal information collection and usage 3. Trainee consent form for personal information collection and usage 4. Trainee/supervisor agreement 5. Observation practicum accumulated time log 6. Diagnostic/rehabilitation practicum accumulated time log 7. Attendance sheet for clinical practicum 8. Weekly time table for treatment room 9. Observation practicum report 10. Speech-Language diagnostic report 11. Long/short term treatment plan 12. Session treatment plan 13. Session treatment report 14. Progress report 15. Closing report
Observation practicum method and time		More than 30 hours of direct observation	More than 30 hours (1,800 minutes) of direct observation of speech language rehabilitation A minimum of 15 hours (900 minutes) direct observation in on-campus practicum facilities
Diagnostic/clinical practicum method and time		More than 90 hours of direct practicum	More than 90 hours (5,400 minutes) of face-to-face direct diagnostic/ clinical practicum for clients A minimum of 45 hours (2,700 minutes) in on-campus practicum facilities

dards for on-campus practicum only when the above standards and specific requirements are fulfilled. A summary of these standards and requirements is presented in Table 12.

DISCUSSION

Currently, the practicum requirements for obtaining certification as a speech-language pathologist in Korea are limited to quantitative time-based standards without clearly defined qualitative procedures, content, or supervisory guidelines. This highlights the lack of systematic quality control in clinical training and underscores the urgent need for a structured, field-based practicum education model tailored to the Korean context. Accordingly, this study aimed to develop a practicum model suitable for training programs in Korea, thereby enhancing the reliability of educational systems and systematically strengthening the clinical competence and professional performance of Korean speech-language pathologists.

The study surveyed the status of on-campus practicum operations across 33 educational institutions with speech-language pathology programs. The findings confirmed an increasing trend toward formalizing and structuring practicum environments and management systems. All surveyed institutions were equipped with on-campus practicum facilities, and the overall practicum environment, including space per trainee, treatment room configurations, monitoring systems, and auxiliary facilities, was shown to be systematically managed.

The average practicum space per trainee was 13.56 square meters, typically focused on individual treatment rooms. Notably, 93.9 percent of institutions had real-time monitoring systems, such as one-way mirrors or CCTV. Most clinical supervisors were first-grade speech-language pathologists. The average number of full-time faculty per institution was 3.24, with 2.42 external supervisors on average. The average number of trainees per in-house supervisor was 6.84, and the average clinical experience of supervisors was 9.17 years.

Regarding practicum documentation management, 84.8 percent of institutions retained clinical practicum reports, and 69.7 percent maintained accumulated observation time logs. The average supervision time per trainee was 198.57 minutes. On-campus direct observation hours averaged 18.69 hours, while off-campus observation averaged slightly lower at 9.73 hours. All institutions met the nationally mandated total of 90 hours for clinical practicum, and on average, each institution maintained 56.47 types of assessment tools and 166.14 types

of therapy tools.

These findings indicate a growing recognition of the importance of practicum training in speech-language pathology programs in Korea, accompanied by efforts to systematize and professionalize practicum environments. However, compared to major countries abroad, the practicum system in Korea still requires improvements in both time and qualitative oversight. In many countries, speech-language pathology training is conducted at the graduate level. These programs not only mandate practicum hours but also define the qualifications of supervisors, ensure diverse practicum settings, and implement structured evaluation and feedback systems, thereby systematically managing and supporting the development of trainees' clinical competencies. Such systematic management has become a critical factor distinguishing the professionalism of speech-language pathologists across countries and highlights the need to further enhance the practicum system in Korea.

Therefore, to improve the quality of on-campus speech-language pathology practicums and deliver high-quality professional services for individuals with communication disorders, it is essential to establish a systematic and detailed practicum operation framework. The study aimed to propose an integrated model encompassing space design, environmental standards, operational systems, and documentation management tailored to the educational landscape in Korea.

First, the practicum facilities must be a space exclusively for speech-language pathology training. It must include individual treatment rooms, treatment preparation rooms, an assessment tool storage room, a parent waiting area, observation rooms, and essential accessibility features (e.g., restrooms for individuals with disabilities and wheelchair-accessible pathways). Each trainee should have at least 6.6 square meters of exclusive space, and the total area should be proportional to the number of trainees.

Real-time observation must be made possible through mandatory installations of one-way mirrors or CCTVs to ensure qualitative supervision. Practicum sessions must follow a one-to-one format, with each trainee directly responsible for at least one client.

Clear standards are also set for supervising faculty. For every ten trainees, there must be at least one full-time faculty member specializing in speech-language pathology with a first-grade therapist certification and a minimum of ten years of clinical or teaching experience. Additionally, each practicum class should be limited to ten trainees.

All practicum activities must be systematically documented and managed. Each trainee is required to store printed versions of 15 essential documents for 10 years, including the initial intake form, consent form for personal information, trainee and supervisor agreements, observation and clinical practicum time logs, attendance records, session schedules, treatment plans and session summaries, progress notes, and closing reports in the on-campus practicum facility.

Moreover, explicit limitations in enhancing clinical competency in both qualitative and quantitative dimensions [4-17].

Accordingly, in order to substantially enhance the clinical competence of speech-language pathologists, it is essential to go beyond merely fulfilling the minimum practicum hour requirements and pursue qualitative improvements in both the content and delivery of clinical training. To ensure the quality of speech-language pathology education, there is an urgent need across all academic programs to implement stricter regulations and establish a robust quality assurance system for practicum management. Clinical practicum must be conducted in a face-to-face setting, incorporating real-time supervision by qualified clinical instructors, and must be faithfully carried out in accordance with national legal standards. Additionally, a standardized national accreditation system for practicum content and duration, along with regular evaluation and monitoring of practicum institutions, must be established to ensure consistency and quality across programs.

Furthermore, for university-based clinical practicum environments to function effectively, they must go beyond simply providing a physical space and evolve into structured, practice-oriented settings that integrate both diagnostic and therapeutic components. A learning system centered on real-time interaction and feedback must be established to support this structure. To achieve this, educational environments should be designed to facilitate active clinical engagement and systematic supervision by experienced professionals. Such a framework enables students to develop safe and effective clinical decision-making skills in real-world clinical contexts [25,26]. Therefore, future clinical training programs in speech-language pathology must adopt a multidimensional approach that reflects the evolving demands of both domestic and international clinical environments. This includes not only increasing the number of practicum hours but also standardizing practicum content, advancing evaluation systems, and enhancing the feedback provided by clinical supervisors. Qualitative enhancement of practicum education in this man-

ner will ensure the clinical expertise of speech-language pathologists and ultimately provide a foundation for delivering effective, patient-centered speech-language rehabilitation services.

This study aimed to propose a structured framework for the education of clinical practicum in speech-language pathology, thereby providing clear guidance for the organization and management of practicum programs. The proposed practicum model is significant in that it promotes the qualitative enhancement of university-based clinical training and establishes a foundation for improving the systematic operation and professionalization of practicum programs. Furthermore, it is expected to contribute to the substantial reinforcement of the clinical competencies and job performance capabilities of speech-language pathologists, serve as empirical evidence for the establishment of future practice-based education systems, and ultimately function as a minimum standard to ensure the quality of speech-language rehabilitation services for individuals with communication disorders.

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