Milestones – Audiology

1. Expert

1.1. Knowledge Expert

1.1.a. Applies profession-specific knowledge to prevent, identify and manage auditory disorders across the lifespan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates profession-specific academic knowledge relevant to site, population or client. Reviews relevant profession-specific knowledge as necessary.	Applies profession-specific knowledge. Compares and contrasts profession-specific knowledge with clinical experiences.	Integrates profession-specific knowledge with clinical experience and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1.b. Applies profession-specific knowledge to prevent, identify and manage vestibular and balance system disorders across the lifespan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates profession-specific knowledge relevant to site, population or client. Reviews relevant profession-specific knowledge as necessary.	Applies profession-specific knowledge. Compares and contrasts profession-specific knowledge with clinical experiences.	Integrates profession-specific knowledge with clinical experience and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1.c. Applies basic knowledge from relevant fields (e.g., Speech-Language Pathology, physiology, psychology) to clinical practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Determines what basic knowledge is relevant from other fields to site, population or client. Reviews relevant basic knowledge as necessary.	Applies basic knowledge from relevant fields (e.g., typical and disordered speech and language). Compares and contrasts basic knowledge with clinical experiences.	Integrates basic knowledge with clinical experiences and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1 d. Uses evidence and clinical reasoning to guide professional decisions.

- 1.1.d.i. Critically appraises research and other available evidence to inform clinical practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies appropriate sources for information relevant to clinical practice. Conducts basic appraisal of evidence. Describes possible application of evidence.	Accurately appraises appropriate sources of evidence. Considers variables that impact clinical application of evidence. Incorporates evidence in practice after reflection.	Justifies the choice of selected evidence. Integrates multiple sources of evidence with academic knowledge and clinical experience. Applies evidence appropriately.

- 1.1.d.ii. Applies clinical reasoning skills to clinical practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Makes hypotheses about clinical educator (CE) rationale for clinical decisions, based on observation of practice.	Hypothesizes reasons for client performance.	
Identifies which data are relevant for making specific clinical decisions from a basic set of information.	Recognizes conflicting results during an assessment.	Justifies clinical decisions using relevant data.
Anticipates how client may perform on specific tasks, based on relevant data.	Proposes alternative courses of action.	Demonstrates flexibility in approach to client needs and intervention options.
		Adapts clinical activities during an assessment, based on client performance.
Prepares for possible clinical decisions ahead of sessions (i.e., "If client does x, I will do y.").	Between sessions, makes appropriate clinical decisions, based on client performance.	Integrates academic knowledge and clinical experiences with new variables and perspectives in order to make clinical decisions.

1.2. Clinical Expert - Assessment

1.2.a. Identifies individuals requiring audiology services.

- 1.2.a.i. Collects and reviews information from relevant sources (e.g., referrals, reports, consultations) to determine an individual's need for an audiology assessment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies relevant sources of information. Establishes a plan for collecting information. Prioritizes information from client file through a structured review. Identifies risk factors, including concerns.	Collects required information to determine need for assessment. Makes a preliminary judgment about need for assessment while accounting for risk factors, including concerns.	Integrates various information sources to determine need for assessment.

- 1.2.a.ii. Engages in screening programs (e.g., infant, industrial, school, community) to identify individuals requiring audiology services.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Conducts a pre-determined screening protocol. Describes how a screening program fits into a larger service delivery model. Identifies when the outcome of a screening indicates the need for services.	Analyzes components that are necessary to develop a well-designed screening protocol. Analyzes need for screening programs in placement site or community. Selects appropriate screening tools to identify the need for services.	Devises appropriate screening protocol for identified purposes. Evaluates the basic effectiveness of the screening protocol.

1.2.b. Plans, conducts and adjusts an assessment.

- 1.2.b.i. In partnership with the client, substitute decision-maker and family, as appropriate, collects and analyzes pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Records pertinent information from client file through a structured review. Collects information from client, substitute decision-maker and family, as appropriate, by following a structured case history document.	Assesses the relevance, including quality, of information in client file. Implements variations to the case history process according to information available in the file. Determines the need for additional information or reports.	Selects key information to inform assessment. Synthesizes information obtained from all pertinent sources. Adjusts interview style, based on client/caregiver responses.

- 1.2.b.ii. Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Uses all available information to identify areas in need of assessment. Identifies possible assessment tools, equipment and techniques. Uses an established template for creating a plan of assessment.	Compares and contrasts tools, equipment and techniques. Justifies deviation from standardized procedures, evaluating the implications of those deviations.	Adapts the assessment plan, taking into consideration unique client needs, with justification.

- 1.2.b.iii. Conducts the assessment, modifying as necessary.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Explains the purpose and procedures of assessment methods to client. Utilizes procedures required by the standardized assessment tool or method. Utilizes planned informal assessment and procedures. Identifies need for adjustments to assessment and procedures.	Plans appropriate deviations from standardized assessment with justification, evaluating possible implications. Plans appropriate deviations from informal assessment with justification, evaluating possible implications. After reflection, adjusts assessment.	Routinely implements standardized assessment, including any necessary deviations. Routinely implements informal assessment, including any necessary deviations. Effectively adjusts assessment during the session.

1.2.c. Analyzes and interprets assessment results.

- 1.2.c.i. Interprets assessment data using knowledge, skill and judgment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies level of auditory and vestibular function. Describes inconsistent assessment data.	Considers gaps in assessment data. Explains inconsistencies in assessment data.	Integrates all assessment data into a coherent interpretation.

- 1.2.c.ii. Integrates the data and formulates a conclusion (e.g., regarding site of lesion, functionality, reliability).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies factors that affect reliability. .	Analyzes test reliability.	Formulates conclusions about the impact of test reliability.
Identifies salient information from all sources to summarize client abilities and needs.	Synthesizes information from sources (e.g., file, assessment) to determine the presence, nature and/or severity of the auditory and/or vestibular condition, including strengths and needs.	Synthesizes information from all sources (e.g., file, assessment, input from other providers) using a holistic framework (e.g., WHO ICF Social Determinants of Health) to formulate, summarize and rationalize conclusions regarding abilities, needs and trajectories.
Identifies applicable components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	Links salient information to some components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	

1.2.d. Develops and shares recommendations based on assessment results.

- 1.2.d.i. Develops evidence-informed recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Based on assessment findings, including other available evidence, identifies whether intervention is indicated.	Compares and contrasts evidence-informed interventions, including scope (e.g., acoustic environmental modifications, appropriate technology).	Recommends appropriate type of evidence-informed intervention, including scope (e.g., technologies, modifications to the acoustic environment).
Discusses the need for referrals, including their value.	Identifies specific need for referrals.	Makes appropriate referrals, as needed.
Identifies typical services to which referrals are made.	Seeks services to which referrals can be made.	

- 1.2.d.ii. Discusses the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Presents essential assessment findings to client, based on a script, including interpretations and recommendations. Establishes a plan for providing essential assessment findings to other relevant individuals (e.g., physician, psychologist, social worker). Applies content knowledge in response to questions after time for reflection (e.g., auditory/vestibular function to client/family).	Discusses assessment findings with client, including interpretations and recommendations. Discusses assessment findings with other relevant individuals, including interpretations and recommendations. Responds to questions from the client and others after time for reflection. Anticipates questions client and others may have, preparing answers in advance.	Discusses assessment findings with client and other relevant individuals, including interpretations, recommendations and implications. Responds to questions from client and others during the session.

1.3 Clinical Expert – Intervention

1.3.a. Develops a realistic, evidence-informed and measurable intervention plan.

- 1.3.a.i. Develops objectives for the intervention reflecting the client's goals, needs, values, expectations and constraints.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies types and sources of information required to develop goals [e.g., assessment results, options available in community, client expectations/perspectives, resources (support, financial)]. Identifies global areas to be targeted for intervention.	Develops goals considering assessment results, including client/family perspective. Proposes strategies/approaches considering client needs, values, expectations, assessment results and constraints.	Develops realistic goals (i.e., specific, measurable, functional) considering current research, assessment results and client perspectives.

- 1.3.a.ii. Determines the resources and projected timelines required for the intervention.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies essential resources required for intervention (e.g., client/family, financial, organizational).	Proposes probable timelines, including resources, with consideration given to limits/constraints.	Flexibly selects available resources while adapting intervention timelines with consideration given to limits/constraints.

- 1.3.a.iii. Prioritizes the intervention objectives.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential factors that may impact intervention priorities. Demonstrates an understanding of possible intervention barriers (e.g., resources, motivation).	Proposes priorities for intervention objectives, based on assessment findings, including client perspective. Justifies intervention objectives. Problem-solves potential intervention barriers.	Prioritizes goals with rationale, accounting for client perspectives, assessment results and resources. Addresses barriers to intervention.

- 1.3.a.iv. Develops an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates knowledge about direct and indirect service delivery. Obtains and integrates pertinent information from relevant sources (e.g., class notes, readings, templates, previous reports, CE discussions, client interviews) to guide the selection of direct and/or indirect service delivery model(s).	Proposes, with rationale, possible service delivery models.	Appropriately selects with rationale, possible service delivery models. Collaborates with others to manage barriers to service delivery options, based on their identification.

- 1.3.a.v. Consults with others, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies other healthcare providers who might be involved in hearing healthcare. Identifies non-healthcare individuals who might be involved in hearing healthcare.	Analyzes the reasons to consult with other audiologists or appropriate providers for consultation.	With consent, consults with appropriate providers.

- 1.3.a.vi. Identifies and recommends alternative services for a client whose needs are beyond the personal limitations of the audiologist.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes when client needs are beyond the expertise of the assessing audiologist. Identifies possible alternative services.	Explains to client the ways in which her/his/their needs are beyond the expertise of the assessing audiologist. Recommends, with rationale, alternative services to client.	Ensures client understands need for alternative services. Discusses appropriate alternative services with the client.

- 1.3.a.vii. Incorporates outcome measures in the intervention plan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Selects appropriate outcome measures when provided with a variety of options.	Proposes possible appropriate outcome measures.	Develops individualized methods to determine client outcomes.

1.3.b. Implements an intervention plan.

- 1.3.b.i. Prescribes technology, as appropriate to the client's needs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies the need for amplification or audiologic intervention. Identifies different technological options for the degree of hearing loss and client needs.	Implements a prescriptive approach, based on client needs. Identifies non-electroacoustic and electroacoustic characteristics for prescribing technology.	Modifies prescriptive approach, based on research and client needs. Accurately prescribes technology given the unique needs of the client.

- 1.3.b.ii. Dispenses technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes an appropriate earmold impression. Demonstrates the steps required to safely obtain an earmold impression.	Safely obtains earmold impressions efficiently.	
Calibrates verification test systems. Demonstrates basic knowledge regarding verification methods.	Performs basic electroacoustic verification tests. Performs basic probe-tube measurements. Performs basic troubleshooting adjustments.	Effectively uses hearing instrument software to meet client needs. Troubleshoots and/or modifies hearing instrument systems.
Demonstrates basic knowledge regarding validation procedures.	Implements validation measures.	Utilizes appropriate methods and tools effectively in order to validate the benefits of amplification.

- 1.3.b.iii. Provides the client and appropriate caregivers with information, support, training and/or counselling.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Provides scripted information, education and/or training with client, family and/or significant others.	Plans scripted information, education and/or training with client, family and/or significant others.	Adapts provision of information, education and/or training within the session, based on the response of client, family and/or significant others.
Identifies possible client perspectives/needs.		
Identifies the role of audiologist in counselling (e.g., provide information, support, facilitate, empower, prepare, educate).	Identifies the specific role of audiologist in counselling related to client needs/perspectives.	Effectively implements basic counselling techniques considering role of audiologist and client needs/perspectives.
Identifies basic counselling techniques (e.g., provide content, active listening, validate, reframe).	Incorporates basic counselling techniques, based on client needs/perspectives.	
Reflects on effectiveness of observed clinician-led counselling.	After reflection, proposes optimal approach to counselling.	After reflection, adapts counselling techniques within the session, based on client responses.

- 1.3.b.iv. Provides hearing conservation and hearing loss prevention programs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies why hearing conservation is essential to hearing healthcare. Demonstrates knowledge of noise-induced hearing loss. Identifies important components of hearing loss prevention programs.	Provides information to client regarding hearing conservation programs. Recommends appropriate modifications for safety in noisy environments. Implements existing programs related to hearing loss prevention programs.	Creates a hearing loss prevention program, including all essential components (e.g., risk assessment; outcome measures; monitoring recommendations).

- 1.3.b.v. Demonstrates the appropriate use of equipment, instruments and/or devices.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates knowledge of technology. Identifies barriers to successful client use of technology.	Demonstrates the use of technology to client (e.g., pairing devices, changing program). Discusses methods to overcome barriers for successful use of technology.	Implements adjustments to the technology to meet client needs. Ensures client independently uses technology.

- 1.3.b.vi. Refers to other healthcare or educational professionals, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Discusses needs of client and possible professionals required to target those needs.	Proposes potential referrals.	Makes appropriate referrals to other professionals, providing a suitable rationale.

1.3.c. Monitors, adapts and/or redesigns an intervention plan based on the client's responses and needs.

- 1.3.c.i. Evaluates the outcomes of the intervention on an ongoing basis.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies that intervention requires ongoing assessment.	Describes patterns of client responses that indicate changes to intervention are needed.	Synthesizes all information regarding client progress that indicate changes to intervention are needed.
Incorporates suggestions to evaluate intervention outcomes.	Proposes methods to evaluate intervention outcomes.	Implements methods to evaluate intervention outcomes.

- 1.3.c.ii. Modifies, limits, or discontinues an intervention, as appropriate.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Implements suggested modifications.	Proposes modifications to intervention plan according to ongoing intervention results, client progress and client needs.	Modifies intervention plan according to ongoing intervention results, client progress and client needs.
Recognizes that intervention may need to be discontinued.	Explains why intervention should be discontinued. Plans to discontinue intervention.	Anticipates discontinuation of intervention, with rationale. Discontinues intervention.
Presents scripted information to client/family about transition to other services.	Provides client/family with information about transition to or availability of other services.	Involves client/family in discharge/transition planning.

- 1.3.c.iii. Consults with the client when considering a change in the course of action.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Asks client scripted questions about possible changes to intervention.	Encourages client to self-assess to identify need for changes. Generates ideas for modification, based on client responses.	Adapts proposed modifications, based on client input/concerns.

1.3.d. Provides training, tasks and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity and individual competencies.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes the role of support personnel, based on scope of practice and parameters of the setting.		
Discusses whether use of support personnel may be a suitable approach for client care needs.	Identifies the need for changing goals or treatment approaches for support personnel.	Discusses changes in goals and/or treatment approaches with support personnel.
Identifies tasks that support personnel may implement.	Proposes appropriate tasks for support personnel.	Provides support personnel with appropriate tasks.
Observes support personnel providing service to consider areas of possible feedback.	Discusses delivery of feedback to support personnel.	When appropriate to the setting and situation, provides feedback to support personnel.
Observes support personnel providing service to consider areas of possible training.	Discusses training options for support personnel. Contributes to the training of support personnel.	When appropriate to the setting and situation, provides training to support personnel.

2. Communicator

2.a. Communicates respectfully and effectively using appropriate modalities.

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

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reflects on observation of CE sessions to recognize how and why language was modified. Identifies in own sessions when language used was not appropriate to client and context. Plans to modify language (e.g., technical language).	Modifies language for client in context.	Uses language that is appropriate to client context.

- 2.a.ii. Demonstrates active listening skills.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Listens attentively with appropriate eye contact. After reflection, identifies where non-verbal cues may have enhanced the interaction. After reflection, identifies where verbal cues may have enhanced the interaction. Demonstrates awareness that client requires time to express self. Demonstrates patience. Demonstrates openness and non-judgment while listening.	Uses appropriate non-verbal techniques, including facial expression, nods, posture and eye contact. Uses a limited repertoire of basic active listening responses, including acknowledgement, affirmation and paraphrasing. After the interaction, reflects where further use of verbal responses may have been beneficial. Allows adequate time for client expression. Demonstrates openness and non-judgment while listening and reflecting.	Uses a range of active listening responses, including acknowledgement, paraphrasing, affirmation, balanced use of open-ended and specific questions and appropriate self-disclosure. Demonstrates openness and non-judgment while listening, responding and reflecting.

- 2.a.iii. Relates comfortably and in a socially appropriate manner with others.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Responds in clinical interactions with CE, client, caregiver and other providers appropriate to the context, displaying reasonable comfort.	Responds to clinical interactions with CE, client, caregiver and other providers appropriate to the context, with reduced hesitation.	Responds to all interactions with CE, client, caregiver and other providers appropriate to the context, with confidence.
Responds to social interactions with CE, client, caregiver and other providers appropriate to the context, displaying reasonable comfort.	Responds to social interactions with CE, client, caregiver and other providers appropriate to the context, with reduced hesitation.	
Initiates clinical interactions with CE and other providers appropriate to the context, displaying reasonable comfort.	Following plan, initiates clinical interactions with CE and other providers appropriate to the context, with confidence.	Initiates interactions with CE, client, caregiver and other providers appropriate to the context, with confidence.
Initiates social interactions with CE and other providers appropriate to the context, displaying reasonable comfort.	Following plan, initiates social interactions with CE and other providers appropriate to the context with confidence.	

- 2.a.iv. Adapts communication in response to verbal and nonverbal cues from communication partners.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
After session, identifies communication partners' verbal and non-verbal cues. Discusses future adaptations to communication, based on interpretation of the meaning of verbal and non-verbal cues post-session.	Adapts communication (e.g., tone, manner, approach) to acknowledge non-verbal and verbal cues of communication partners, based on monitoring of these cues.	Adapts own non-verbal and verbal (e.g., reflects, reformulates, redirects, reframes) communication appropriately in session, based on accurate monitoring of non-verbal and verbal cues.

- 2.a.v. Communicates in all professional contexts in a positive, clear, concise and grammatically acceptable manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Shares information in a grammatically acceptable manner. In session plans, identifies the main points to be presented in communications. In reflecting on a session, identifies presence of non-communicative output (e.g., um, like).	Presents the main points in a clear and concise manner following plan. Reduces use of non-communicative output.	Communicates in a clear and concise manner.

- 2.a.vi. Communicates in a respectful manner, demonstrating empathy and openness.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Plans approaches to ensure respectful communication in all interactions.	Evaluates own communication regarding respectful communication.	
Identifies ways to demonstrate respect, empathy and openness, based on post-session reflection.	Identifies own perspective and its impact on capacity to communicate respectfully and/or empathically.	Adjusts own communication to achieve mutual respect.
Discusses the level of formality used with client/family/caregiver to convey respect.	Uses appropriate level of formality with client/family/caregiver.	
Describes examples of how CE was respectful and showed empathy towards client/family/caregiver/other providers.	Communicates respectfully with client/family/caregiver/other providers following a plan.	Uses empathy and non-judgemental language with client/family/caregiver/other providers.

- 2.a.vii. Employs environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic) and by using translators/interpreters, as required.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies need for a translator/interpreter.	Uses planned strategies with a translator/interpreter.	Uses a translator/interpreter.
Follows instructions to use one or two specific techniques (e.g., visual enhancement, language adjustments, gestures, inflection) to enhance communication with client.	Plans for the use of specific techniques (e.g., visual enhancement, language adjustments, gestures, inflection) to enhance communication with client.	Independently, flexibly and creatively uses a variety of communication strategies across a range of clients.
Identifies potential environmental and communication strategies to minimize barriers.	Uses planned environmental and communication strategies for anticipated barriers.	Modifies environmental and communication strategies when unanticipated barriers are apparent.

- 2.a.viii. Participates respectfully in challenging conversations.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential for challenging conversations during session preparation.	Manages anticipated challenging conversations with family/caregiver and other providers.	Manages challenging conversations with client/family/caregiver and other providers (e.g., differences of opinion, challenging clinical conversations, language barriers and strong emotional reactions).
Identifies possible management strategies for challenging conversations.	Describes examples of how CE managed unanticipated challenging conversations.	
Identifies possible impacts of peer/client/family member/caregiver or own emotions on communication.	Reflects on the impact of peer/client/family member/caregiver or own emotions on communication.	Addresses peer/client/family/caregiver emotions in conversation.
Identifies possible impacts of peer/client/family member/caregiver or own perspectives on communication.	Reflects on the impact of peer/client/family member/caregiver or own perspectives of on communication.	Addresses peer/client/family/caregiver perspectives in conversation.
		Uses collaborative approaches to develop solutions to communication breakdowns.
Identifies when there are communication breakdowns.	Reflects on own role in communication breakdowns.	Assumes ownership of communication repair required in follow-up to difficult conversations.

- 2.a.ix. Effectively receives and provides feedback (e.g., CEs, peers, clients, team members).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates open, positive and non-defensive attitude to feedback. Solicits general feedback. Provides general positive and constructive feedback. Reflects on approaches to giving feedback.	Adjusts behaviour in future sessions following feedback. Solicits feedback on adjustments made, based on previous suggestions. Provides specific positive and constructive feedback.	Integrates feedback immediately. Solicits feedback on self-identified areas for development.

2.b. Completes documentation thoroughly and accurately, in a timely manner.

- 2.b.i. Accurately documents informed consent, services provided and outcomes.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies clinically relevant information that describes services and outcomes in samples of documentation. Identifies key information required for documentation of informed consent.	Follows a template for documenting services and outcomes. Following a plan, documents necessary elements of informed consent, as required by legislation and agency policies.	Adjusts a template for documenting services and outcomes. Maintains records that accurately and thoroughly describe services and outcomes. Maintains standards for required documentation of informed consent.

- 2.b.ii. Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s).

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies required elements of clinical reports provided in samples from CE.	Produces draft reports that include all required elements.	
Accurately describes formal results in written drafts.	Writes a report that demonstrates basic reasoning and integration of assessment results, including recommendations, goals and outcomes.	Produces complete reports that clearly demonstrate reasoning and integration of results, client input, analysis, recommendations, goals and outcomes.
Writes notes describing informal results.	Prepares appropriate draft documentation that describes informal results.	
Hypothesizes about which elements of client input are relevant to include in reports.	Accurately describes relevant client input.	
Identifies target audience for reports.	Suggests appropriate wording, style, level and tone to use in reports, based on target audience.	Uses language appropriate for target audience in written reports.

- 2.b.iii. Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Submits draft documentation and reports demonstrating grammatically acceptable writing. Modifies writing in all documents after feedback.	Using samples, completes documents in clear, concise and organized manner.	Maintains professional standard of writing in all formal and informal documentation.

- 2.b.iv. Completes and disseminates documentation in a timely manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Meets timelines provided by CE for completing documentation. Meets timelines provided by CE for dissemination of documentation.	Identifies reasonable timelines for completion of documentation.	Completes and disseminates documentation following organization's standards.

- 2.b.v. Complies with regulatory, legislative and facility requirements related to documentation.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Plans strategies for determining requirements for facility-specific documentation. Utilizes resources for determining regulatory and legislative requirements.	Complies with all regulatory/legislative/facility requirements related to documentation.	

3. Collaborator

3.a. Establishes and maintains effective team collaborations to optimize client outcomes.

- 3.a.i. Interacts effectively and positively with all team members, including clinical educator.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Collaborates effectively with fellow students in peer learning context.	Identifies opportunities to contribute to a fellow student's success in peer learning context.	Contributes positively towards a fellow student's success in peer learning context.
Builds a positive relationship with CE.	Describes own roles in contributing to CE's clinical practice.	Collaborates* effectively with CE.
Interacts positively with other team members.	Identifies opportunities to collaborate with other team members.	Fully participates in carrying out collaborative work with team.

***** "to work together with somebody in order to produce or achieve something"

[Collaborate. (n.d.). In *Oxford advanced learner's dictionary*. Retrieved 2021 from https://www.oxfordlearnersdictionaries.com/definition/english/collaborate]

- 3.a.ii. Communicates own professional roles, responsibilities and scope of practice in collaborative interactions.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies own role within the team.	Describes own roles, responsibilities and scope of practice to others.	Performs planning, joint assessment and joint intervention with others.
Hypothesizes about appropriate Audiology information to share with team members.	Identifies appropriate Audiology information to share with team members.	Shares appropriate Audiology information with team members.

- 3.a.iii. Recognizes and respects the roles and perspectives of other professionals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential team players in client care.	Identifies distinctness between/among different team roles.	Acknowledges the value of team member roles for optimal client care.
Actively learns about other professions/providers in relation to own role.	Identifies areas of role overlap and opportunities for collaboration, as well as areas of unique scope amongst the team.	Adjusts role flexibly in relation to care priorities and team roles.
Identifies information gaps that may be provided by other team members.	Seeks out clinically relevant information from other professionals/providers.	Incorporates clinically relevant information from other professionals/providers into assessment and intervention.

- 3.a.iv. Participates actively and respectfully in shared responsibilities and decision-making.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Listens to others while participating in shared responsibilities and decision-making. Hypothesizes about information that will contribute to shared responsibilities and decision-making. Summarizes shared responsibilities and decision-making following team discussion. Conducts all shared responsibilities and decision-making in a respectful manner.	Identifies opportunities for shared responsibilities and decision-making. Compares and contrasts different perspectives in the shared responsibilities and decision-making.	Integrates different perspectives into shared responsibilities and decision-making. Works respectfully in consultation with team members and client in shared responsibilities and decision-making.

- 3.a.v. Manages misunderstandings, limitations and conflicts to enhance collaborative practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies misunderstandings, limitations and conflicts following interactions with others. Describes possible reasons behind disagreements, misunderstandings and conflicts.	Presents a plan to address misunderstandings, limitations and conflicts, based on conflict management principles.	Addresses misunderstandings, limitations and conflicts to find solutions or ways to deal with them. Takes ownership for misunderstandings.

- 3.a.vi. Facilitates transfer of care within and across professions.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Hypothesizes about plan for transfer of care. Describes regulations and processes involved in transfer of care.	Presents a plan to collaborate with other providers in determining plan for transfer of care. Presents a plan to address regulations and processes involved in transfer of care.	Collaborates with other providers when determining appropriate plan for transfer of care. Complies with regulatory conditions and processes for appropriate transfer of care.

3.b. Demonstrate client-centered practice.

- 3.b.i. Engages and supports the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires in order to inform assessment and intervention.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies strategies used by CE for supporting client to inform assessment and intervention. Describes possible strategies for supporting client to inform assessment and intervention.	Applies pre-planned strategies for supporting client to inform assessment and intervention. Adjusts strategies for supporting client, based on reflection between sessions.	Applies own planned strategies for supporting client to inform assessment and intervention. During sessions, adjusts strategies, based on client reactions.

- 3.b.ii. Demonstrates respect for the client's rights, dignity, uniqueness and equal opportunity.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies ways to demonstrate respect for client rights, dignity, uniqueness and equal opportunity (e.g., ethnographic interviewing, adapting assessment protocols, carefully considering treatment materials). Hypothesizes about the potential for differences between client and student that could impact communication and work with client.	Applies pre-planned ways to demonstrate respect for client rights, dignity, uniqueness and equal opportunity. Communicates from a position of empathy, respect and curiosity with client when learning about differences impacting client-centred care.	Incorporates approaches that demonstrate respect for client rights, dignity, uniqueness, and equal opportunity.

- 3.b.iii. Considers the client's personal, social, educational and vocational contexts.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies approaches used by CE for examining personal, social, educational and professional contexts of client. Hypothesizes about the specific impact of contexts in meeting client needs.	Plans approaches that address personal, social, educational and vocational contexts of client.	Incorporates approaches that consider personal, social, educational and vocational contexts of client.

- 3.b.iv. Promotes and supports the client's (or substitute decision maker's) participation in decision-making.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies approaches used by CE for promoting and supporting client participation in decision-making.	Plans approaches for promoting and supporting client participation in decision-making. Adjusts approaches, based on reflection between sessions.	Incorporates approaches for promoting and supporting client participation in decision-making. Adjusts approaches, based on client participation.

4. Advocate

4.a. Enables the client to identify and address the barriers that impede or prevent access to services and resources, according to the client's goals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes the value of the professional role in client advocacy. Brainstorms possible barriers to accessing services and resources, not necessarily specific to given client.	Based on client identification of barriers, describes them and their impact on goal attainment. Researches possible solutions to barriers.	Works collaboratively with client to facilitate identification of barriers. Directs client to a range of tools and information sources to facilitate identification of possible solutions.

4.b. Shares professional knowledge with others.

- 4.b.i. Promotes the value of the profession.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes general roles, skills and impact of the profession in layperson's terms.	Uses layperson terms and meaningful examples to explain the unique roles, skills and impact of the profession pertinent to client/team member and site contexts.	Implements planned educational activities to enhance the general public's and/or colleagues' awareness of the unique value, impact, scope of practice and roles of the profession.

- 4.b.ii. Identifies the need for education related to Audiology services.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reflects on possible knowledge gaps in team members and clients.	Describes witnessed knowledge gaps after they occur.	Addresses knowledge gaps as they occur.

- 4.b.iii. Plans and delivers prevention, promotion and education programs and activities related to communication and/or feeding and swallowing disorders.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Uses available interaction opportunities to provide basic prevention, promotion and educational information. Reviews existing materials and presentations for promotion and educational opportunities.	Participates in delivering existing promotion and educational opportunities. Creates materials to support existing promotion and educational opportunities.	Initiates opportunities for wider public dissemination (e.g., media, public venues, recruitment). Creates and delivers new educational or promotional materials and presentations.

5. Scholar

5.a. Maintains currency of professional knowledge and performance in order to provide optimal care.

- 5.a.i. Identifies own professional strengths and areas for development**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies areas for development, based on feedback received. Identifies areas of strength, based on feedback received.	Accurately identifies specific areas for development. Accurately identifies specific areas of strength.	

- 5.a.ii. Determines own goals for competency development**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Develops general goals for development. Incorporates feedback to set own goals.	Develops specific goals for development. Adjusts goals, as needed.	Determines competency goals that will impact the quality of practice.

- 5.a.iii. Develops a plan and implements strategies for continued development in all seven competency roles**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Develops an action plan related to identified goals, incorporating feedback.	Seeks additional information for the action plan, including a review of existing resources. Modifies action plan, as needed, based on reflection and feedback.	Builds in accountability for continued development and implementation of the action plan (e.g., reviews regularly, involves others, seeks feedback).
Seeks feedback from CE.	Seeks feedback from CE and others regularly.	Refines performance through self-reflection, information-seeking, information-testing and collaboration with CE, rather than waiting for feedback.
Implements key feedback.	Implements feedback quickly. Demonstrates increased generalization of feedback.	Incorporates all feedback with ease.
Recognizes ways to develop competencies in clinical practice (e.g., review of course material and research literature).	Recognizes opportunities to use new competencies in practice.	Takes advantage of opportunities to use new competencies to enhance practice.
Recognizes the need to seek opportunities for competency development.	Identifies possible opportunities for continued future competency development.	Plans for continued future competency development across all seven roles.
Acknowledges the range of competency roles required within the profession.	Recognizes the need for continued development in all seven competency roles.	

6. Manager

6.a. Manages the clinical setting.

- 6.a.i. Balances competing demands to manage time, caseload, resources and priorities.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Prioritizes work that has been assigned. Meets assigned deadlines.	Manages client-related priorities, making necessary adjustments.	Manages all priorities (e.g., client-related, administrative, research, other assigned tasks), making necessary adjustments.

- 6.a.ii. Demonstrates an understanding of the structure, funding and function of Audiology service within the organization and broader health and education system.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Asks informed questions about the structure, funding and function of the Audiology service and the organization.	Describes the structure, funding and function of the Audiology service within the organization.	Describes linkages between the Audiology service within the organization and other services external to the organization. Describes how service delivery is impacted by the structure, funding and function of the Audiology service within the organization and within the broader health and education system.

- 6.a.iii. Applies appropriate precautions, risk management and infection control measures, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows routine protocols specified by the clinical site. Complies with updated safety procedures and protocols.	Seeks information on risk management. Identifies circumstances requiring risk management. Reacts to risks effectively/safely.	Anticipates potential risks (e.g., behavioural, environmental, health-related).

- 6.a.iv. Ensures equipment, materials, instruments and devices are regularly calibrated, up to date and in good working condition, according to the required standards.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Discusses calibration and working condition standards for equipment and materials on-site. Follows routine protocols specified by the site.	Determines whether materials, equipment, instruments and devices are calibrated, up to date and/or in good working condition, according to the required standards. Reports problems or challenges.	Identifies when changes or enhancements to protocols are necessary. Troubleshoots problems or challenges (e.g., repairs or replaces damaged materials).

7. Professional

7.a. Maintains professional demeanour in all clinical interactions and settings.

- 7.a.i. Maintains confidentiality (e.g., follows consent procedures to share information with other parties).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows confidentiality guidelines, as per university and practicum site requirements. Seeks clarification, as required (e.g., consent within shared custody arrangements).	Confirms plans to address confidentiality.	Utilizes principles of ethical practice to address all situations related to confidentiality.

- 7.a.ii. Demonstrates professionalism in managing conflict.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies possible conflict from basic situational information. Describes how conflict can impact a relationship and client care. Communicates about conflict with honesty and tact. Accurately reflects on own behaviour in conflict situations. Identifies own behaviours that can contribute to conflict (e.g., defensiveness).	Identifies possible conflict situations. Anticipates potential need to address conflict. Identifies useful resources for addressing conflict. Identifies own behaviours that do contribute to conflict (e.g., defensiveness).	Identifies actual conflict. Implements a plan to address own behaviours. Adjusts own behaviour to the mutual benefit of self and others.

- 7.a.iii. Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals**.**

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Recognizes personal and professional boundaries, including those that are unprofessional. Identifies need to maintain personal and professional boundaries in relationships. Describes how issues with professional boundaries can impact relationships and client care.	Anticipates need to address issues with professional boundaries. Maintains personal and professional boundaries in relationships. Describes how own behaviours can impact personal and professional boundaries. Identifies useful resources for addressing issues with professional boundaries.	Implements a plan to address issues with professional boundaries.

- 7.a.iv. Displays a positive, professional image (e.g., follows dress code).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Dresses professionally following organization's dress code guidelines. Prepares for all practicum commitments. Is punctual for all practicum commitments. Demonstrates a positive attitude toward learning within all practicum activities.		

- 7.a.v. Demonstrates professionalism in all communications, including those involving electronic platforms**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes examples of professional communication, including unprofessional communication. Describes how professional communication impacts relationships and client care (e.g., addressing client, speaking respectfully about organizations). Identifies importance of maintaining professional communication. Anticipates need to ensure professional communication. Develops a plan to ensure professional communication. Recognizes organizational efforts in service delivery, including clinical education.	Identifies actual professional/unprofessional communication. Identifies useful resources for addressing unprofessional communication. Implements a plan to ensure professional communication. Adjusts own behaviour to ensure professional communication, thereby demonstrating ownership. Demonstrates professionalism in all communications (e.g., respectful, thoughtful, courteous communication with s, organization staff, clients, families, other professionals/providers).	

- 7.a.vi. Demonstrates responsible, reliable behaviour and accountability for actions and decisions**.**

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies timelines for practicum requirements and commitments. Prioritizes tasks in order of importance from a basic set of information. Utilizes appropriate time management skills to complete tasks on time. Describes how unreliable behaviour impacts relationships and client care. Demonstrates reliable behaviour (e.g., consistent attendance). Discusses the importance of general self-care strategies in relation to supporting a range of client needs (e.g., compassion fatigue).	Responds in a timely manner to requirements and commitments. Appropriately prioritizes tasks in order of importance. Takes ownership for decisions made. Identifies and attempts to implement self-care strategies, based on personal needs.	Implements and adapts self-care strategies, based on reflection about personal response to client needs.

- 7.a.vii. Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes the presence of an inherent power differential in client-clinician relationship from examples.	Recognizes the presence of the inherent power differential. Describes how this power differential can impact relationships and client care. Anticipates the need to address the power differential. Identifies useful resources to address the power differential.	Identifies the power differential. Implements a plan to address the power differential.

7.b. Practices ethically.

- 7.b.i. Adheres to professional code of ethics, as defined within the jurisdiction.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates awareness of Codes of Ethics and the need to abide by them. Demonstrates behaviour consistent with relevant Codes of Ethics.	Considers how Codes of Ethics inform clinical practice.	Applies ethical principles to address situations requiring further consideration.

- 7.b.ii. Obtains informed consent.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reviews common organizational resources for obtaining informed consent. Knows that informed consent is necessary.	Identifies organizational resources for obtaining informed consent. Ensures that informed consent is obtained.	Obtains informed consent using a structured approach. Obtains informed consent that requires additional consideration (e.g., substitute decision makers, shared custody arrangements, fluctuating level of client consciousness).

- 7.b.iii. Recognizes and uses critical judgment to respond to ethical issues encountered in practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes possible ethical issues in clinical practice (e.g., personal relationships with client). Describes framework for ethical decision-making. Analyzes possible ethical issues in clinical practice guided by an ethics framework.	Identifies ethical issues in practice. Synthesizes information from various sources to develop a plan for dealing with ethical issue.	Effectively uses a framework for ethical decision-making to respond to issues in practice.

- 7.b.iv. Recognizes and uses critical judgment to respond to actual or perceived conflicts of interest.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Recognizes actual or perceived conflicts of interest in clinical practice (e.g., clinician providing services in both public and private settings). Describes how actual or perceived conflicts of interest can impact relationships and client care. Anticipates need to address actual or perceived conflicts of interest.	Identifies conflicts of interest. Analyzes actual or perceived conflicts of interest. Identifies useful resources for addressing conflicts of interest. Synthesizes information from various sources to develop a plan to address conflicts of interest.	Effectively responds to conflicts of interest. Evaluates response to conflict of interest to guide future practice.

7.b.v. Demonstrates honesty and integrity and acts in the best interests of the client.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies the need for integrity, including honesty, in clinical practice to act in the best interests of client.	Reflects on own integrity, including honesty, in practice.	Demonstrates integrity, including honesty, in practice.
Recognizes possible dishonesty in clinical practice (e.g., lack of accountability, misinformation).	Identifies dishonesty.	
Anticipates need to address dishonesty.	Develops a plan to address any dishonesty.	Implements a plan to address any dishonesty.
Describes how dishonesty can impact relationships and client care.	Adjusts own behaviour to demonstrate honesty, displaying ownership.	

- 7.b.vi. Identifies and mitigates one's own biases, as they relate to the care of a client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes bias in clinical practice from basic situational information. Describes how bias can impact relationships, including client care. Identifies the need to mitigate bias.	Anticipates need to address one's own biases in clinical practice. Identifies useful resources for mitigating one's own biases in clinical practice. Develops a plan to mitigate own biases.	Identifies own biases in clinical practice. Implements a plan to mitigate own biases. Adjusts own behaviour to mitigate biases in clinical practice, demonstrating ownership.

7.c Adheres to professional standards and regulatory requirements.

- 7.c.i. Stays informed of and complies with professional standards and regulatory and legislative requirements within one's jurisdiction.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies regulatory and legislative requirements (e.g., PIPEDA, provincial regulatory acts, required reporting standards). Identifies professional standards that apply to the clinical setting (e.g., practice guidelines for disorder type).	Complies with basic regulatory and legislative requirements (e.g., respects client confidentiality). Seeks clarification on professional standards relevant to client.	Complies with regulatory and legislative requirements. Complies with professional standards.

- 7.c.ii. Practices within the profession's scope of practice and own personal capabilities**.**

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Identifies the range of services and activities one is qualified to perform and provide. Recognizes the need to provide services that are consistent with one's own competence, education and experience. Recognizes when client Hearing and vestibular needs are beyond the expertise of the assessing audiologist.	Seeks clarification on scope of practice or role delineation. Provides service within one's own level of competence, education and experience. Explains to client the ways in which her/his/their needs are beyond the expertise of the assessing audiologist.	Provides service consistent with scope of practice. Discusses appropriate alternative Audiology services with client.

- 7.c.iii. Adheres to site and university standards and requirements.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies site and university standards and requirements. Adheres to site and university standards and requirements.		