

Postgraduate Diploma

Speech and Communication Disorders



Postgraduate Diploma Speech and Communication Disorders

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Global University
- » Accreditation: 24 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/us/medicine/postgraduate-diploma/postgraduate-diploma-speech-communication-disorders

Index

01

Introduction to the Program

p. 4

02

Why Study at TECH?

p. 8

03

Syllabus

p. 12

04

Teaching Objectives

p. 24

05

Study Methodology

p. 28

06

Certificate

p. 38

01

Introduction to the Program

Speech and Communication Disorders represent a significant concern in global public health, affecting a considerable proportion of the population. In the United States, for example, it is estimated that approximately 38 million adults suffer from some form of communication disorder, including Aphasia, Stuttering, and other Speech and Language Disorders. Furthermore, in the pediatric population, these disorders affect 7% of children, impacting their intellectual and social development. These data highlight the need for early detection and appropriate intervention to improve clinical outcomes. In this context, TECH has created a comprehensive and flexible online program to fit the personal and work schedules of graduates, based on the innovative Relearning methodology.



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With this 100% online program, you will gain advanced knowledge of the latest techniques and tools for assessing and treating speech disorders, aphasia, and communication difficulties”

Speech and Communication Disorders are a significant global health problem, affecting both children and adults. In fact, according to the World Health Organization (WHO), around 5% of the world's population has speech or language difficulties. Therefore, early intervention and appropriate treatment are key to optimizing outcomes in the treatment of these disorders.

This is how this program was created, which will address Language Disorders from a linguistic perspective, providing tools to identify and understand alterations at different levels of language, with the aim of applying specific models in various contexts. In this sense, physicians will receive comprehensive updates on the underlying mechanisms of language disorders and their impact on communication.

Likewise, the Augmentative and Alternative Communication (AAC) systems will be explored in depth, with special emphasis on the technological advances that have revolutionized their use and accessibility. The necessary skills will also be developed to carry out AAC assessments, based on scientific and ethical models, with a focus on patient autonomy and their integration into natural environments.

Finally, specific speech disorders will be addressed, providing the tools to perform accurate assessments and design interventions tailored to each patient's needs. Emphasis is placed on the use of diagnostic tools based on scientific evidence and the ability to adjust treatments according to the patient's progress.

In this way, TECH has created a comprehensive 100% online program, whose materials and resources of excellent academic quality will be available from any electronic device with Internet access. This will eliminate inconveniences such as the need to attend a physical center or adapt to a fixed schedule. In turn, it will use the revolutionary Relearning methodology, based on the constant repetition of key concepts to achieve effective and natural assimilation of all content.

This **Postgraduate Diploma in Speech and Communication Disorders** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ Practical cases presented by experts in medicine
- ♦ The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- ♦ Practical exercises where the self-assessment process can be carried out to improve learning
- ♦ Special emphasis on innovative methodologies in Speech and Communication Disorders
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



You will analyze the different types of aphasia and their speech therapy intervention, with a particular focus on the functional assessment and treatment of these complex disorders. With all the TECH quality guarantees!"

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With this 100% online program, you can access your studies at any time and from anywhere, regardless of your location”

Its teaching staff includes professionals from the field of medicine, who bring to this program the experience of their work, as well as renowned specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive educational experience designed to prepare students for real-life situations.

This program is designed around Problem-Based Learning, whereby students must try to solve the different professional practice situations that arise during the academic year. For this purpose, professionals will be assisted by an innovative interactive video system created by renowned and experienced experts.

With the support of multiple practical tools, this program will allow you to reinforce and apply what you have learned in theory.

TECH's teaching methodology is based on the most innovative approaches in modern education.



02

Why Study at TECH?

TECH is the world's largest online university. With an impressive catalog of more than 14,000 university programs available in 11 languages, it is positioned as a leader in employability, with a 99% job placement rate. In addition, it relies on an enormous faculty of more than 6,000 professors of the highest international renown.



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*Study at the world's largest online university
and guarantee your professional success.
The future starts at TECH”*

The world's best online university, according to FORBES

The prestigious Forbes magazine, specialized in business and finance, has highlighted TECH as "the best online university in the world" This is what they have recently stated in an article in their digital edition in which they echo the success story of this institution, "thanks to the academic offer it provides, the selection of its teaching staff, and an innovative learning method oriented to form the professionals of the future".

The best top international faculty

TECH's faculty is made up of more than 6,000 professors of the highest international prestige. Professors, researchers and top executives of multinational companies, including Isaiah Covington, performance coach of the Boston Celtics; Magda Romanska, principal investigator at Harvard MetaLAB; Ignacio Wistumba, chairman of the department of translational molecular pathology at MD Anderson Cancer Center; and D.W. Pine, creative director of TIME magazine, among others.

The world's largest online university

TECH is the world's largest online university. We are the largest educational institution, with the best and widest digital educational catalog, one hundred percent online and covering most areas of knowledge. We offer the largest selection of our own degrees and accredited online undergraduate and postgraduate degrees. In total, more than 14,000 university programs, in ten different languages, making us the largest educational institution in the world.



The most complete syllabuses on the university scene

TECH offers the most complete syllabuses on the university scene, with programs that cover fundamental concepts and, at the same time, the main scientific advances in their specific scientific areas. In addition, these programs are continuously updated to guarantee students the academic vanguard and the most demanded professional skills. and the most in-demand professional competencies. In this way, the university's qualifications provide its graduates with a significant advantage to propel their careers to success.

A unique learning method

TECH is the first university to use Relearning in all its programs. This is the best online learning methodology, accredited with international teaching quality certifications, provided by prestigious educational agencies. In addition, this innovative academic model is complemented by the "Case Method", thereby configuring a unique online teaching strategy. Innovative teaching resources are also implemented, including detailed videos, infographics and interactive summaries.

The official online university of the NBA

TECH is the official online university of the NBA. Thanks to our agreement with the biggest league in basketball, we offer our students exclusive university programs, as well as a wide variety of educational resources focused on the business of the league and other areas of the sports industry. Each program is made up of a uniquely designed syllabus and features exceptional guest hosts: professionals with a distinguished sports background who will offer their expertise on the most relevant topics.

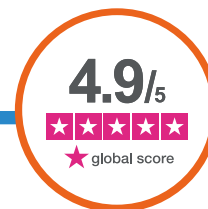
Leaders in employability

TECH has become the leading university in employability. Ninety-nine percent of its students obtain jobs in the academic field they have studied within one year of completing any of the university's programs. A similar number achieve immediate career enhancement. All this thanks to a study methodology that bases its effectiveness on the acquisition of practical skills, which are absolutely necessary for professional development.



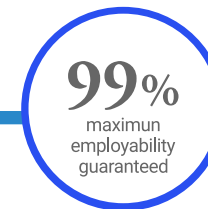
Google Premier Partner

The American technology giant has awarded TECH the Google Premier Partner badge. This award, which is only available to 3% of the world's companies, highlights the efficient, flexible and tailored experience that this university provides to students. The recognition not only accredits the maximum rigor, performance and investment in TECH's digital infrastructures, but also places this university as one of the world's leading technology companies.



The top-rated university by its students

Students have positioned TECH as the world's top-rated university on the main review websites, with a highest rating of 4.9 out of 5, obtained from more than 1,000 reviews. These results consolidate TECH as the benchmark university institution at an international level, reflecting the excellence and positive impact of its educational model.



03 Syllabus

The syllabus has been designed to provide physician with comprehensive training in the assessment, diagnosis, and intervention of Language and Communication Disorders. As such, they will be updated on the identification and analysis of linguistic disorders from an applied perspective, using advanced linguistic models to address speech disorders in different contexts. In addition, particular emphasis will be placed on Augmentative and Alternative Communication Systems (AAC), with the aim of developing skills to assess the needs of patients who require these systems, promoting their autonomy and participation in natural environments.



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You will address language disorders from an applied perspective that will enable you to identify and treat disorders at different levels of language, considering their impact in various communicative contexts”

Module 1. Linguistics Applied to Language Disorders

- 1.1. The Importance of Linguistics in the Clinical Field
 - 1.1.1. Introduction to Applied Linguistics
 - 1.1.2. The Relevance of Applied Linguistics in Language Disorders: Justification and Approach
 - 1.1.3. Clinical Linguistics: Definition and Scope of Application
 - 1.1.3.1. Clinical Linguistics and Its Relationship with Psychology and Neurology
 - 1.1.3.2. Linguistic Tools in the Assessment of Language Disorders
 - 1.1.3.3. The Role of the Clinical Linguist in Language Treatment
- 1.2. Language as an Innate Ability
 - 1.2.1. Language as an Innate Human Ability
 - 1.2.2. Language Acquisition: Differences between Learning and Development
 - 1.2.2.1. Chomsky's Nativist Theory: Implications for Language Acquisition
 - 1.2.2.2. Cognitive and Environmental Factors in Language Learning
 - 1.2.3. Early Language Stimulation: A Key Element in Language Development
 - 1.2.3.1. Early Communicative Interaction and Language
 - 1.2.3.2. Nature vs. Nurture
 - 1.2.4. Innate Ability and the Critical Period
 - 1.2.4.1. The Critical Period Hypothesis: Empirical Evidence and Controversies
 - 1.2.4.2. Impact of Early Interventions on Language Development
- 1.3. Linguistic Description of Language Processing
 - 1.3.1. Introduction to Language Processing
 - 1.3.2. Linguistic Processing: Definition and Cognitive Mechanisms
 - 1.3.2.1. Cognitive Models of Language Processing
 - 1.3.2.2. Differences between Auditory and Visual Language Processing
 - 1.3.3. Linguistic Comprehension and Production
 - 1.3.3.1. Oral Comprehension
 - 1.3.3.2. Oral Production
 - 1.3.3.3. Role of Working Memory in Language Comprehension
 - 1.3.3.4. Linguistic Production: A Study of the Cognitive Processes Involved
- 1.4. Phonology
 - 1.4.1. Concept of Phonology
 - 1.4.1.1. Phoneme
 - 1.4.1.2. Phonological System
 - 1.4.1.3. Phonological Inventory
 - 1.4.2. The Sound Component of Language: Processing and Production
 - 1.4.2.1. Sound Articulation: Fundamentals and Cognitive Mechanisms
 - 1.4.2.2. Perception of the Sound Component: Factors Involved
 - 1.4.3. Phonetic and Phonological Skills: Production
 - 1.4.3.1. Phonological Production: Clinical Implications
 - 1.4.3.2. Disorders in Phonetic Production: Causes and Diagnosis
 - 1.4.4. Phonetic and Phonological Skills: Perception
 - 1.4.4.1. Assessment of Perception Phonology
- 1.5. Morphosyntax
 - 1.5.1. Concept of Morphosyntax
 - 1.5.1.1. Morphology of Words
 - 1.5.1.2. Syntax
 - 1.5.1.3. Relationship between Morphology and Syntax
 - 1.5.2. Definition and Processing of the Morphosyntactic Component of Language
 - 1.5.2.1. Theories of Syntactic Structure
 - 1.5.2.2. Morphology Processing
 - 1.5.3. Morphological Skills and Their Impairment
 - 1.5.3.1. Morphological Disorders
 - 1.5.3.2. Diagnosis of Morphological Impairments
 - 1.5.4. Syntactic Skills and Their Impairment
 - 1.5.4.1. Syntactic Disorders: Assessment and Treatment
 - 1.5.4.2. Clinical Implications of Syntax Impairment
- 1.6. The Lexical-Semantic Level
 - 1.6.1. The Lexical-Semantic Component of Language: Definition and Processing
 - 1.6.1.1. Semantics: Structures and Principles
 - 1.6.1.2. Lexicon: Representation and Access
 - 1.6.2. The Importance of Vocabulary: Its Relevance in Language Development
 - 1.6.2.1. Vocabulary in Children and Adults: Differences in Processing
 - 1.6.2.2. Factors that Affect Vocabulary

- 1.6.3. The Use of Lexicon
 - 1.6.3.1. Synonymy
 - 1.6.3.2. Antonymy
 - 1.6.3.3. Hypernymy
- 1.6.4. Organization of the Semantic System
 - 1.6.4.1. Implications for Linguistic Comprehension and Production
 - 1.6.4.2. Semantic Hierarchies and Relationships
- 1.7. The Pragmatic Level and Its Impairments
 - 1.7.1. The Pragmatics of Language and Social Context
 - 1.7.1.1. The Role of Context in the Interpretation of Meaning
 - 1.7.1.2. Communicative Functions
 - 1.7.2. Narrative Skills and Their Impairment
 - 1.7.2.1. The Production of Narrative Discourse: Assessment and Impairments
 - 1.7.2.2. Disorders in the Narrative: Causes and Clinical Consequences
 - 1.7.3. Conversational Skills and Their Impairment
 - 1.7.3.1. The Role of Pragmatics in Conversation
 - 1.7.3.2. Disorders in Conversational Interaction: Assessment and Treatment
 - 1.7.4. Impairments in Pragmatic Skills: Clinical Implications
 - 1.7.4.1. Pragmatic Disorders: Causes and Diagnosis
 - 1.7.4.2. Treatment of Disorders in the Social Use of Language
- 1.8. Phonetic-Phonological Component Disorders
 - 1.8.1. Causes of Phonological Disorders
 - 1.8.1.1. Acquired
 - 1.8.1.2. Congenital
 - 1.8.2. Phonological Production Disorders
 - 1.8.2.1. Articulation Disorders: Diagnosis and Treatment
 - 1.8.2.2. Phonological Disorders: Articulation Disorders:
 - 1.8.3. Impairments in Phonological Perception
 - 1.8.3.1. Difficulties in Phonological Perception: Cognitive Consequences
 - 1.8.3.2. Methods for Assessing Sound Perception
 - 1.8.4. Clinical Examples of Phonetic and Phonological Impairments
 - 1.8.4.1. Cases of Sound Production Disorders
 - 1.8.4.2. Cases of Sound Perception Disorders
- 1.9. Impairments of the Morphosyntactic Component
 - 1.9.1. Implications of Impairments of the Morphosyntactic Component of Language
 - 1.9.1.1. Characteristics of Language Development Disorders
 - 1.9.1.2. Characteristics of Acquired Language Disorders
 - 1.9.2. Morphosyntactic Production and Comprehension Disorders in Children
 - 1.9.2.1. Language Acquisition Impairments: Morphosyntactic Implications
 - 1.9.2.2. Developmental Disorders in Children with Language Delay
 - 1.9.3. Acquired Disorders Due to Neurological Injury: Impairments in Morphosyntactic Production and Comprehension
 - 1.9.3.1. Aphasia and Morphosyntactic Disorders: Assessment and Treatment
 - 1.9.3.2. Consequences of Neurological Lesions on Syntactic Structure
 - 1.9.4. Examples of Morphosyntactic Impairments
 - 1.9.4.1. Cases of Syntactic Aphasia
 - 1.9.4.2. Cases of Language Disorders in Children
- 1.10. Impairments in the Pragmatic Component
 - 1.10.1. Pragmatic Impairments and Their Implications for Human Communication
 - 1.10.1.1. Definition and Characteristics of Pragmatic Impairments
 - 1.10.1.2. The Importance of Pragmatics in Social Interaction
 - 1.10.2. Main Impairments in Language Pragmatics
 - 1.10.2.1. Pragmatic Impairments in Children: Early Detection
 - 1.10.2.2. Pragmatic Impairments in Developmental Disorders
 - 1.10.2.3. Pragmatic Impairments in Neurological Disorders
 - 1.10.3. Assessment of Pragmatic Skills in Different Contexts
 - 1.10.3.1. Pragmatic Assessment Tools and Techniques
 - 1.10.3.2. Contextualized Assessment: Natural and Simulated Settings
 - 1.10.4. Intervention Strategies for Pragmatic Impairments
 - 1.10.4.1. Therapeutic Approaches Based on Real-Life Contexts
 - 1.10.4.2. Group Therapy for the Development of Pragmatic Skills
 - 1.10.4.3. Use of Technological Resources in Pragmatic Intervention

Module 2. Augmentative and Alternative Communication Systems

- 2.1. Overview of Augmentative and Alternative Communication
 - 2.1.1. Augmentative and Alternative Communication (AAC): Evolution and Development
 - 2.1.1.1. History of AAC in the Field of Speech Therapy
 - 2.1.1.2. Technological Advances in AAC
 - 2.1.1.3. Influence of Scientific Research on the Evolution of AAC
 - 2.1.2. Fundamental Concepts of Augmentative and Alternative Communication
 - 2.1.2.1. Definition of AAC
 - 2.1.2.2. Differences between Augmentative and Alternative Communication
 - 2.1.2.3. Main Objectives of AAC
 - 2.1.3. Classification of Augmentative and Alternative Communication
 - 2.1.3.1. Unassisted AAC vs. Service.
 - 2.1.3.2. Low-, Medium-, and High-Tech AAC
 - 2.1.3.3. Classification According to Type of Disability
 - 2.1.4. Evidence and Myths
 - 2.1.4.1. Main Scientific Evidence on the Effectiveness of AAC
 - 2.1.4.2. Debunking Misconceptions About AAC
 - 2.1.4.3. Impact of AAC on Language Development
- 2.2. Users of Augmentative and Alternative Communication
 - 2.2.1. Implications of Language Neurodevelopment in AAC
 - 2.2.1.1. The Impact of Neurological Disorders on the Use of AAC
 - 2.2.1.2. How AAC Promotes Language Development in Children with Delays
 - 2.2.1.3. Neuroplasticity and AAC
 - 2.2.2. Communicative Diversity and AAC Throughout Life
 - 2.2.2.1. Use of AAC in Childhood, Adolescence, Adulthood, and Old Age
 - 2.2.2.2. The Evolution of Communicative Needs as a Person Ages
 - 2.2.2.3. AAC and Its Implications for People with Progressive Disabilities
 - 2.2.3. Users of AAC Systems
 - 2.2.3.1. Characteristics and Profiles of Users
 - 2.2.3.2. Types of People with Disabilities Who Use AAC
 - 2.2.3.3. Stigmatization and Social Barriers Faced by AAC Users
 - 2.2.4. Evolutionary Perspective and Adaptation of AAC to Each User
 - 2.2.4.1. Factors Influencing the Selection of an Appropriate AAC System
 - 2.2.4.2. Methods for Assessing and Adjusting the AAC System
- 2.3. Unassisted Augmentative and Alternative Communication
 - 2.3.1. Conceptualization
 - 2.3.1.1. Relationship between Unassisted AAC and Motor and Cognitive Development
 - 2.3.1.2. Relationship between Cognitive and Linguistic Impairment and the Ability to Use Hand Signs and Gestures in Adults
 - 2.3.2. Unassisted AAC: Hand Gestures
 - 2.3.2.1. History and Use of Hand Gestures in AAC
 - 2.3.2.2. Types of Hand Gestures: Conventional vs. Unconventional
 - 2.3.2.3. Implementation of Hand Gestures in Everyday Life
 - 2.3.3. Unassisted AAC: Bimodal Systems
 - 2.3.3.1. Definition and Examples of Bimodal Systems
 - 2.3.3.2. Advantages of Bimodal Systems in the Development of Communication Skills
 - 2.3.4. Unassisted AAC: Commonly used Gestures
 - 2.3.4.1. Identifying Common Gestures and Their Use in Communication
 - 2.3.4.2. Cultural Adaptation of Gestures
 - 2.3.4.3. The Role of Gestures in Social Interaction
- 2.4. Augmentative and Alternative Communication with Assistance
 - 2.4.1. Conceptualization and Classification
 - 2.4.1.1. Key Differences between Unassisted and Assisted AAC
 - 2.4.1.2. Classification According to Level of Technological Dependence
 - 2.4.2. Assisted AAC: Low Technology
 - 2.4.2.1. Examples of Low-Tech Devices (Communication Boards, Pictograms)
 - 2.4.2.2. Advantages and Limitations of Low-Tech
 - 2.4.2.3. Implementation of Low-Tech Solutions in Educational and Clinical Settings
 - 2.4.3. Assisted AAC: Mid-Tech
 - 2.4.3.1. Devices Combining Analog and Digital Technology (Tablets with Apps)
 - 2.4.3.2. Flexibility and Adaptability of Mid-Tech Solutions
 - 2.4.3.3. Success Stories in the Use of Mid-Tech in Educational Settings
 - 2.4.4. Assisted AAC: High-Tech
 - 2.4.4.1. High-Tech Devices and Their Use (Voice-Generated Communication Systems, Brain-Computer Interfaces)
 - 2.4.4.2. Benefits and Challenges of High-Tech Solutions
 - 2.4.4.3. Accessibility and Costs of High-Tech Solutions

- 2.5. Selecting and Adapting the AAC System with User Support
 - 2.5.1. Selecting the Code
 - 2.5.1.1. Types of Codes Used in AAC Systems (Graphic, Pictographic, Verbal Codes)
 - 2.5.1.2. How to Select the Appropriate Code Based on the User Profile
 - 2.5.1.3. The Impact of the Code on Communicative Effectiveness
 - 2.5.2. Selecting the Vocabulary
 - 2.5.2.1. Selecting the Vocabulary Relevant to Each User
 - 2.5.2.2. Considerations Regarding Language Development When Selecting Vocabulary
 - 2.5.2.3. Vocabulary for Different Communicative Situations (Social, Academic, Personal)
 - 2.5.3. Support
 - 2.5.3.1. Importance of Training for Users and Communication Partners
 - 2.5.3.2. The Role of Emotional Support in the Success of AAC
 - 2.5.3.3. Support Networks and Resources for AAC Users
 - 2.5.4. Access
 - 2.5.4.1. Modalities of Access to AAC Systems (Keyboard, Touch Screen, Eye Control, etc.)
 - 2.5.4.2. Adaptation of Systems to the Motor and Cognitive Abilities of the User
 - 2.5.4.3. Factors Affecting the Choice of an Appropriate Access Modality (Age, Disability, Environment)
- 2.6. Assessment of Users of Augmentative and Alternative Communication
 - 2.6.1. Participatory Model
 - 2.6.1.1. Importance of the Participation Model in Assessment
 - 2.6.1.2. User-Centered Assessment Methods
 - 2.6.1.3. Assessment in Context: Involvement of Family Members, Educators, and Therapists
 - 2.6.2. Communicative Competence
 - 2.6.2.1. Definition of Communicative Competence and Its Relationship to the Use of AAC
 - 2.6.2.2. Assessment of Communicative Competence in AAC Users
 - 2.6.2.3. Factors Affecting Communicative Competence
 - 2.6.3. Communicative Profiles
 - 2.6.3.1. Identifying Different Communicative Profiles in People with Disabilities
 - 2.6.3.2. Tools for Developing Comprehensive Communicative Profiles
 - 2.6.3.3. Using Profiles in Intervention Planning
 - 2.6.4. Assessment Tools
 - 2.6.4.1. Standardized Tools for Assessment of AAC
 - 2.6.4.2. Qualitative and Quantitative Methods in Assessment
 - 2.6.4.3. The Importance of Continuous Assessment
- 2.7. Principles of Intervention
 - 2.7.1. Assisted Natural Language
 - 2.7.1.1. Definition of Assisted Natural Language in AAC
 - 2.7.1.2. Success Stories in the Use of Assisted Natural Language
 - 2.7.1.3. Integration of Assisted Natural Language in the Educational Context
 - 2.7.2. Hierarchy of Supports
 - 2.7.2.1. Definition and Type of Supports in AAC (Physical, Cognitive, Social)
 - 2.7.2.2. Implementation of the Hierarchy of Supports in Intervention
 - 2.7.2.3. Adaptation of the Hierarchy of Supports According to the User's Level of Dependency
 - 2.7.3. Communication Partners
 - 2.7.3.1. The Role of Communication Partners in the AAC Communication Process
 - 2.7.3.2. Training and Support for Communication Partners
 - 2.7.3.3. The Importance of Communication Partners in User Motivation
 - 2.7.4. The Functions of Communication
 - 2.7.4.1. The Different Communicative Functions (Informative, Expressive, Social)
 - 2.7.4.2. How to Promote Communicative Functions through AAC
 - 2.7.4.3. The Role of AAC in Improving Communicative Functions
- 2.8. Design of the Intervention Plan
 - 2.8.1. The Right to Communication
 - 2.8.1.1. Legal Rights of People with Disabilities in Relation to AAC
 - 2.8.1.2. AAC as a Fundamental Right in Social Inclusion
 - 2.8.2. Intervention Objectives
 - 2.8.2.1. Establishing of Short, Medium and Long-Term Objectives
 - 2.8.2.2. Establishing Short-, Medium-, and Long-Term Objectives

- 2.8.3. How to Define Functional Objectives in AAC Intervention
 - 2.8.3.1. Methods for Measuring the Impact of Intervention
 - 2.8.3.2. Communicative Competence Assessment Scales
 - 2.8.3.3. Quantifying Improvement in Communication
- 2.8.4. Importance of Monitoring Intervention
 - 2.8.4.1. Relevance of the Intervention Implemented
 - 2.8.4.2. Adaptation to User Needs
- 2.9. Intervention from a Functional Approach
 - 2.9.1. AAC in the Family Environment
 - 2.9.1.1. Strategies for Involving the Family in AAC Intervention
 - 2.9.1.2. The Impact of AAC on Family Relationships
 - 2.9.2. AAC in the School Environment
 - 2.9.2.1. How to Integrate AAC in the Classroom
 - 2.9.2.2. Training and Awareness for Educational Staff
 - 2.9.2.3. Examples of Best Practices in the Use of AAC in the School Setting
 - 2.9.3. AAC in the Clinical Setting
 - 2.9.3.1. AAC Intervention in Therapy
 - 2.9.3.2. Collaboration between Therapists and Family Members in the Use of AAC
 - 2.9.3.3. Challenges and Solutions in the Clinical Setting
- 2.10. Literacy and AAC Systems
 - 2.10.1. The Right to Literacy
 - 2.10.1.1. The Right to Literacy for People with Disabilities
 - 2.10.1.2. The Importance of Literacy as a Tool for Inclusion
 - 2.10.2. Emerging Literacy
 - 2.10.2.1. Concept and Stages of Emerging Literacy
 - 2.10.2.2. Strategies to Support Emerging Literacy in People with AAC
 - 2.10.3. Conventional Literacy
 - 2.10.3.1. Processes and Methods for Achieving Conventional Literacy
 - 2.10.3.2. Support Technologies for Conventional Literacy

Module 3. Speech Disorders: Assessment and Intervention

- 3.1. Concept and Classification of Speech Disorders
 - 3.1.1. Articulation and Fluency
 - 3.1.1.1. Definition of Articulation
 - 3.1.1.2. Factors Affecting Fluency
 - 3.1.2. Conceptualization of Speech Disorders
 - 3.1.2.1. Speech Disorders and their Classification
 - 3.1.2.2. Differences between Speech Disorders and Language Disorders
 - 3.1.3. Classification of Speech Disorders
 - 3.1.3.1. Articulatory Disorders
 - 3.1.3.2. Fluency Disorders
 - 3.1.4. Incidence of Speech Disorders
 - 3.1.4.1. Risk Factors
 - 3.1.4.2. Prevalence in the Child Population
- 3.2. Speech Sound Disorders (Dyslalias)
 - 3.2.1. Development of Phonetics and Phonology
 - 3.2.1.1. The Role of Phonetics in Speech Production
 - 3.2.1.2. Relationship Between Phonology and Speech Sound Disorders
 - 3.2.2. Definition of SSD
 - 3.2.2.1. Functionals
 - 3.2.2.2. Organic
 - 3.2.3. Classification of SSD
 - 3.2.3.1. Simple
 - 3.2.3.2. Complex
 - 3.2.3.3. Phonetic
 - 3.2.3.4. Phonological
 - 3.2.3.5. Phonetic-Phonological
 - 3.2.4. SSD Etiology
 - 3.2.4.1. Biological Causes
 - 3.2.4.2. Social and Environmental Causes



- 3.3. Assessment of Speech Sound Disorders
 - 3.3.1. Diagnostic Criteria for SSD
 - 3.3.1.1. Assessment of Articulatory Accuracy
 - 3.3.1.2. Assessment of Phonological Coherence
 - 3.3.2. Phonetic Examination
 - 3.3.2.1. Identification of Articulation Errors
 - 3.3.2.2. Analysis of Sound Intensity and Duration
 - 3.3.3. Phonological Examination
 - 3.3.3.1. Assessment of Phoneme Production
 - 3.3.3.2. Identification of Phonological Patterns
 - 3.3.3.3. Assessment of Phonological Discrimination
 - 3.3.4. Standardized Assessment Tools for Dyslalia
 - 3.3.4.1. Articulation Tests
 - 3.3.4.2. Phonological Assessment Scales
- 3.4. Intervention in Speech Sound Disorders
 - 3.4.1. Establishment of Therapeutic Goals
 - 3.4.1.1. Planning of Individual and Group Sessions
 - 3.4.2. Activities for Intervention in Dyslalia
 - 3.4.2.1. Auditory Discrimination Exercises
 - 3.4.2.2. Practice in the Production of Specific Sounds
 - 3.4.3. Resources and Materials for Intervention in Dyslalia
 - 3.4.3.1. Use of Visual and Auditory Aids
 - 3.4.3.2. Teaching Materials for the Correction of Dyslalia
- 3.5. Dysarthria
 - 3.5.1. Neurological Bases of Speech
 - 3.5.1.1. The Central Nervous System and its Relation to Speech
 - 3.5.1.2. Neurological Disorders and their Impact on Verbal Production
 - 3.5.2. Definition of Dysarthria
 - 3.5.2.1. Spastic Dysarthria
 - 3.5.2.2. Ataxic Dysarthria

- 3.5.3. Classification of Dysarthria
 - 3.5.3.1. Flaccid Dysarthria
 - 3.5.3.2. Rigid Dysarthria
- 3.5.4. Etiology of Dysarthria
 - 3.5.4.1. Acquired Brain Lesions
 - 3.5.4.2. Genetic Disorders
- 3.6. Assessment of Dysarthrias
 - 3.6.1. Diagnostic Criteria for Dysarthria
 - 3.6.1.1. Identification of Motor Impairments
 - 3.6.1.2. Assessment of Speech Coordination and Accuracy
 - 3.6.2. Neurophysiological Examination
 - 3.6.2.1. Basic Neurological Examinations
 - 3.6.2.2. Assessment of Oral Motor Function
 - 3.6.3. Speech Examination
 - 3.6.3.1. Verbal Clarity Analysis
 - 3.6.3.2. Assessment of Speech Rate and Rhythm
 - 3.6.4. Acoustic Examination
 - 3.6.4.1. Spectrographic Analysis
 - 3.6.4.2. Measurement of Voice Resonance
- 3.7. Intervention in Dysarthria
 - 3.7.1. Design of the Intervention Plan
 - 3.7.1.1. Short- and Long-Term Therapeutic Objectives
 - 3.7.1.2. Planning Rehabilitation Sessions
 - 3.7.2. Intervention in Speech Aspects
 - 3.7.2.1. Exercises to Improve Articulation
 - 3.7.2.2. Techniques to Improve Prosody
 - 3.7.3. Technical Aids for Intervention
 - 3.7.3.1. Voice Amplification Devices
 - 3.7.3.2. Use of Assistive Technology in Communication
 - 3.7.4. Augmentative and Alternative Communication
 - 3.7.4.1. Non-verbal Communication Systems
 - 3.7.4.2. Implementation of Communication Devices
- 3.8. Dysphemia
 - 3.8.1. Definition of Dysphemia
 - 3.8.1.1. Dysphemia as a Rhythm Disorder
 - 3.8.1.2. Relationship between Dysphemia and Anxiety
 - 3.8.2. Classification of Dysphemia
 - 3.8.2.1. Early-Onset Dysphemia
 - 3.8.2.2. Acquired Dysphemias
 - 3.8.3. Etiology of Dysphemias
 - 3.8.3.1. Psychological Factors
 - 3.8.3.2. Biological Factors
 - 3.8.4. Others Rhythm and Fluency Disorders
 - 3.8.4.1. Tachylalia and Bradylalia
 - 3.8.4.2. Non-pathological Disfluencies
- 3.9. Assessment of Dysphemia
 - 3.9.1. Diagnostic Criteria for Dysphemia
 - 3.9.1.1. Identification of Speech Blockages
 - 3.9.1.2. Assessment of Associated Emotional Symptoms
 - 3.9.2. Patient Assessment
 - 3.9.2.1. Clinical Interviews
 - 3.9.2.2. Specific Tests of Verbal Fluency
 - 3.9.3. Assessment of Family Members
 - 3.9.3.1. Surveys on Family History
 - 3.9.3.2. Social and Family Impact Assessment
 - 3.9.4. Assessment of Other Variables
 - 3.9.4.1. Emotional and Cognitive Assessment
 - 3.9.4.2. Analysis of Social Interaction
- 3.10. Intervention in Dysphemia
 - 3.10.1. Design of the Intervention Plan
 - 3.10.1.1. Establishment of Communicative Goals
 - 3.10.1.2. Relaxation and Stress Control Techniques
 - 3.10.2. Dysphemia Intervention Techniques
 - 3.10.2.1. Fluency Therapy
 - 3.10.2.2. Behavior Modification Techniques

- 3.10.3. Intervention with Families
 - 3.10.3.1. Advice for Parents and Caregivers
 - 3.10.3.2. Workshops and Family Emotional Support
- 3.10.4. Intervention Programs
 - 3.10.4.1. Group Therapy
 - 3.10.4.2. Educational and Awareness Programs

Module 4. Aphasia and Speech Therapy Intervention

- 4.1. Neuroanatomical Bases of Language
 - 4.1.1. Neuroanatomical Bases of Language
 - 4.1.1.1. Brain and its Relation to Language
 - 4.1.1.2. Key Brain Areas Involved in Language Production and Comprehension
 - 4.1.2. Neuropsychological Perspective on Language Processing
 - 4.1.2.1. Linguistic Processing and Its Stages
 - 4.1.2.2. Models of Linguistic Processing
 - 4.1.3. Neurolinguistic Models
 - 4.1.3.1. Language Localization Model
 - 4.1.3.2. Functional and Dynamic Models in Neurolinguistics
- 4.2. Neuropathological Processes
 - 4.2.1. Hemorrhagic and Ischemic Processes
 - 4.2.1.1. Cerebral Hemorrhage and Their Impact on Language
 - 4.2.1.2. Strokes and Aphasias
 - 4.2.2. Cranioencephalic Traumas
 - 4.2.2.1. Types of Cranial Trauma
 - 4.2.2.2. Effects of Trauma on Communication
 - 4.2.3. Tumors
 - 4.2.3.1. Brain Tumors and Their Linguistic Effects
 - 4.2.3.2. Diagnosis and Treatment
 - 4.2.4. Infectious processes
 - 4.2.4.1. Central Nervous System Infections
 - 4.2.4.2. Effects of Infection on Language
- 4.2.5. Metabolic Processes
 - 4.2.5.1. Metabolic Disorders and Their Relationship to Aphasia
 - 4.2.5.2. Treatment and Rehabilitation
- 4.2.6. Genetic Alterations
 - 4.2.6.1. Genetic Disorders Affecting Language
- 4.3. Cognitive Functions. Attention, Memory, and Executive Functions
 - 4.3.1. The Frontal Lobes: Anatomy and Functions
 - 4.3.1.1. Executive Functions and their Relationship with Language
 - 4.3.1.2. The Frontal Lobe in Communication Control
 - 4.3.2. Attentional Processes and Language
 - 4.3.2.1. Types of Attention and Their Impact on Language
 - 4.3.2.2. Assessment of Attention in Patients with Aphasia
 - 4.3.3. Memory and Language
 - 4.3.3.1. Short- and Long-Term Memory in Communication
 - 4.3.3.2. Memory Assessment in People with Aphasia
 - 4.3.4. Executive Functions
 - 4.3.4.1. Planning, Inhibition, and Their Relationship with Language
 - 4.3.4.2. Assessment of Executive Functions in Aphasia
- 4.4. Aphasia and Associate Disorders in Dementia and Degenerative Diseases
 - 4.4.1. Dementias: Etiology and Classification
 - 4.4.1.1. Types of Dementia and Their Linguistic Effects
 - 4.4.1.2. Diagnostic Assessment of Dementia
 - 4.4.2. Dementia: Linguistic Impairment. Assessment and Intervention
 - 4.4.2.1. Linguistic Impairment in Alzheimer's Disease
 - 4.4.2.2. Speech Therapy Intervention in Dementia
 - 4.4.3. Aphasia in Dementia
 - 4.4.3.1. Characteristics of Aphasia in Degenerative Dementia
 - 4.4.3.2. Assessment of Aphasia in the Context of Dementia
 - 4.4.4. Apraxia and Agnosia Associated with Degenerative Diseases
 - 4.4.4.1. Apraxia in Degenerative Diseases
 - 4.4.4.2. Agnosia and Its Relationship with Aphasia

- 4.5. Semiology of Aphasia
 - 4.5.1. Definition of Aphasia Disorders
 - 4.5.1.1. Classification of Aphasia
 - 4.5.1.2. Causes of Aphasia Disorders
 - 4.5.2. Linguistic Classification: Fluent and Non-Fluent Aphasia
 - 4.5.2.1. Characteristics of Fluent Aphasia
 - 4.5.2.2. Characteristics of Non-Fluent Aphasia
 - 4.5.3. Classification of Profiles According to the Ability to Repeat
 - 4.5.3.1. Aphasia with Impaired Repetition
 - 4.5.3.2. Aphasia without Impaired Repetition
 - 4.5.4. Classic Aphasia Syndromes
 - 4.5.4.1. Broca's Aphasia
 - 4.5.4.2. Wernicke's Aphasia
 - 4.5.4.3. Sensory Transcortical Aphasia
 - 4.5.4.4. Motor Transcortical Aphasia
 - 4.5.4.5. Mixed Transcortical Aphasia
 - 4.5.4.6. Mixed Aphasia
 - 4.5.5. Clinical Utility of Classifying Aphasia Phenotypes
 - 4.5.5.1. Implications for Intervention
 - 4.5.5.2. Prediction of Prognosis
 - 4.5.6. Cognitive Processes Affected in People with Aphasia
 - 4.5.6.1. Working Memory and Language
 - 4.5.6.2. Attention and Communication Processes
- 4.6. Linguistic Alterations in Aphasia
 - 4.6.1. Affectation of Language Levels: Phonology, Morphology, Syntax, Semantics, and Pragmatics
 - 4.6.1.1. Phonological Alterations in Aphasia
 - 4.6.1.2. Morphological and Syntactic Alterations
 - 4.6.1.3. Semantic and Pragmatic Impairments
 - 4.6.2. Impairment in Naming and Repetition
 - 4.6.2.1. Problems in Naming Objects
 - 4.6.2.2. Difficulties in Verbal Repetition
 - 4.6.3. Paraphasia and Jargon Aphasia
 - 4.6.3.1. Semantic and Phonological Paraphasia
 - 4.6.3.2. Jargon Aphasia and Its Impact on Communication
- 4.7. Speech-Language Pathological Assessment of Aphasia
 - 4.7.1. Aspects of the Patient's Context
 - 4.7.1.1. Assessment of the Patient's Life Context
 - 4.7.1.2. Analysis of Cognitive and Communicative Abilities
 - 4.7.2. Clinical Tasks Useful for Analyzing Oral Production
 - 4.7.2.1. Verbal Fluency Assessment
 - 4.7.2.2. Analysis of Speech Quality
 - 4.7.2.3. Naming, Labeling, and Repetition Tasks
 - 4.7.3. Useful Clinical Tasks for Assessing Oral Comprehension
 - 4.7.3.1. Understanding Verbal Instructions
 - 4.7.3.2. Assessing Semantic Comprehension
 - 4.7.4. Useful Tasks for Assessing Communicative Participation
 - 4.7.4.1. Assessing the Use of Non-Verbal Communication Strategies
 - 4.7.4.2. Analysis of Participation in Conversations
 - 4.7.5. Analysis of Caregiver Skills
 - 4.7.5.1. Assessment of Communication with the Caregiver
 - 4.7.5.2. Caregiver Training in Aphasia Management
 - 4.7.6. Screening Tests
 - 4.7.6.1. Rapid Diagnostic Tools
 - 4.7.6.2. Assessment of the Severity of Aphasia
 - 4.7.7. Specific Batteries
 - 4.7.7.1. Standardized Assessment Batteries

- 4.8. Speech Therapy Intervention in Aphasia
 - 4.8.1. Fundamentals of the Speech Therapy Intervention
 - 4.8.1.1. Principles of Neuroplasticity in Rehabilitation
 - 4.8.1.2. Establishing Therapeutic Objectives
 - 4.8.2. Selection of Rehabilitation Strategy
 - 4.8.2.1. Linguistic Stimulation Strategies
 - 4.8.2.2. Personalized Therapies According to the Type of Aphasia
 - 4.8.3. Therapies Aimed at Training Deficits
 - 4.8.3.1. Speech and Language Therapy
 - 4.8.3.2. Cognitive and Linguistic Rehabilitation
 - 4.8.4. Multimodal Therapies
 - 4.8.4.1. Combined Therapies: Speech, Writing, and Non-Verbal Language
 - 4.8.4.2. Integration of Assistive Technologies
 - 4.8.5. Augmentative and Alternative Communication Systems
 - 4.8.5.1. Communication Technologies for People with Aphasia
 - 4.8.5.2. Non-verbal Communication Systems
- 4.9. Therapeutic Programs and Intervention in Specific Aphasia Disorders
 - 4.9.1. Perseverations and Echolalia
 - 4.9.1.1. Techniques for Managing Verbal Perseverations
 - 4.9.1.2. Intervention in Echolalia
 - 4.9.2. Intervention in Paraphasia
 - 4.9.2.1. Strategies for Correcting Phonological Paraphasia
 - 4.9.2.2. Management of Semantic Paraphasia
 - 4.9.3. Intervention in Jargon Apraxia
 - 4.9.3.1. Techniques for Improving Language Comprehension and Production
 - 4.9.3.2. Therapeutic Approaches to Jargon Apraxia
 - 4.9.4. Intervention in Agrammatism
 - 4.9.4.1. Rehabilitation of Grammatical Production
 - 4.9.4.2. Strategies to Improve Syntax
- 4.10. Speech Therapy Intervention for Aphasia Focused on the Family and Social Integration
 - 4.10.1. The Importance of the Family Environment in Aphasia Rehabilitation
 - 4.10.1.1. The Impact of Aphasia on Family Dynamics
 - 4.10.1.2. Collaboration between the Family and Speech Therapist in Rehabilitation
 - 4.10.2. Training the Family in Communication with People with Aphasia
 - 4.10.2.1. Teaching Effective and Adapted Communication
 - 4.10.2.2. The Use of Visual and Tactile Elements
 - 4.10.3. Family Support and Education Programs
 - 4.10.3.1. Educational Workshops for Family Members
 - 4.10.3.2. Support Networks and Guidance Groups
 - 4.10.4. Social Integration of People with Aphasia
 - 4.10.4.1. Social Inclusion Strategies
 - 4.10.4.2. Community Integration Activities and Programs



You will pay special attention to emerging and conventional literacy, encouraging the use of reading and writing as a fundamental tool for improving communication. What are you waiting for to enroll?"

04

Teaching Objectives

The main objective will be to provide physicians with the knowledge and skills necessary to effectively assess, diagnose, and intervene in Language and Communication Disorders. In this regard, the program will seek to prepare professionals in the management of Speech Disorders, Aphasia, and Language Disorders, incorporating the latest techniques and approaches based on the latest scientific evidence. In addition, it will focus on mastering Augmentative and Alternative Communication Systems (AAC), enabling graduates to promote patient autonomy and participation in their social environment.



“

You will delve into the most advanced techniques and models in Augmentative and Alternative Communication Systems (AAC) through the best teaching materials at the forefront of technology and education”



General Objectives

- ♦ Integrate knowledge of linguistics into the analysis of language and its disorders
- ♦ Understand the history and evolution of Augmentative and Alternative Communication (AAC), identifying the most important milestones in its development and impact
- ♦ Recognize the characteristics, classification, and etiology of dyslalia, dysarthria, and dysphasia, and their impact on linguistic, social, occupational, and academic development
- ♦ Describe the anatomical bases involved in language production and comprehension, understanding their relationship with aphasia and associated disorders



You will acquire skills to make accurate diagnoses using modern instruments and techniques tailored to each patient's characteristics, thanks to an extensive library of multimedia resources"





Specific Objectives

Module 1. Linguistics Applied to Language Disorders

- ♦ Understand and identify language disorders from a linguistic perspective
- ♦ Apply linguistic models to analyze language disorders in different contexts

Module 2. Augmentative and Alternative Communication Systems

- ♦ Learn about the different forms of AAC that exist today, with special emphasis on technological advances that have improved and democratized its use
- ♦ Develop skills to conduct AAC assessments using evidence-based models that respect the rights of people with communication needs
- ♦ Acquire skills to effectively intervene with AAC users, promoting their involvement in natural environments and fostering their autonomy
- ♦ Promote the development of emerging and conventional literacy skills by analyzing and stimulating reading and writing as a key tool

Module 3. Speech Disorders: Assessment and Intervention

- ♦ Understand and use different tools and techniques to assess speech disorders, ensuring an accurate and appropriate diagnosis
- ♦ Design and apply effective interventions for the treatment of speech disorders, adapted to the needs of the patient
- ♦ Develop skills to assess and adjust speech therapy interventions, based on scientific evidence and advances in the field

Module 4. Aphasia and Speech Therapy Intervention

- ♦ Analyze classic models of cognitive functioning and their application in understanding different types of aphasia
- ♦ Apply appropriate semiology and functional diagnosis to assess aphasia, recognizing the individuality of each case based on symptoms and the location of the lesion
- ♦ Identify types of aphasia and their characteristics according to symptoms and the location of the lesion, using appropriate assessment and differential diagnosis methods
- ♦ Develop and apply evidence-based speech therapy interventions to treat aphasia, including training and assessment of the communication partners of people with aphasia

05 Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.



“

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career”

The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.

The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.

“

*At TECH you will NOT have live classes
(which you might not be able to attend)”*



The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.

“*TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want*”

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.



Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.



A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.



The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule”

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.



As such, the best educational materials, thoroughly prepared, will be available in this program:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.



Interactive Summaries

We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

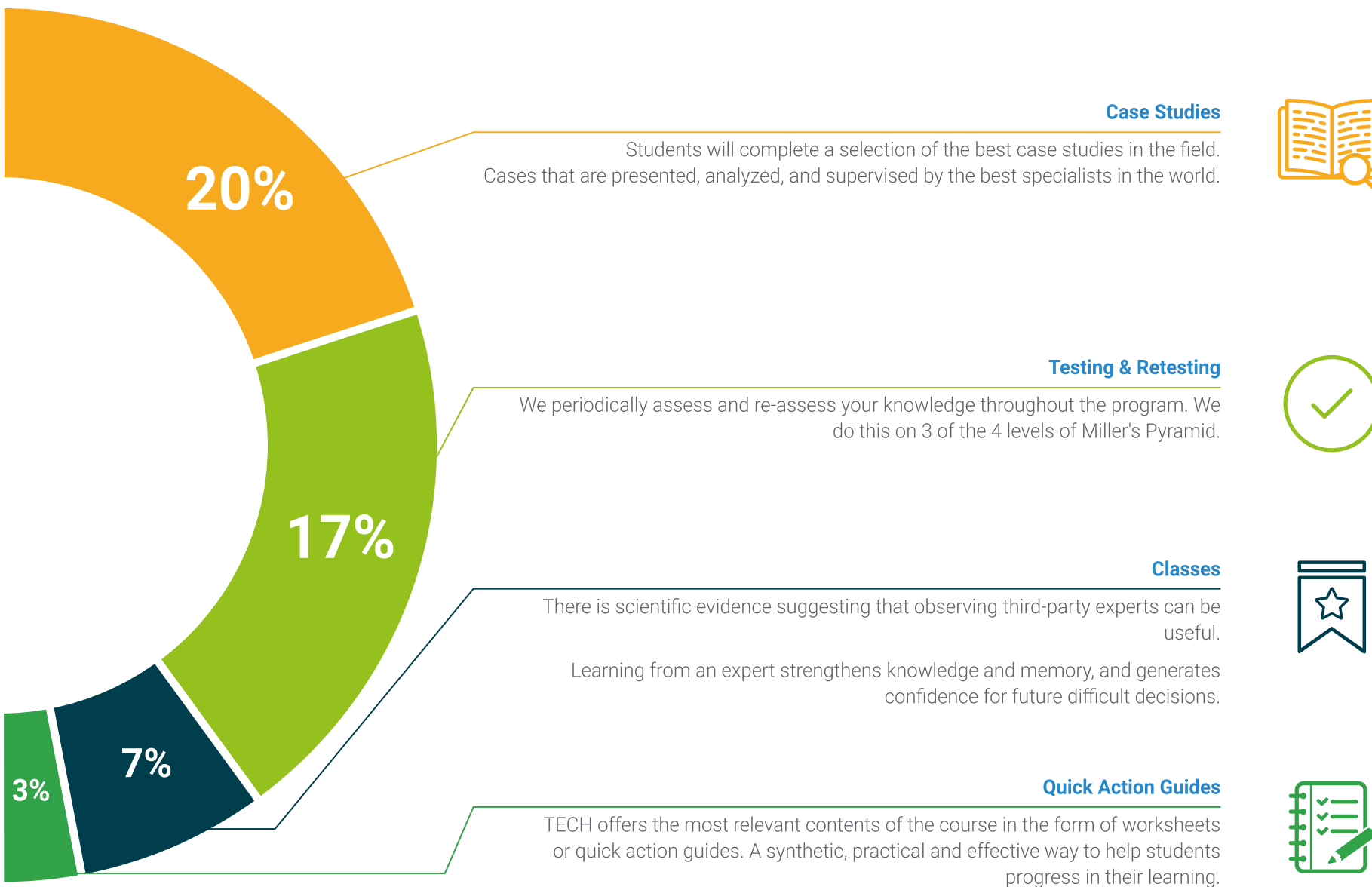
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





06 Certificate

The Postgraduate Diploma in Speech and Communication Disorders guarantees students, in addition to the most rigorous and up-to-date education, access to a diploma for the Postgraduate Diploma issued by TECH Global University.



“

Successfully complete this program and receive your university qualification without having to travel or fill out laborious paperwork”

This private qualification will allow you to obtain a diploma for the **Postgraduate Diploma in Speech and Communication Disorders** endorsed by TECH Global University, the world's largest online university.

TECH Global University, is an official European University publicly recognized by the Government of Andorra ([official bulletin](#)). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification, is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Postgraduate Diploma in Speech and Communication Disorders**

Modality: **online**

Duration: **6 months**

Accreditation: **18 ECTS**





Postgraduate Diploma Speech and Communication Disorders

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Global University
- » Accreditation: 24 ECTS
- » Schedule: at your own pace
- » Exams: online

Postgraduate Diploma

Speech and Communication Disorders