



The Saskatchewan Association of
Speech-Language Pathologists and Audiologists

Audiologist
Entry to Practice Period of
Supervised Practice





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I. Purpose

The Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA) Entry to Practice Period of Supervised Practice promotes best practice standards for all licenced members who provide speech-language and audiology services to the residents of Saskatchewan.

When new registrants successfully complete the Entry to Practice Period of Supervised Practice, they have developed the essential competencies for the practice of Audiology and/or Speech-Language Pathology, thus public safety increases significantly. Public safety is the overarching goal of the program and the duty of SASLPA.

Following completion of an accredited graduate program and registration with SASLPA, a supportive foundation for individual practice is formed through Supervision. This results in more effective independent practice for each Provisional registrant. The Provisional registrant then begins to integrate and apply academic knowledge into the professional setting through quality interaction with the Supervisor. The program promotes professional growth and skill development through self-evaluation and evaluation from a trained and experienced Supervisor. Strengths and weaknesses are identified to promote continual support for improvement of essential competencies. Overall, the Supervision Program is an important part of quality assurance in Saskatchewan.



II. Benefits of the Entry to Practice Period of Supervised Practice

A. Benefits for All

- Protection of the public;
- Develop more knowledgeable Audiologists and Speech-Language Pathologists;
- Shape the next generation of professional;
- Solidify Essential Competencies for safe practice;
- Strengthen the professions of Audiology and Speech-Language Pathology; and
- Pan-Canadian harmonization of requirements for professionals entering the profession in Canada.

B. Benefits for the Provisional Registrant

- Promote the professional development of an individual entering the profession of Speech Language Pathology or Audiology.
- Confirm the individual entering the profession is displaying the essential competencies and is self-aware of the essential professional skills required for safe and ethical practice;
- Connect with other professionals to enhance clinical skill development;
- Receive support, guidance, and integration into professional practice in Saskatchewan.

C. Benefits for the Supervisor

- Network with other professionals;
- Enhance and promote professional development;
- Continue to gain knowledge and perspectives;
- Enhance teaching and training skills when sharing personal knowledge; and
- Collect Continuing Education hours towards SASLPA requirement.



III. Requirements

A. Regulatory

- SASLPA legislation
 - Bylaw V 1 (f) "...have completed a period of practice under the supervision of a holder of a full practicing membership licence in accordance with the policies of the association"

B. Provisional Registrant

- Meet the requirements to practice in Saskatchewan as outlined by SASLPA and obtain a provisional licence issued by SASLPA;
- Secure employment in Saskatchewan as an AUD or SLP;
- Work in an established setting(s) in Saskatchewan for first two years of employment is recommended, particularly during the period of Supervision;
- Engage in Supervision at each place of employment If employed by two (or more) employers; and
- Report changes of the employment setting to the SASLPA Registrar / Supervision Committee during the Supervision period.

C. Supervisor

- Approval by the SASLPA Registration and Membership Committee/SASLPA Registrar;
- Practice as a full registrant of SASLPA in good standing; and
- Hold a minimum 5 years of experience unless other experience is approved by the Registrar and/or Registration and Membership Committee.



IV. Duration of the Supervision Program

- Covers an equivalent of 6 months of full-time employment with a minimum 750 hours of patient care and evidence of obtaining a passing score on the National Entry to Practice Exam;
- Extends to a maximum of 24 months for Provisional registrants working on a part time basis and/or meeting the National Exam requirement;
- Provides an average of approximately 2 hours per week or 8 hours per month of Supervision, based on full time employment for a total of 48 Supervision hours;
- Completion of 24 hours of Supervision in each half of the Supervision period;
- Includes a minimum of 24 hours of direct observation by Supervisor with Provisional Registrant during client practice;
- Method(s) of observation may include in-person, teleconference, video-conference, video review, and/or any other means approved by the SASLPA Registrar and the Registration and Membership Committee. Preference is given to in-person methods.



V. Roles and Responsibilities

A. SASLPA Registration and Membership Committee

- Approve choice of supervisor;
- Maintain an inventory of Supervisors;
- Provide supervisors with information about the Supervision process;
- Review documents once the Supervision program has been completed;
- Provide documentation for entry-to-practice competencies and forms to be used;
- Provide assistance in conflict resolution;
- Notify Provisional registrant of successful completion of the Supervision program;
- Conduct reviews when the Provisional registrant completes the Supervision program but is not deemed qualified to work independently

B. Supervisor

- Be familiar with roles and responsibilities as per SASLPA guidelines;
- Provides supervision and feedback to the Provisional registrant;
- Provide Provisional members with guidance and support in the following areas:
 - Developing a process of self-assessment to assist the Provisional registrant in professional growth and skill development ;
 - Assuring Provisional registrants develop a firm foundation for independent professional practice and essential competencies for safe and ethical practice;
- Complete requisite documentation and reports and submit to SASLPA;
- Complete, in collaboration with the Provisional registrant, the Supervision agreement between Supervisor and Provisional registrant;
- Discuss expectations with Provisional registrant in advance of starting Supervision;
- Responsible for submitting completed evaluation reports.

Note: The Supervisor does not receive payment from Provisional registrant, but the Provisional registrant's employer can reimburse the Supervisor; time spent Supervising qualifies for continuing education credits.

C. Provisional Registrant

- Be responsible, accountable, and liable for all health care services provided;
- Seek a Supervisor, approved by SASLPA, with full practicing membership in good standing;
- Prepare for the time commitment and learning objectives outlined in the contract between the Provisional registrant/Supervisor;
- Notify SASLPA of any changes to the contract;
- Meet to dialogue with the Supervisor, either in person or via direct telephone contact, regarding the clinical caseload;
- Provide updates to the Supervisor as needed;
- Complete the learning objectives and time commitment outlined in the contract;
- Submit completed Supervision program documents to the SASLPA/Supervision Committee for review to be eligible for full practicing membership status;

- Be prepared to complete any amendments required by the SASLPA to the documentation provided, prior to being eligible for full practicing membership;
- In addition to completing all required preliminary paperwork, the Provisional registrant must:
 - Complete, in collaboration with the Supervisor, the Supervision agreement between the Supervisor and the Provisional registrant;
 - Prepare for each Supervision activity;
 - Introduce Supervisor to clients when Supervisor is observing direct client care;
 - Obtain consent from client prior to Supervisor observation;
 - Obtain information about employer policies for Supervisor observation (in situations where the Supervisor is not an employee);
 - Supply necessary documents/reports to be completed in conjunction with Supervisor and submit the same documents to the SASLPA.

Appeal to the Registration and Membership Committee

Adjustments and provisions to the Regulatory Requirements of the Supervision Program may be considered. A written notice of appeal is directed to the SASLPA Registrar. Examples may include: a change in Supervisor, a change in employment location, onset of health issues where proof of signed medical documentation may be required.



SASKATCHEWAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

#11 - 2010 7th Avenue | Regina, SK | S4R 1C2

Phone: (306) 757-3990 / 1 (866) 757-3990 Fax: (306) 757-3986

SASLPA@sasktel.net www.SASLPA.ca

Provisional Licensure - Audiology Entry to Practice Supervision (AUD-ETPS) Contract and Report Form

Instructions:

- Please complete and submit by email/fax to the SASLPA office.
- Complete and submit by email/fax to the SASLPA office (Supervision Evaluation Form)
 - A mid evaluation
 - A final evaluation
- Please print all information clearly.
- Please indicate N/A for areas in this evaluation that are not applicable to the supervised practice

Section 1: Audiology Provisional Member Information

Name _____
Last First Middle Maiden/Former

Home Address _____
Street City Province Postal Code

Home Phone Number () Home email _____

Provisional Member Signature _____ Date _____

Section 2: Supervisor Information

Supervisor 1. Name _____ Supervisor's SASLPA Registration Number _____

I verify that I hold current SASLPA certification in audiology and understand that I must maintain this certification throughout the AUD-ETPS experience in order for the experience to get accepted as meeting standards.

Signature of AUD-ETPS Supervisor _____ Date _____

Supervisor 2. Name _____ Supervisor's SASLPA Registration Number _____

I verify that I hold current SASLPA certification in audiology and understand that I must maintain this certification throughout the AUD-ETPS experience in order for the experience to get accepted as meeting standards.

Signature of AUD-ETPS Supervisor _____ Date _____

Section 3: Setting Information

Facility Name _____ Phone Number () _____

Address _____
Street City Province Postal Code

Section 4: AUD-ETPS Duration (beginning and evaluation dates)

The beginning date of this AUD-ETPS is ____/____/____
D M Y

The proposed mid-evaluation date of this AUD-ETPS is ____/____/____
D M Y

Total number of hours for this AUD-ETPS is _____

Section 5: AUD-ETPS Activity Information (How many hours per week did you work in direct clinical contact?)

- At least 80% of the AUD-ETPS work must be in direct clinical contact (assessment/diagnosis/evaluation, screening) related to the management process of individuals who exhibit communication difficulties.
- Do not include travel or lunch hours.
- Do not enter percentages or ranges of time.
- If the number of hours you work per week varies, you may estimate the number of hours you work in a typical week. Work weeks that consist of less than 5 hours cannot be counted towards the clinical supervision experience.
- Indicate the number of hours per week you spent in each of the following activities:

Assessment/Diagnosis/Evaluation _____ Screening _____ **Total Hours Per Week** _____

Section 6: AUD-ETPS Skills Rating Chart Instructions for the AUD-ETPS Supervisor

- Circle the rating that corresponds to each skill. See the Supervision Evaluation Form for a description of each skill.
- Rate the supervised AUD on 91 skills.
- Discuss the ratings with the supervised AUD.

Mid-Evaluation Period						Final Evaluation Period							
Beginning date: _____						Beginning date: _____							
Ending date: _____						Ending date: _____							
AUD Skills		Ratings					AUD Skills		Ratings				
1.1	a. i.	5	4	3	2	1	1.1	a. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	1
	iii.	5	4	3	2	1		iii.	5	4	3	2	1
	iv.	5	4	3	2	1		iv.	5	4	3	2	1
	v.	5	4	3	2	1		v.	5	4	3	2	1
	vi.	5	4	3	2	1		vi.	5	4	3	2	1
	b. i.	5	4	3	2	1		b. i.	5	4	3	2	1
	c. i.	5	4	3	2	1		c. i.	5	4	3	2	1
	d. i.	5	4	3	2	1		d. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	1
1.2	a. i.	5	4	3	2	1	1.2	a. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	1
	b. i.	5	4	3	2	1		b. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	
	iii.	5	4	3	2	1		iii.	1				
	iv.	5	4	3	2	1		iv.	5	4	3	2	1
	c. i.	5	4	3	2	1		c. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	1
	d. i.	5	4	3	2	1		d. i.	5	4	3	2	1
	ii.	5	4	3	2	1		ii.	5	4	3	2	
	e. i.	5	4	3	2	1		e. i.	1				
	ii.	5	4	3	2	1		ii.	5	4	3	2	1
	iii.	5	4	3	2	1		iii.	5	4	3	2	1
	iv.	5	4	3	2	1		iv.	5	4	3	2	1
	v.	5	4	3	2	1		v.	5	4	3	2	1
	vi.	5	4	3	2	1		vi.	5	4	3	2	1
	vii.	5	4	3	2			vii.	5	4	3	2	1
	f. i.	1				5		f. i.	5	4	3	2	1
	ii.	4	3	2	1			ii.	5	4	3	2	1
	iii.	5	4	3	2	1		iii.	5	4	3	2	1
		5	4	3	2	1							

		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	g.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
	h.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
2.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
3.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
4.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
5.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
6.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1

		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	g.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
	h.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
2.	a.	i.					
		ii.					
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
3.	a.	i.	5	4	3	2	1
		ii.					
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
4.	a.	i.	5	4	3	2	1
		ii.					
		iii.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
5.	a.	i.	5	4	3	2	1
		ii.					
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
6.	a.	i.	5	4	3	2	1
		ii.					
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1

	vi.	5	4	3	2	1	
7.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	c.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1

	vi.	5	4	3	2	1	
7.	a.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
	b.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
		iv.	5	4	3	2	1
		v.	5	4	3	2	1
		vi.	5	4	3	2	1
	c.	i.	5	4	3	2	1
		ii.	5	4	3	2	1
		iii.	5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1
			5	4	3	2	1

Supervisor's Signature _____

Supervised AUD Signature _____

Date of Feedback Session _____

Supervisor's Signature _____

Supervised AUD Signature _____

Date of Feedback Session _____

Section 7: AUD-ETPS Supervisor's Recommendations and Verification of Information

- Yes No I recommend that the AUD-ETPS experience documented on this form be accepted by SASLPA as meeting the requirements for the AUD (If no, attach a rationale and documentation for your answer).
- Yes No I affirm that there were at least 13 supervisory activities during each evaluation period.
- Yes No I affirm that alternative methods of observation/supervising activities were not used. (If alternative methods of observation/supervising activities were used, prior approval was obtained from SASLPA before using those methods.)

Section 8: Signatures of Supervisor and Supervised AUD

We, the AUD-ETPS supervisor(s) and the supervised AUD, verify that we have discussed this report. We have verified that the supervisor' certification was current throughout the supervision period. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.

Signature of Supervisor 1 _____ Date _____

Signature of Supervisor 2 _____ Date _____

Signature of Provisional Member _____ Date _____

Note: This report must be signed/submitted AFTER the end date of the supervision reported on this form.

Additional comments:

Signature of Supervisor 1 _____ Date _____

Signature of Supervisor 2 _____ Date _____

Signature of Supervised Member _____ Date _____



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AUDIOLGISTS**

#11 - 2010 7th Avenue | Regina, SK | S4R 1C2
Phone: (306) 757-3990 / 1 (866) 757-3990 Fax: (306) 757-3986
saslpa@sasktel.net www.saslpa.ca

Provisional Member Name: _____ SASLPA ID _____

Supervisor Name: _____ SASLPA ID _____

Supervisor Name: _____ SASLPA ID _____

Audiologist Supervision Evaluation Form

To distinguish among the Provisional Member's performance levels (from 5, representing most effective performance, to 1, representing least effective performance)

Consider the following four factors, when applicable, in relation to the skill being rated:

- Accuracy—the degree to which the Provisional registrant performs a skill without error
- Consistency—the degree to which the clinical Provisional registrant a skill at the same level of proficiency across cases
- Independence—the degree to which the Provisional registrant performs a skill in a self-directed manner
- Supervisory Guidance—the degree to which the Provisional registrant seeks consultations when needed

1. Role of Expert:		
Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.		
1.1 Knowledge Expert		
Essential Competencies	Sub-Competencies	
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.	1 2 3 4 5
	ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.	1 2 3 4 5
	iii. Apply knowledge of diagnostic procedures to the services provided to the client.	1 2 3 4 5
	iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.	1 2 3 4 5
	v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.	1 2 3 4 5
	vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.	1 2 3 4 5
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.	1 2 3 4 5

c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.	1 2 3 4 5
d. Use evidence and clinical reasoning to guide professional decisions	i. Critically appraise research and other available evidence to inform clinical practice.	1 2 3 4 5
	ii. Integrate current leading evidence and clinical reasoning in clinical practice.	1 2 3 4 5

1.2 Clinical Expert		
Essential Competencies	Sub-Competencies	
a. Identify individuals requiring audiology services.	i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual’s need for an audiology assessment.	1 2 3 4 5
	ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.	1 2 3 4 5
b. Plan, conduct and adjust an assessment.	i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions).	1 2 3 4 5
	ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client’s situation.	1 2 3 4 5
	iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.	1 2 3 4 5
	iv. Conduct the assessment, modifying as necessary.	1 2 3 4 5

c. Analyze and interpret assessment results.	i. Interpret the assessment data using knowledge, skill and judgment.	1 2 3 4 5
	ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).	1 2 3 4 5
d. Develop and share recommendations based on the assessment results.	i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.	1 2 3 4 5
	ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.	1 2 3 4 5
e. Develop a realistic, evidence-informed, and measurable intervention plan.	i. Develop objectives for the intervention reflecting the client's goals, needs, values, expectations, and constraints.	1 2 3 4 5
	ii. Determine the resources and projected timelines required for the intervention.	1 2 3 4 5
	iii. Prioritize the intervention objectives.	1 2 3 4 5
	iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.	1 2 3 4 5
	v. Consult with others, as required.	1 2 3 4 5
	vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist.	1 2 3 4 5
	vii. Incorporate outcome measures into the intervention plan.	1 2 3 4 5
f. Implement intervention plan.	i. Prescribe technology, as appropriate to the client's needs.	1 2 3 4 5
	ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).	1 2 3 4 5
	iii. Provide the client and appropriate caregivers with education, training, treatment, and counseling, as appropriate.	1 2 3 4 5
	iv. Manage and promote hearing conservation and hearing loss prevention programs.	1 2 3 4 5

	v. Demonstrate the appropriate use of equipment, instruments, and/or devices.	1 2 3 4 5
	vi. Refer to other health care or educational professionals as required.	1 2 3 4 5
g. Monitor, adapt and/or redesign intervention plan based on the client's responses and needs.	i. Evaluate the outcomes of the intervention on an ongoing basis.	1 2 3 4 5
	ii. Modify, limit or discontinue an intervention as appropriate.	1 2 3 4 5
	iii. Consult with the client when considering a change in the course of action.	1 2 3 4 5
	iv. Make referrals, and/or consult with other professionals, as required.	1 2 3 4 5
h. Provide clinical direction and oversight to support personnel.	i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction.	1 2 3 4 5
	ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice.	1 2 3 4 5
	iii. Determine the capabilities of support personnel.	1 2 3 4 5
	iv. Provide tasks to support personnel based on their competencies.	1 2 3 4 5
	v. Provide the necessary training of support personnel.	1 2 3 4 5
	vi. Monitor and review the performance of support personnel.	1 2 3 4 5

2. Role of Communicator:		
Audiologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.		
Essential Competencies	Sub-Competencies	
a. Communicate respectfully and effectively using appropriate modalities.	i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state.	1 2 3 4 5
	ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic).	1 2 3 4 5
	iii. Mitigate language barriers by using translators/interpreters, as required.	1 2 3 4 5
	iv. Recognize and respond to the client’s verbal and non-verbal communication.	1 2 3 4 5
	v. Use strategies to facilitate a mutual understanding of shared information.	1 2 3 4 5
	vi. Participate respectfully in challenging conversations.	1 2 3 4 5
b. Maintain client documentation.	i. Accurately document services provided and their outcomes.	1 2 3 4 5
	ii. Document informed consent.	1 2 3 4 5
	iii. Complete and disseminate documentation in a timely manner.	1 2 3 4 5
	iv. Comply with regulatory and legislative requirements related to documentation.	1 2 3 4 5

3. Role of Collaborator:		
Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.		
Essential Competencies	Sub-Competencies	
a. Establish and maintain effective collaborations to optimize client outcomes.	i. Collaborate with the client during all stages of care.	1 2 3 4 5
	ii. Interact effectively with all team members.	1 2 3 4 5
	iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.	1 2 3 4 5
	iv. Recognize and respect the roles and perspectives of other individuals.	1 2 3 4 5
	v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.	1 2 3 4 5
	vi. Facilitate transfer of care within and across professions.	1 2 3 4 5

4. Role of Advocate: Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.		
Essential Competencies	Sub-Competencies	
a. Advocate for necessary services and resources that support an individual client.	i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.	1 2 3 4 5
	ii. Encourage the client’s societal inclusion and participation.	1 2 3 4 5
	iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.	1 2 3 4 5
b. Provide information and support to promote a client’s self- advocacy.	i. Identify and provide information and tools to assist the client, or SDM to access services and supports.	1 2 3 4 5
	ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.	1 2 3 4 5

5. Role of Scholar:		
Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.		
Essential Competencies	Sub-Competencies	
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	i. Identify one's own professional strengths and areas for development.	1 2 3 4 5
	ii. Determine one's own goals for competency development.	1 2 3 4 5
	iii. Develop a plan and implement strategies for continued development in all seven competency roles.	1 2 3 4 5
	iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).	1 2 3 4 5
b. Share professional knowledge with others.	i. Identify the need for education related to audiology services in other professionals, the client and/or caregivers and the community.	1 2 3 4 5
	ii. Identify and adapt to the appropriate level of content for the audience.	1 2 3 4 5
	iii. Provide information in an accessible manner to facilitate audience comprehension.	1 2 3 4 5

6. Role of Manager: Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.		
Essential Competencies	Sub-Competencies	
a. Manage the clinical setting.	i. Balance competing demands to manage time, caseload, resources and priorities.	1 2 3 4 5
	ii. Apply appropriate precautions, risk management and infection control measures, as required.	1 2 3 4 5
	iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.	1 2 3 4 5
	iv. Identify opportunities to improve practice models within workplace settings.	1 2 3 4 5
	v. Participate in or lead quality improvement initiatives.	1 2 3 4 5
	vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.	1 2 3 4 5

7. Role of Professional: Audiologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.		
Essential Competencies	Sub-Competencies	
a. Maintain professional demeanour in all clinical interactions and settings.	i. Maintain confidentiality.	1 2 3 4 5
	ii. Demonstrate professionalism in managing conflict.	1 2 3 4 5
	iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.	1 2 3 4 5

	iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.	1 2 3 4 5
	v. Demonstrate professionalism in all communications, including those involving electronic platforms.	1 2 3 4 5
b. Practice ethically.	i. Adhere to professional code of ethics, as defined within one's jurisdiction.	1 2 3 4 5
	ii. Recognize and use critical judgment to respond to ethical issues encountered in practice.	1 2 3 4 5
	iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.	1 2 3 4 5
	iv. Identify one's own biases, as they relate to the care of a client.	1 2 3 4 5
	v. Actively work to mitigate one's biases, as they relate to the care of a client.	1 2 3 4 5
	vi. If unable to overcome significant biases, provide the client with alternative options.	1 2 3 4 5
c. Adhere to professional standards and regulatory requirements.	i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction.	1 2 3 4 5
	ii. Practice within the profession's scope of practice and one's personal capabilities.	1 2 3 4 5
	iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.	1 2 3 4 5

Additional comments:

Signature of Supervisor 1 _____ Date _____

Signature of Supervisor 2 _____ Date _____

Signature of Supervised Member _____ Date _____