Introduction to the

ACC

for Audiology and S-LP

Agenda

- MODULE 1: Introduction
- MODULE 2: Background
  - *Competency-Based Education & Assessment*
  - *ACC History & Development*
- MODULE 3: How to Use the ACC
- MODULE 4: Scenarios
- MODULE 5: Final Reminders

Learning Objectives

- Apply competency-based assessment principles to the new national clinical education performance assessment tool
- Identify student's performance level
- Determine next steps in learning using the milestones and in discussion with the student
- Use the new tool in your own context



MODULE 1: *INTRODUCTION*

ACC: Canadian Assessment of Clinical Competence for Audiology and S-LP

- Competency-based assessment tool
- Designed to assess the performance of speech-language pathology and audiology students in clinical placements
- Developed by the Academic Coordinators of Clinical Education (ACCEs) from all twelve audiology and speech-language pathology university programs across Canada

SLP and Audiology Programs

























Participating ACCEs

Academic Coordinators of Clinical Education (ACCEs) who participated in creation of the ACC			
Chris Allan	Lynn Ellwood	Penney Letsos	Kelly Root
Lisa Avery	Duncan Floyd	Laurice Mahli	Susan Schurr
Emily Balkam	Paul-André Gallant	Sylvie Martin	Melissa Skoczylas
Roxanne Bélanger	Marie-Pier Gingras	Sarah Mason	Lauren Tittley
Isabelle Billard	Justine Hamilton	Tanya McDonald	Sophie Vaillancourt
Sarah Bognar	Darlene Hicks	Lu-Anne McFarlane	Véronique Vaillancourt
Sasha Brown	Anne-Marie Hurteau	Cheryl McGee	Michèle Veilleux
Caroline Charest	Rhonda Kajner	Lynn Metthé	Jennifer Wadds
Marcia Choi	France Lacombe	Taslim Moosa	Susan J. Wagner
Marianne Croteau	Anne-Marie Lanoue	Véronic Quann	



MODULE 2: *BACKGROUND*

COMPETENCY-BASED EDUCATION & ASSESSMENT

Competency-Based Education

"An **outcomes-based** approach to the *design*, *implementation*, *assessment*, and *evaluation* of education programs, using an **organizing framework** of **competencies**."

International Competency-Based Medical Education Collaborators, 2010

Traditional vs. Competency-Based Education

TRADITIONAL EDUCATION	COMPETENCY-BASED EDUCATION
What do learners need to know? What shall we teach our learners?	What abilities are needed of graduates?
Focus on pathways and processes to attain outcomes	Focus on curricular outcomes or end-products
Emphasis on knowledge objectives	Emphasis on abilities or competencies as the organizing principle of curricula
Focus on time spent on an educational unit	Focus on learning actually attained
Prominence of instructor responsibility	Promotion of learner responsibility

Frank et al., 2010

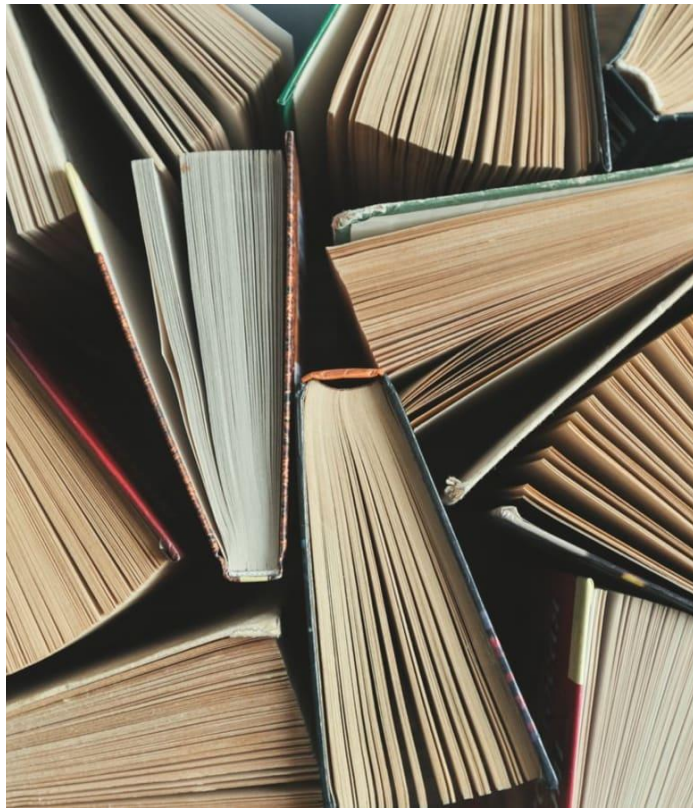
Traditional vs. Competency-Based Assessment

TRADITIONAL ASSESSMENT	COMPETENCY-BASED ASSESSMENT
Assessment **OF** learning	Assessment ***FOR*** learning
Assessment of knowledge	Assessment of the application of the learning

Lockyer et al., 2017

Competency-Based Education in Clinical Placements

- Shift in focus from disorder or population-specific knowledge and skills to abilities that transfer across disorders/placements



MODULE 3: *BACKGROUND*

ACC HISTORY & DEVELOPMENT

Canadian Context & ACC Development

- CANMEDS Framework
- Move towards competency-based education in university health science programs
- Development of speech-language pathology and audiology competency profiles
  - CISG (2011) – Proposed competencies
  - CAASPR (2018) – Competency profiles published
- CACCE group entrusted by CCUP-CSD with developing a national clinical education assessment tool (2014)

National Competency Profiles: 7 Roles

Expert	Foundation Knowledge Assessment & Intervention
Communicator	Oral Written
Collaborator	Relationships With Patients/Clients, Families & Other Providers
Advocate	Advance Profession and Health & Well-Being of Client Educate
Scholar	Lifelong, Self-Directed Learning
Manager	Practice & Caseload Management Workplace Functioning
Professional	Integrity Ethics

CAASPR, 2018

ACC Terms & Definitions

Important Term	Definition
Role	Broad functions required of an audiologist or S-LP
Essential Competency	Ability required of an audiologist or S-LP upon entry-to-practice in Canada
Sub-Competency	Key component of an essential competency; combination of multiple sub-competencies presents in greater detail the components of an essential competency
Milestone	Stages in the development of specific competencies; road map of expectations for developing clinical competence

Frank et al, 2010; CAASPR, 2018; Association of Colleges of Graduate Medical Education, 2015; Royal College of Physicians and Surgeons of Canada, 2015

Definitions Applied to ACC Tool

3. Collaborator — Role

3.b. Demonstrate client-centered practice. — Essential Competency

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. — Sub-Competency

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.

Milestones

Definitions Applied to ACC Tool

3. Collaborator ← Role

3.b. Demonstrate client-centered practice. ← Essential Competency

Sub-Competency

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.

Milestones



MODULE 4: *HOW TO USE THE ACC*

STEP 1

RATING ESSENTIAL COMPETENCIES

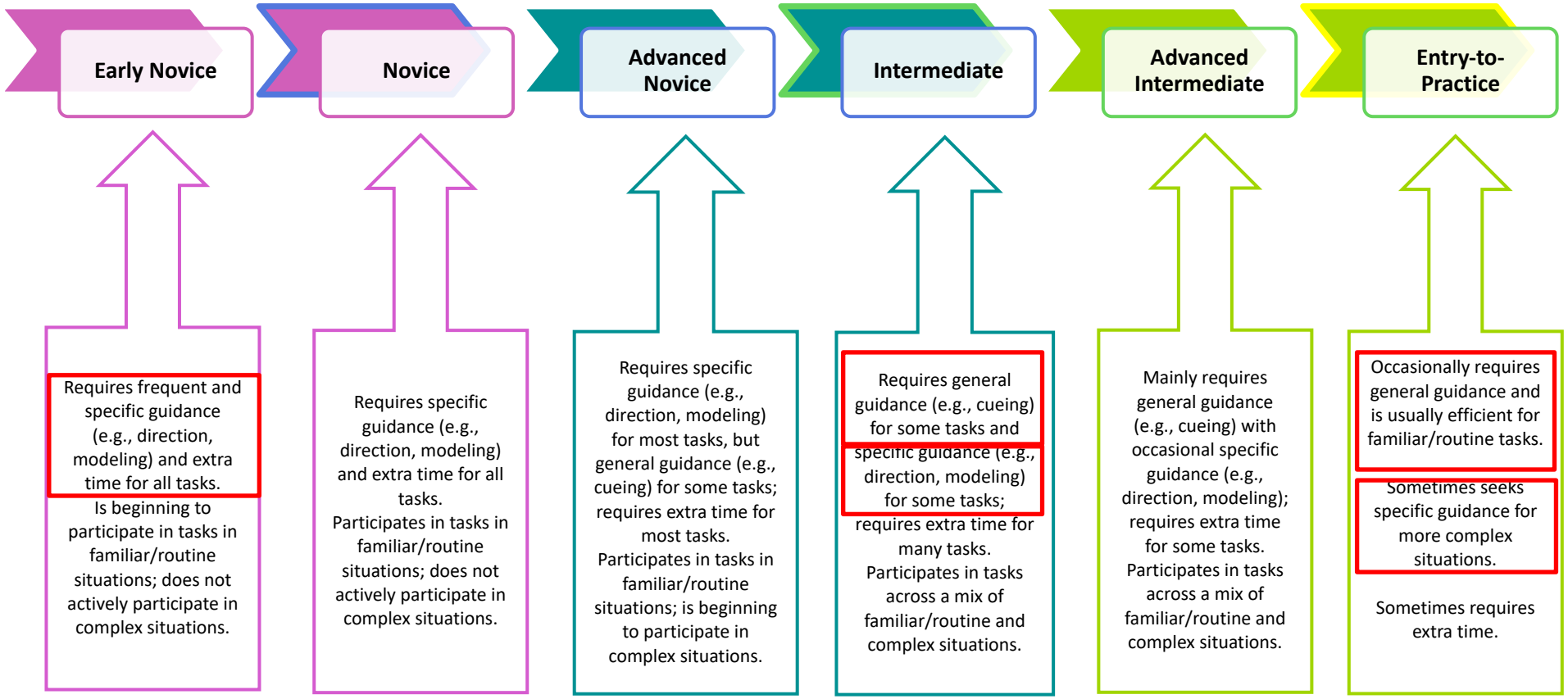
ACC Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty.

- 3 factors to consider:
  1) the amount of guidance or clinical educator support (including frequency and specificity of guidance)
  2) situational complexity (such as familiar/routine to complex situations);
  3) length of time required to complete a task or clinical activity.

ACC Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Rating Essential Competencies

- Reflect on the student's overall performance for each of the essential competencies
- Use the rating scale descriptors to determine the student's current performance level
- For example:

For this essential competency, how would I rate a student's performance?

1. Expert
1.2. Clinical Expert – Assessment
1.2.d. Analyzes and Interprets Assessment Results

Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
☐	☐	☐	☐	☐	☐	☐

STEP 2

CONSIDERING SUB-COMPETENCIES

Considering Sub-Competencies

- Consider the student's performance on the applicable sub-competencies below each essential competency
- For example:

3. Collaborator

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.

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

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

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

Remember to consider the sub-competencies that you have observed when choosing your rating for the essential competency

STEP 3

REVIEWING MILESTONES

Reviewing Milestones

- When needed, also consider the student's performance on the milestones to inform/ guide the rating
- For example:

Do the milestones confirm my initial idea about the student's level of performance?

3. Collaborator

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?	Applies pre-planned strategies for supporting client to inform assessment and intervention. ?	Applies own planned strategies for supporting client to inform assessment and intervention.
Describes possible strategies for supporting client to inform assessment and intervention.	Adjusts strategies for supporting client, based on reflection between sessions.	During sessions, adjusts strategies, based on client reactions.

Milestones

How to Use the Milestones

- Milestones can also be used to guide the student's next steps/activities and areas for development
- For example

If a novice student can identify strategies used by the CE, the next step would be for them to use pre-planned strategies to support the client.

3. Collaborator

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.

STEP 4
ADD COMMENTS

Add Comments

- Comment on student's strengths and areas for development for each role.
- Relate to the specific placement population or setting and highlight the more relevant essential competencies.

STEP 5

DISCUSSION WITH STUDENT(S)

Student Discussion

- Student and CE reflect on ratings individually.
- Schedule meeting to discuss ratings.
- Finalize ratings.
- Discuss ratings in the context of what is expected for a student at that stage in the program, as determined by each university.
- When discussing next steps, refer to the milestones document that will guide future development.

Summary – How to Use the ACC

- **Step 1: Rating Essential Competencies**
  - *Reflect on the student's overall performance for each of the essential competencies*
  - *Use the rating scale descriptors to determine the student's current performance level*

- **Step 2: Considering Sub-competencies**
  - *Consider the student's performance on the applicable sub-competencies below each essential competency*

- **Step 3: Reviewing Milestones (if needed)**
  - *When needed, also consider the student's performance on the milestones to inform/guide the rating*
  - *Milestones can also be used to guide the student's next steps/activities and areas for development*

- **Step 4: Add Comments**
- **Step 5: Discussion with Student(s)**
  - *- Discuss CE and student ratings*
  - *Use milestones to determine next steps in development*



CASE SCENARIOS

Case Example A

Leyla is an audiology student on her third clinical placement; she is over halfway through her Master's program. She has planned and completed several assessments in the first half of her placement with growing independence. She requires specific cueing (i.e., modeling) to complete new and unfamiliar assessments with complex cases or when there are behaviour difficulties but performs familiar assessments with only general guidance from her clinical educator (CE). She struggles with writing accurate assessment reports. She requires structured templates and examples of written reports from her CE, is unable to explain complex assessment results, and takes extra time to write all reports. Reports usually require three revisions before they meet requirements to release to the client.

Case Example A

Leyla's CE has completed her midterm assessment.

Now we will consider how to rate the essential competencies:

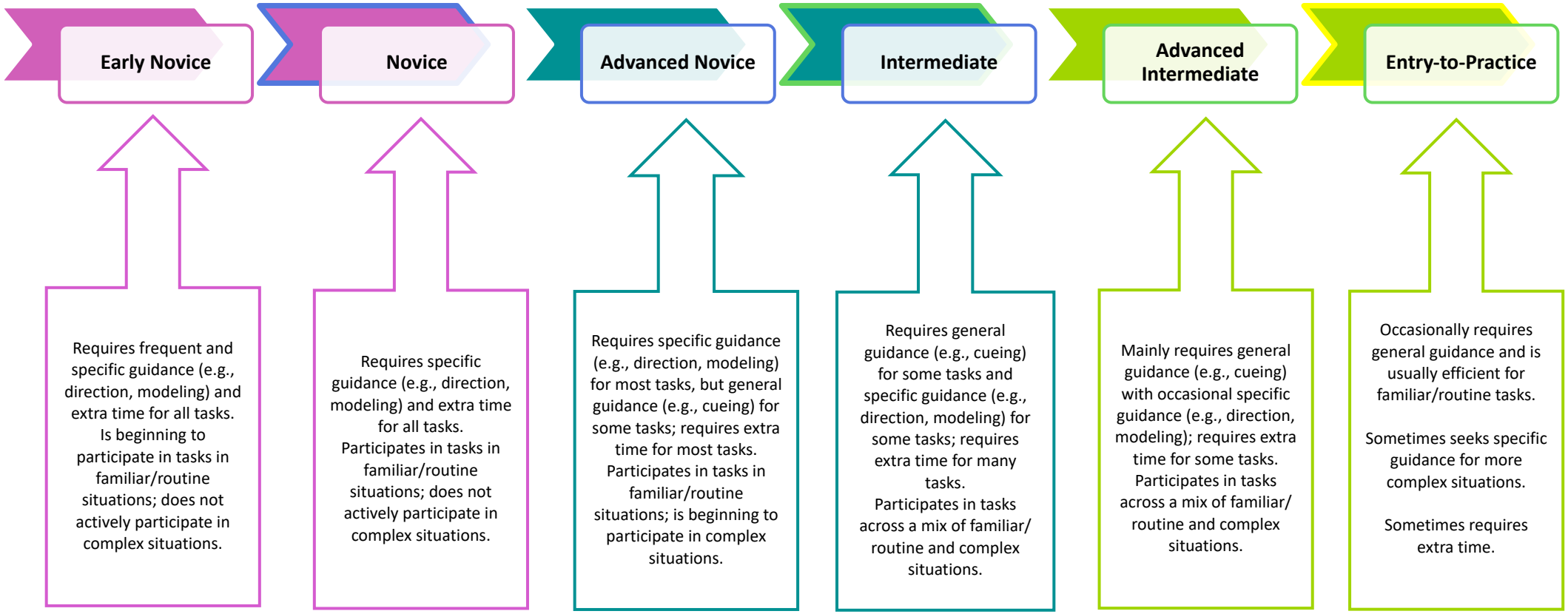
- **1.2.b** (Role of Expert - Audiology) - Plans, conducts and adjusts an assessment) and
- **2.b** (Role of Communicator - Audiology and Speech-Language Pathology) - Completes documentation thoroughly and accurately, in a timely manner.

Case Example A

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

- 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)
- Collects and analyzes pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation
- Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client
- Conducts the assessment, modifying as necessary

Case Example A: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example A

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

- 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)
- Collects and analyzes pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation
- Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client
- Conducts the assessment, modifying as necessary

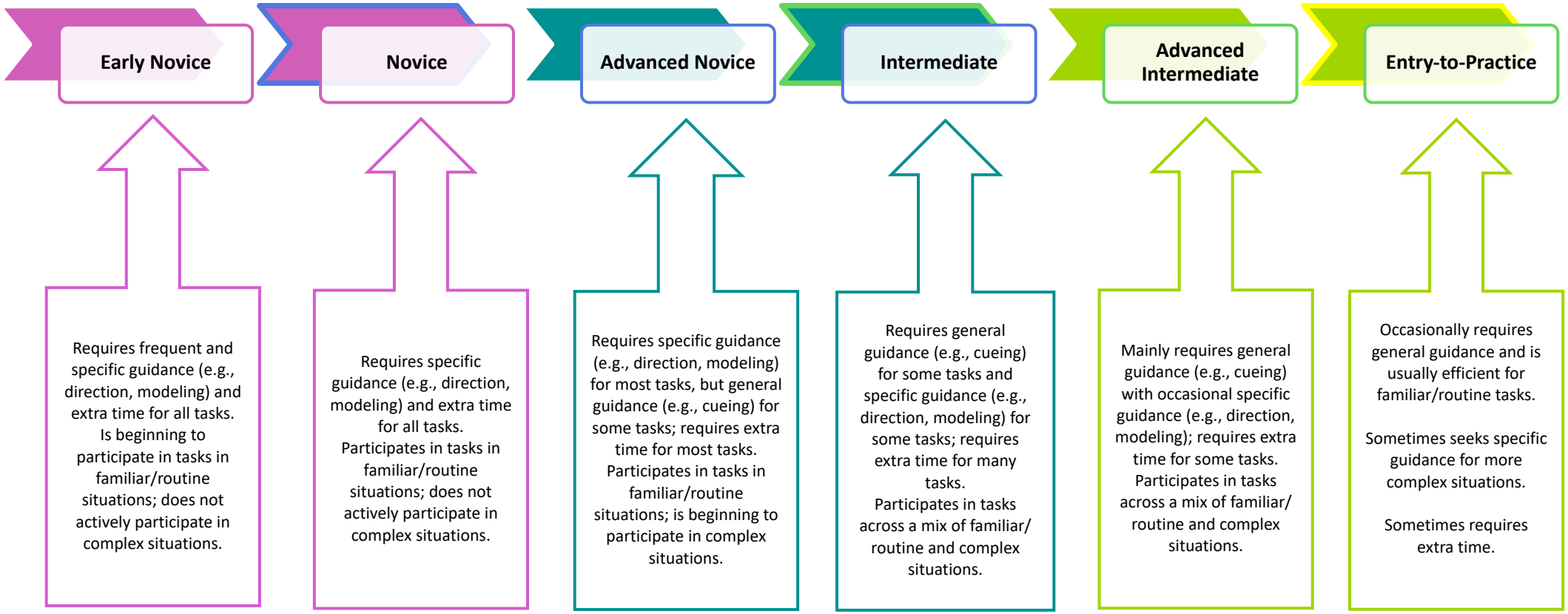
	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☒	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Case Example A

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

- Accurately documents, informed consent, services provided and outcomes
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s)
- Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner
- Completes and disseminates documentation in a timely manner
- Complies with regulatory, legislative and facility requirements related to documentation

Case Example A: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example A

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

- Accurately documents, informed consent, services provided and outcomes
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s)
- Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner
- Completes and disseminates documentation in a timely manner
- Complies with regulatory, legislative and facility requirements related to documentation

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☒	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Case Example B

Stefan is finishing his first speech-language pathology placement. He has been a pleasure to mentor and demonstrates excellent work ethic and professional behaviour at all times. He has not managed conflict directly but witnessed a significant difference of opinion between a physician and physiotherapist. In a follow-up discussion with his CE, he had insight into a more productive management of this conflict. Stefan has participated in a mix of 1:1 and group interventions for adults with acquired brain injuries. Prior to this, he received summaries from his CE describing strengths and challenges for each client and they worked together to translate previous assessment results into goals, approaches and interventions. Stefan initially needed frequent support to select and write short- vs long-term goals, but is now able to develop his own approaches for goals in 1:1 sessions. He requires greater assistance for approaches to group intervention. He is also unsure of outcome measurement, but when provided with examples, he can add 1 or 2 appropriate outcome measures.

Case Example B

Stefan's CE has completed his final assessment.

Now we will consider how to rate competencies:

- **7.a** (Role of Professional Audiology and Speech-Language pathology) - Maintains professional demeanour in all clinical interactions and settings) and

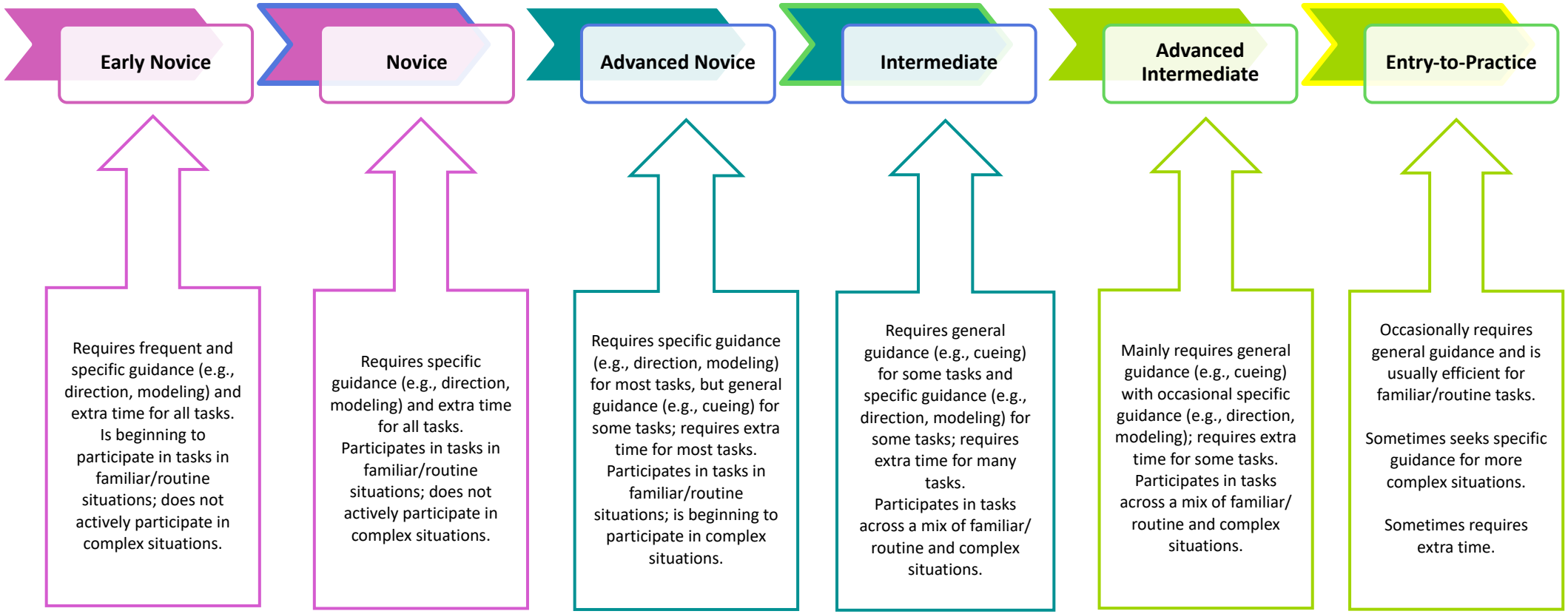
- **1.3.a** (Role of Expert – Speech-Language Pathology) -Develops a realistic, evidence-informed and measurable intervention plan).

Case Example B

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

- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- Demonstrates professionalism in managing conflict
- Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals
- Displays a positive, professional image (e.g., follows dress code)
- Demonstrates professionalism in all communications, including those involving electronic platforms
- Demonstrates responsible, reliable behaviour and accountability for actions and decisions
- Demonstrates respect and appreciation for agencies and educators who provide clinical education opportunities
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician

Case Example B: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example B

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

- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- Demonstrates professionalism in managing conflict
- Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals
- Displays a positive, professional image (e.g., follows dress code)
- Demonstrates professionalism in all communications, including those involving electronic platforms
- Demonstrates responsible, reliable behaviour and accountability for actions and decisions
- Demonstrates respect and appreciation for agencies and educators who provide clinical education opportunities
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician

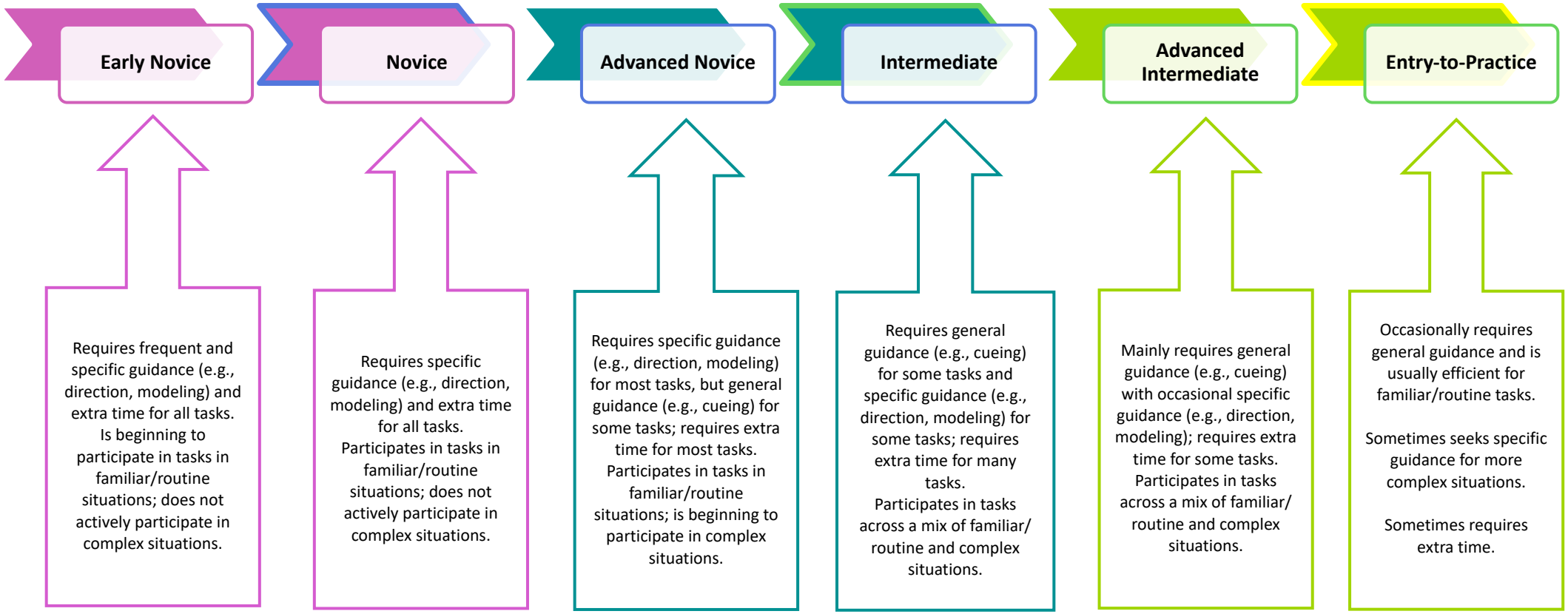
	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☒	☐

Case Example B

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

- Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints
- Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals
- Selects direct and/or indirect service delivery model(s), as appropriate
- Determines the resources and timelines required for the intervention
- Develops activities and outcome measures that align with the client's goals

Case Example B: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example B

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

- Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints
- Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals
- Selects direct and/or indirect service delivery model(s), as appropriate
- Determines the resources and timelines required for the intervention
- Develops activities and outcome measures that align with the client's goals

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☒	☐	☐	☐

Case Example C

Genevieve is at the midterm point of her final placement in speech-language pathology, providing services to children in a regional children's treatment centre. While some of the children are straightforward, many have complex physical, cognitive and emotional needs. Genevieve has been doing well planning assessments and readying the materials and room. She effectively and independently conducts clinical interviews with parents.

When assessing the child, she is reasonably comfortable administering and adapting standardized tests, but struggles with informal assessment. She plans for a range of methods to elicit responses, however, needs specific prompts "in the moment" for this context. She manages common behavioural issues during assessments yet is unable to manage more complex behaviours. She is usually accurate in recording the children's responses but struggles to do the same in informal assessment with complex behaviors.

Genevieve has a strong awareness of her strengths and areas for development. At the end of each day, she prepares a list of 2-3 skills to focus on improving for the next day. Her CE has always agreed with her choices. Prior to her midterm assessment, Genevieve independently completed a formal analysis of her challenges with informal assessment techniques and complex behaviour management, provided her improvement plan and included questions for the CE's input.

Case Example C

Genevieve's CE has completed her midterm assessment.

Now we can consider rating essential competencies:

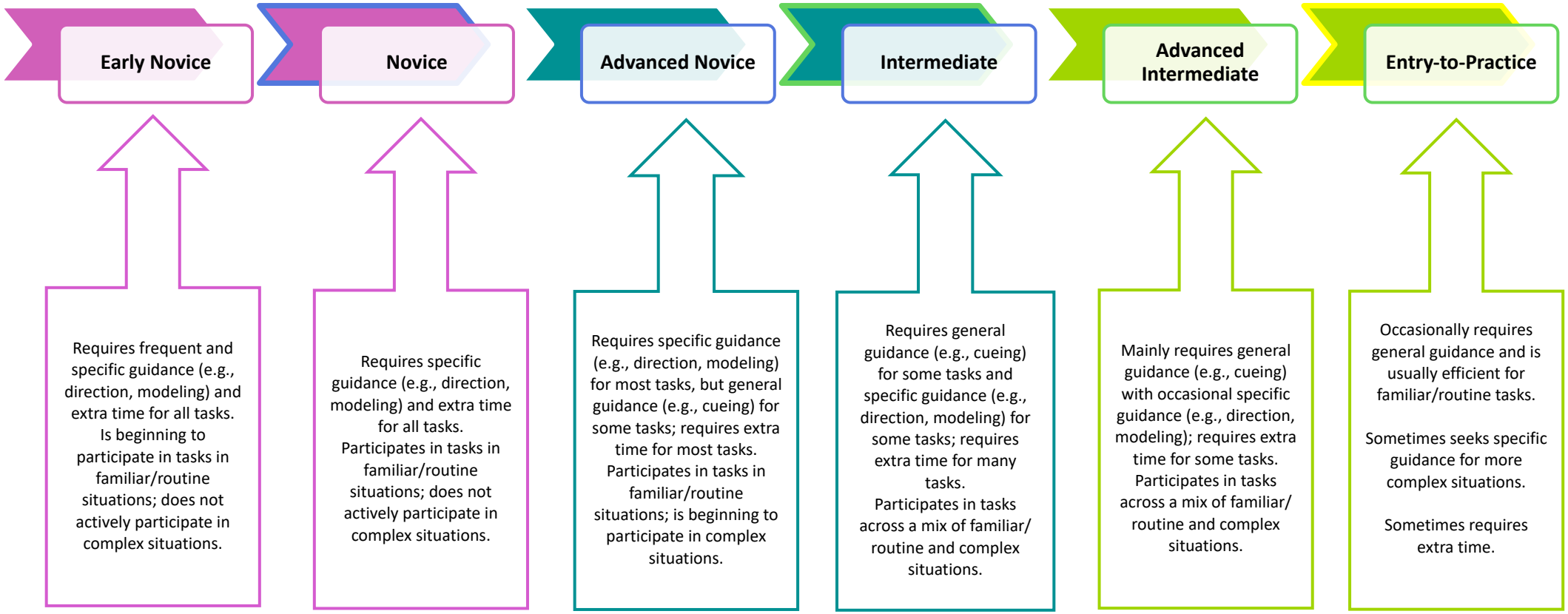
- **1.2.c** (Role of Expert - Speech-Language Pathology) -Conducts an assessment and
- **5.a** (Role of Scholar Speech-Language Pathology and Audiology - Maintains currency of professional knowledge and performance in order to provide optimal care.

Case Example C

1.2.c Conducts an assessment.

- Organizes the environment for optimal interaction
- Conducts a clinical interview with the client and other relevant individuals
- Administers valid, accurate and reliable assessment measures and/or procedures (quantitative and/or qualitative), as appropriate
- Demonstrates flexibility and creativity in adapting to unexpected circumstances
- Actively listens to, observes and documents all components of communication and/or feeding and swallowing
- Manages behaviours within the assessment session

Case Example C: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example C

1.2.c Conducts an assessment.

- Organizes the environment for optimal interaction
- Conducts a clinical interview with the client and other relevant individuals
- Administers valid, accurate and reliable assessment measures and/or procedures (quantitative and/or qualitative), as appropriate
- Demonstrates flexibility and creativity in adapting to unexpected circumstances
- Actively listens to, observes and documents all components of communication and/or feeding and swallowing
- Manages behaviours within the assessment session

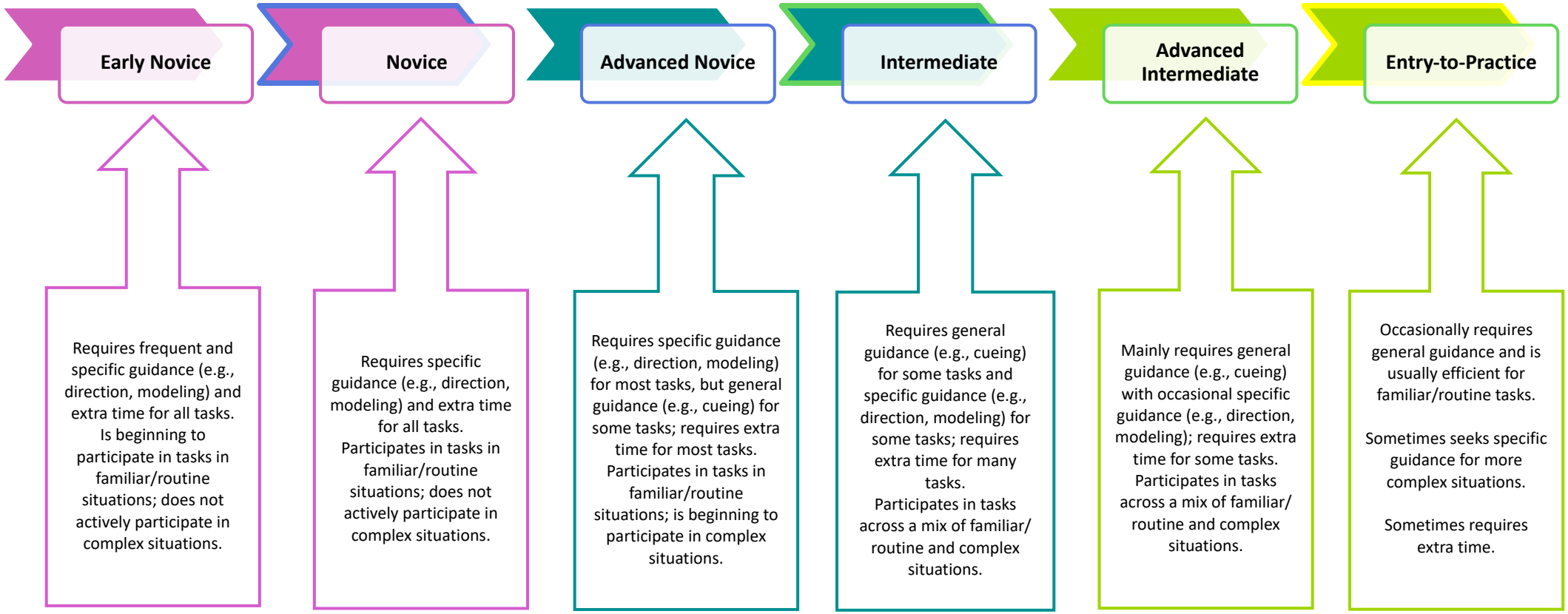
	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☒	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Case Example C

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

- Identifies own professional strengths and areas for development
- Determines own goals for competency development
- Develops a plan and implements strategies for continued development in all seven competency roles

Case Example C: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example C

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

- Identifies own professional strengths and areas for development
- Determines own goals for competency development
- Develops a plan and implements strategies for continued development in all seven competency roles

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☒
Final	☐	☐	☐	☐	☐	☐	☐

A Reminder about Milestones

- FIRST : Rate Essential Competencies
- NEXT : Consider Sub-competencies

- **FINALLY : Review Milestones (if needed)**
  - *For each competency, observable benchmarks called milestones have been developed to assist in rating a competency.*
  - *For example, you are unable to assign a rating from the scale because your observations fall between two levels and specific tasks or 'milestones' are needed to guide an accurate rating.*

Case Example D

Charlie is a polite and enthusiastic speech-language pathology student in a **final** placement who has demonstrated a clear understanding of the clinical service and follows all protocols and policies. Their session planning and SOAP notes have been excellent. Early in the placement, they reported considerable stress due to the amount of time they were spending outside of regular placement hours trying to keep up with session preparation and documentation tasks for their assigned caseload. Their caseload represents approximately 50% of the clinical educator's usual workload and the quality of their completed work is appropriate for their level. Charlie has not provided any further details or solutions for this ongoing issue. The clinical educator provided them a priority setting tool to help them identify priorities and appropriately allocate time and has also provided planning and note-taking templates with samples.

As midterm approaches, Charlie is still spending excessive time outside of placement hours and is struggling to apply the provided materials. The clinical educator has also noticed that Charlie has missed two deadlines on two important assessment reports, delays for which they did not provide notice or explanation. The clinical educator is going to try giving them a time limit and asking them to submit a draft of their work when the time is done.

Case Example D

Charlie's CE has completed the midterm assessment.

We can now consider ratings for essential competencies:

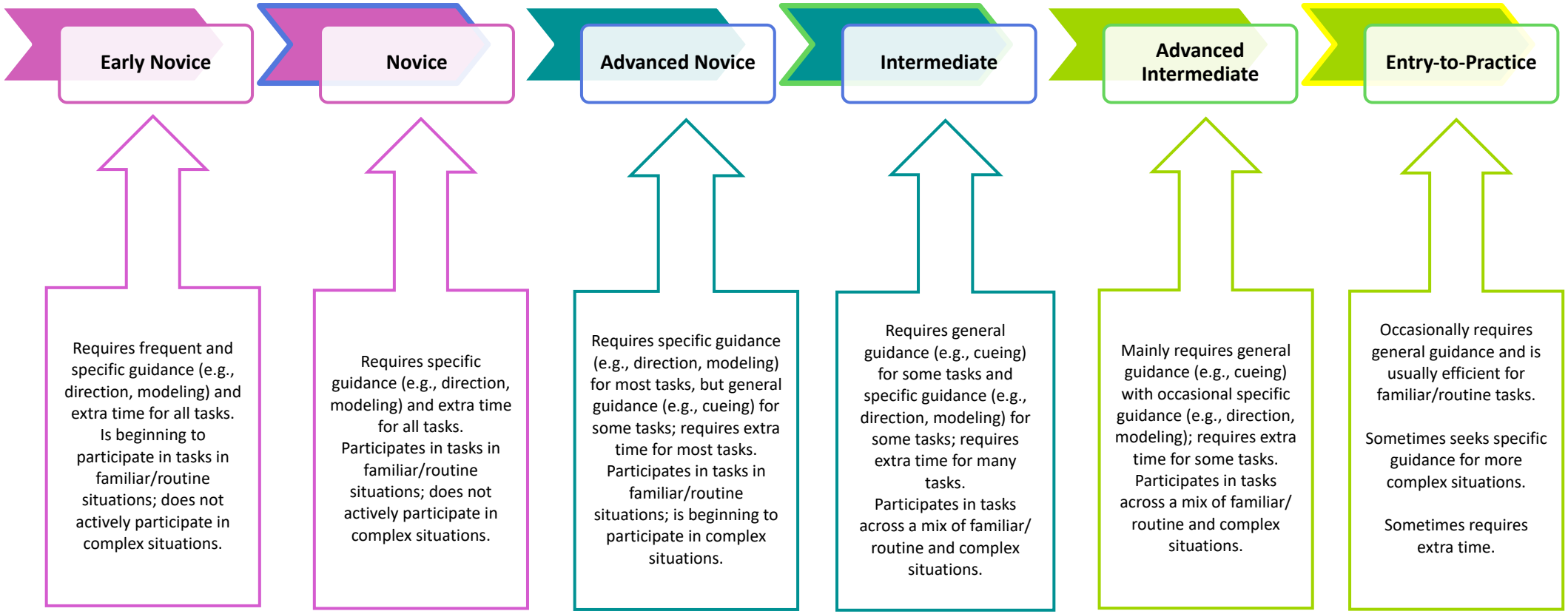
- **6.a** (Role of Manager - Speech-Language Pathology and Audiology) - Manages the clinical setting and priorities

Case Example D

6.a Manages the clinical setting and priorities

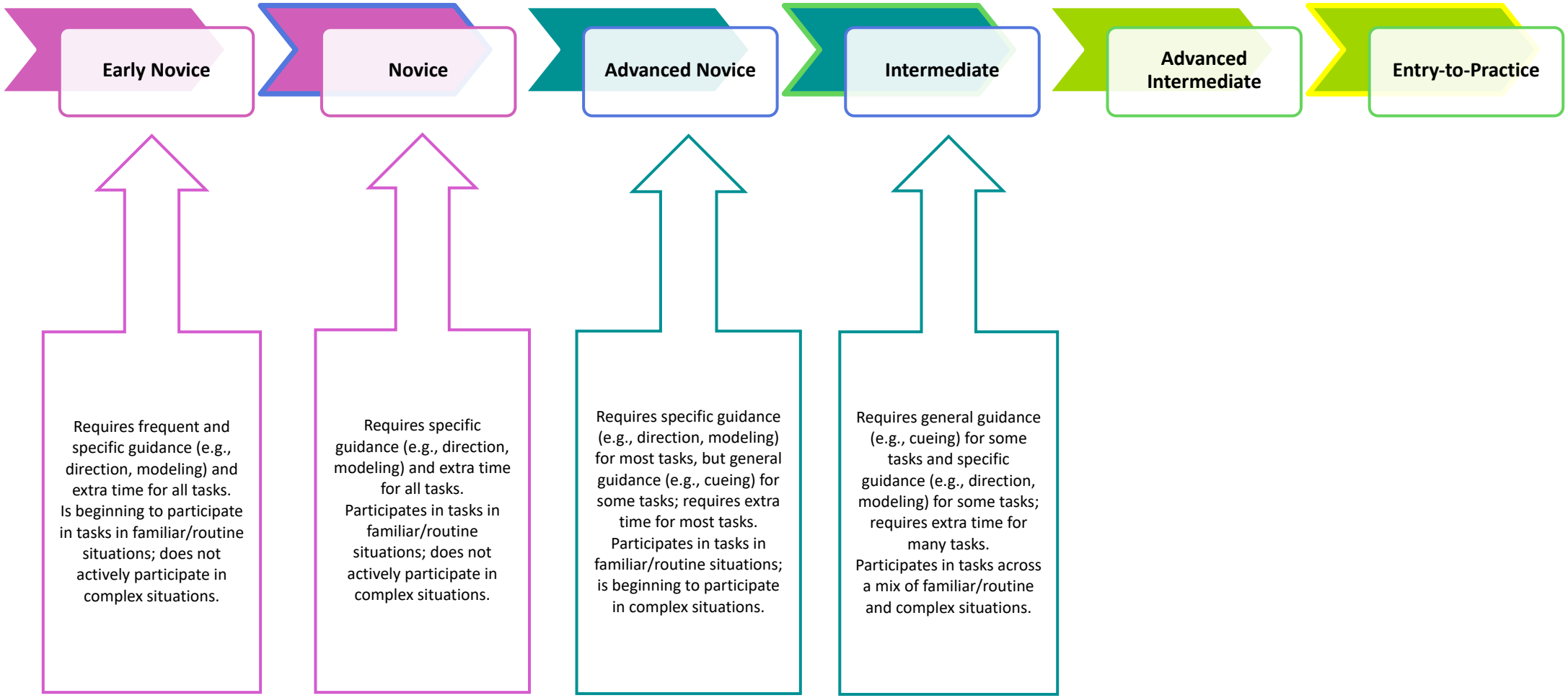
- Balances competing demands to manage time, caseload, resources and priorities.
- Demonstrates an understanding of the structure, funding and function of speech-language pathology services within the organization and broader health and education system.
- Applies appropriate precautions, risk management and infection control measures, as required.
- Ensures equipment, materials, instruments and devices are regularly calibrated, up to date and in good working condition, according to the required standards.

Case Example D: Looking at Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example D: Undecided Rating



Case Example D – Sub-Competency 6.a.i. Milestones

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

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.

Case Example D – Sub-Competency 6.a.ii. Milestones

6.a.ii Demonstrates an understanding of the structure, funding, and function of speech-language pathology/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 speech-language pathology service and the organization.	Describes the structure, funding and function of the speech-language pathology service within the organization.	Describes linkages between the speech language pathology 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 speech-language pathology service within the organization and within the broader health and education system.

Case Example D – Sub-Competency 6.a.iii. Milestones

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

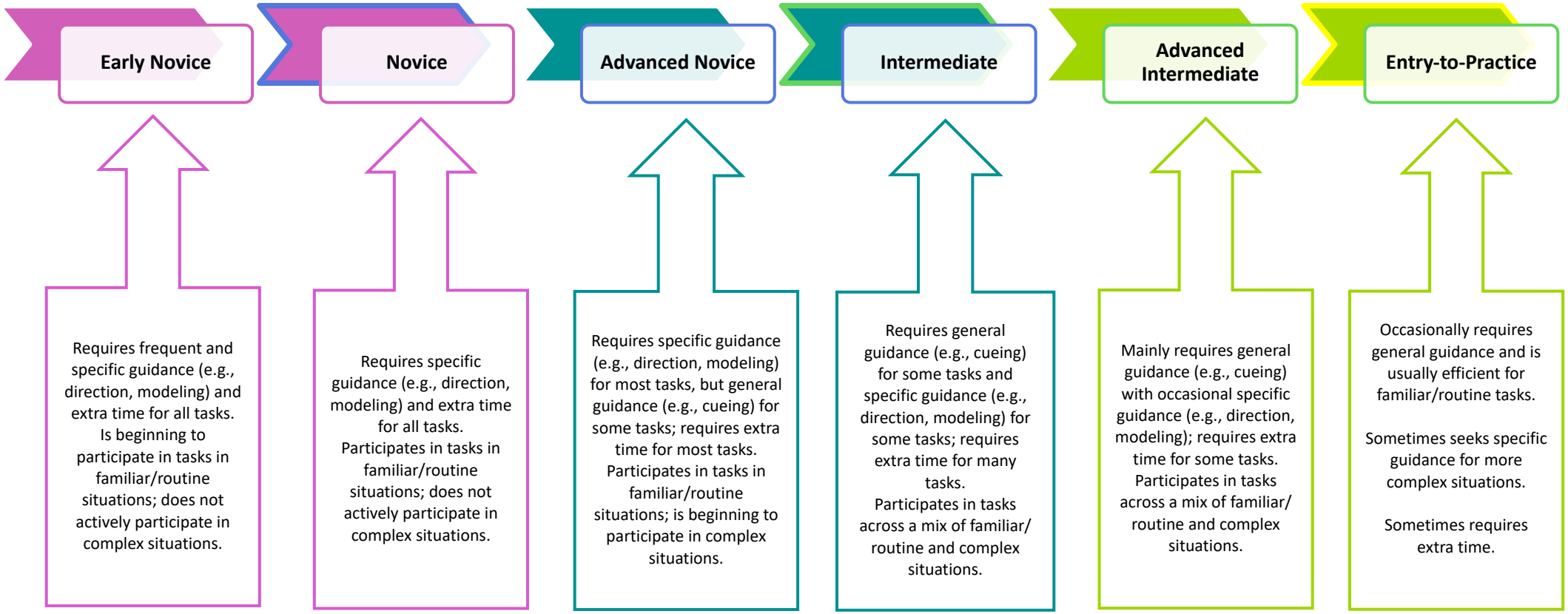
NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows routine protocols specified by the clinical site. Complies with updated safety procedures and protocols.	Seeks information on risk management. Identifies circumstances requiring risk management. Reacts to risks effectively/safely.	Anticipates potential risks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

Case Example D - Subcompetency 6.a.iv. Milestones

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).

Case Example D: Looking at Rating Scale Again



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning and/or applying prior learning.

Case Example D - Final Rating

6.a Manages the clinical setting and priorities

- **Balances competing demands to manage time, caseload, resources and priorities.**
- Demonstrates an understanding of the structure, funding and function of speech-language pathology services within the organization and broader health and education system.
- Applies appropriate precautions, risk management and infection control measures, as required.
- Ensures equipment, materials, instruments and devices are regularly calibrated, up to date and in good working condition, according to the required standards.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☒	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Using Milestones to Scaffold Further Learning

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

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.



FINAL REMINDERS

Returning to the Learning Objectives

- Apply competency-based assessment principles to the new national clinical education performance assessment tool
- Identify student's performance level
- Determine next steps in learning using the milestones and in discussion with the student
- Use the new tool in your own context

Final Time – How to Use the ACC

- **Step 1: Rating Essential Competencies**
  - *Reflect on the student's overall performance for each of the essential competencies*
  - *Use the rating scale descriptors to determine the student's current performance level*

- **Step 2: Considering Sub-Competencies**
  - *Consider the student's performance on the applicable sub-competencies below each essential competency*

- **Step 3: Reviewing Milestones (if needed)**
  - *When needed, also consider the student's performance on the milestones to inform/guide the rating*
  - *Milestones can also be used to guide the student's next steps/activities and areas for development*
- **Step 4: Add Comments**
- **Step 5: Discussion with Student(s)**

Questions?

- About the tool and assessment process
  - *Please reach out to the ACCE at the student's university for more assistance*
- About competency-based education
  - *See literature in the resources slide*

Resources

- **National Audiology and Speech-Language Pathology Competency Profiles**
  - https://www.sac-oac.ca/wp-content/uploads/2023/03/National-Speech-Language-Pathology-Competency-Profile.pdf
  - https://www.sac-oac.ca/wp-content/uploads/2023/03/National-Audiology-Competency-Profile.pdf

- **Articles**
  - Frank, J.R., Snell, L.S., ten Cate, O., Holmboe, E.S., Carraccio, C., Swing, S.R., . . . Harris, K.A. (2010). Competency-based medical education: Theory to practice. *Medical Teacher, 32*(8), 638-645.
  - Lockyer, J., Carraccio, C., Chan, M. K., Hart, D., Smee, S., Touchie, C., Holmboe, E. S., Frank, J. R., & ICBME Collaborators (2017). Core principles of assessment in competency-based medical education. *Medical Teacher, 39*(6), 609–616.