SUPERVISED PRACTICE PERIOD EVALUATION FORM
AUDIOLOGY

The competencies and sub-competencies listed in the evaluation form are based on the National Audiology Competency Profiles (May 2018). It should be noted that clinicians' level of skill in these competencies should rise throughout their careers, meaning that an entry-to-practice audiologist would likely perform these competencies at a lower level when compared to a more experienced clinician.

Skills Rating Chart Instructions for the Supervisor

- Review the competency profile including the introduction and preamble prior to completing the following evaluation (on the CSASK website).
- Circle the rating that corresponds to each skill described below (5 = most effective performance, and 1 = least effective performance).
- Rate the supervised registrant on the 92 skills according to the registrant's accuracy, consistency and independence.
- Discuss the ratings with the supervised registrant.

Mid-Evaluation Period	Final Evaluation Period
Beginning date: _____	Beginning date: _____
Ending date: _____	Ending date: _____

1. Role of Expert:
Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Apply profession-specific knowledge to prevent, identify, and manage auditory and vestibular disorders across the lifespan.	i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.	1	2	3	4	5	1	2	3	4	5
	ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.	1	2	3	4	5	1	2	3	4	5
	iii. Apply knowledge of diagnostic procedures to the services provided to the client.	1	2	3	4	5	1	2	3	4	5
	iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.	1	2	3	4	5	1	2	3	4	5
	v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.	1	2	3	4	5	1	2	3	4	5
	vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.	1	2	3	4	5	1	2	3	4	5

b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.	1	2	3	4	5	1	2	3	4	5
c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.	1	2	3	4	5	1	2	3	4	5
d. Use evidence and clinical reasoning to guide professional decisions	i. Critically appraise research and other available evidence to inform clinical practice.	1	2	3	4	5	1	2	3	4	5
	ii. Integrate current leading evidence and clinical reasoning in clinical practice.	1	2	3	4	5	1	2	3	4	5
1.2 Clinical Expert											
Essential Competencies	**Sub-Competencies**	**Mid-Evaluation Period**					**Final Evaluation Period**				
e. Identify individuals requiring audiology services.	i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment.	1	2	3	4	5	1	2	3	4	5
	ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.	1	2	3	4	5	1	2	3	4	5
f. Plan, conduct, and adjust an assessment.	i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions).	1	2	3	4	5	1	2	3	4	5
	ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation.	1	2	3	4	5	1	2	3	4	5
	iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment, and techniques that will address the unique needs of the client.	1	2	3	4	5	1	2	3	4	5
	iv. Conduct the assessment, modifying as necessary.	1	2	3	4	5	1	2	3	4	5
g. Analyze and interpret assessment results.	i. Interpret the assessment data using knowledge, skill and judgment.	1	2	3	4	5	1	2	3	4	5
	ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).	1	2	3	4	5	1	2	3	4	5
h. Develop and share recommendations based on the assessment results.	i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.	1	2	3	4	5	1	2	3	4	5
	ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.	1	2	3	4	5	1	2	3	4	5
i. Develop a realistic, evidence-informed, and measurable	i. Develop objectives for the intervention reflecting the client's goals, needs, values, expectations, and constraints.	1	2	3	4	5	1	2	3	4	5

intervention plan.	ii. Determine the resources and projected timelines required for the intervention.	1	2	3	4	5	1	2	3	4	5
	iii. Prioritize the intervention objectives.	1	2	3	4	5	1	2	3	4	5
	iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.	1	2	3	4	5	1	2	3	4	5
	v. Consult with others, as required.	1	2	3	4	5	1	2	3	4	5
	vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist.	1	2	3	4	5	1	2	3	4	5
	vii. Incorporate outcome measures into the intervention plan	1	2	3	4	5	1	2	3	4	5
j. Implement intervention plan.	i. Prescribe technology, as appropriate to the client's needs.	1	2	3	4	5	1	2	3	4	5
	ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).	1	2	3	4	5	1	2	3	4	5
	iii. Provide the client and appropriate caregivers with education, training, treatment, and counseling, as appropriate.	1	2	3	4	5	1	2	3	4	5
	iv. Manage and promote hearing conservation and hearing loss prevention programs.	1	2	3	4	5	1	2	3	4	5
	v. Demonstrate the appropriate use of equipment, instruments, and/or devices.	1	2	3	4	5	1	2	3	4	5
	vi. Refer to other health care or educational professionals as required.	1	2	3	4	5	1	2	3	4	5
k. Monitor, adapt, and/or redesign intervention plan based on the client's responses and needs.	i. Evaluate the outcomes of the intervention on an ongoing basis.	1	2	3	4	5	1	2	3	4	5
	ii. Modify, limit, or discontinue an intervention as appropriate.	1	2	3	4	5	1	2	3	4	5
	iii. Consult with the client when considering a change in the course of action.	1	2	3	4	5	1	2	3	4	5
	iv. Make referrals, and/or consult with other professionals, as required.	1	2	3	4	5	1	2	3	4	5
l. Provide clinical direction and oversight to support personnel.	i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction.	1	2	3	4	5	1	2	3	4	5
	ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice.	1	2	3	4	5	1	2	3	4	5
	iii. Determine the capabilities of support personnel.	1	2	3	4	5	1	2	3	4	5
	iv. Provide tasks to support personnel based on their competencies.	1	2	3	4	5	1	2	3	4	5
	v. Provide the necessary training of support personnel.	1	2	3	4	5	1	2	3	4	5
	vi. Monitor and review the performance of support personnel.	1	2	3	4	5	1	2	3	4	5

2. Role of Communicator:

Audiologists facilitate the therapeutic relationship and exchanges that occur before, during, and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Communicate respectfully and effectively using appropriate modalities.	i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities, and emotional state.	1	2	3	4	5	1	2	3	4	5
	ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic).	1	2	3	4	5	1	2	3	4	5
	iii. Mitigate language barriers by using translators/interpreters, as required.	1	2	3	4	5	1	2	3	4	5
	iv. Recognize and respond to the client's verbal and non-verbal communication.	1	2	3	4	5	1	2	3	4	5
	v. Use strategies to facilitate a mutual understanding of shared information.	1	2	3	4	5	1	2	3	4	5
	vi. Participate respectfully in challenging conversations.	1	2	3	4	5	1	2	3	4	5
b. Maintain client documentation.	i. Accurately document services provided and their outcomes.	1	2	3	4	5	1	2	3	4	5
	ii. Document informed consent.	1	2	3	4	5	1	2	3	4	5
	iii. Complete and disseminate documentation in a timely manner.	1	2	3	4	5	1	2	3	4	5
	iv. Comply with regulatory and legislative requirements related to documentation.	1	2	3	4	5	1	2	3	4	5

3. Role of Collaborator:

Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Establish and maintain effective collaborations to optimize client outcomes.	i. Collaborate with the client during all stages of care.	1	2	3	4	5	1	2	3	4	5
	ii. Interact effectively with all team members.	1	2	3	4	5	1	2	3	4	5
	iii. Communicate one's professional roles, responsibilities, and scope of practice in collaborative interactions with the client, caregivers, and relevant professionals.	1	2	3	4	5	1	2	3	4	5
	iv. Recognize and respect the roles and perspectives of other individuals.	1	2	3	4	5	1	2	3	4	5
	v. Manage misunderstandings, limitations, and conflicts to enhance collaborative practice.	1	2	3	4	5	1	2	3	4	5
	vi. Facilitate transfer of care within and across professions.	1	2	3	4	5	1	2	3	4	5

4. Role of Advocate:
Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Advocate for necessary services and resources that support an individual client.	i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.	1	2	3	4	5	1	2	3	4	5
	ii. Encourage the client's societal inclusion and participation.	1	2	3	4	5	1	2	3	4	5
	iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.	1	2	3	4	5	1	2	3	4	5
b. Provide information and support to promote a client's self-advocacy.	i. Identify and provide information and tools to assist the client, or substitute decision-maker to access services and supports.	1	2	3	4	5	1	2	3	4	5
	ii. Enable the client to identify and address barriers that impede or prevent access to services and resources	1	2	3	4	5	1	2	3	4	5

5. Role of Scholar:
Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	i. Identify one's own professional strengths and areas for development.	1	2	3	4	5	1	2	3	4	5
	ii. Determine one's own goals for competency development.	1	2	3	4	5	1	2	3	4	5
	iii. Develop a plan and implement strategies for continued development in all seven competency roles.	1	2	3	4	5	1	2	3	4	5
	iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).	1	2	3	4	5	1	2	3	4	5
b. Share professional knowledge with others	i. Identify the need for education related to audiology services in other professionals, the client and/or caregivers and the community.	1	2	3	4	5	1	2	3	4	5
	ii. Identify and adapt to the appropriate level of content for the audience.	1	2	3	4	5	1	2	3	4	5
	iii. Provide information in an accessible manner to facilitate audience comprehension.	1	2	3	4	5	1	2	3	4	5

6. Role of Manager:
Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources, and organizational tasks.

Essential Competencies	Sub-Competencies	Mid-Evaluation Period					Final Evaluation Period				
a. Manage the clinical setting.	i. Balance competing demands to manage time, caseload, resources and priorities.	1	2	3	4	5	1	2	3	4	5
	ii. Apply appropriate precautions, risk management and infection control measures, as required.	1	2	3	4	5	1	2	3	4	5

	iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.	1	2	3	4	5	1	2	3	4	5
	iv. Identify opportunities to improve practice models within workplace settings.	1	2	3	4	5	1	2	3	4	5
	v. Participate in or lead quality improvement initiatives.	1	2	3	4	5	1	2	3	4	5
	vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.	1	2	3	4	5	1	2	3	4	5

7. Role of Professional:
Audiologists are guided by a code of ethics, professional standards, regulatory requirements, and a commitment to clinical competence in the service they provide to their clients.

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

Additional comments:

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Mid-Evaluation Period	Final Evaluation Period
Supervisor's Signature _____	Supervisor's Signature _____
Supervised AUD Signature _____	Supervised AUD Signature _____
Date of Feedback Session _____	Date of Feedback Session _____

Supervisor's Verification of Information

☐ Yes	☐ No	I affirm that there were at least **24 formal supervisory** activities during **each evaluation period** (mid and final evaluations periods).
☐ Yes	☐ No	I affirm that there were at least **24 live observations of direct practice** hours during the supervision period.
☐ Yes	☐ No	I affirm that **informal supervision** was also provided to the registrant throughout the supervision period.
☐ Yes	☐ No	I affirm that alternative methods of observation/supervising activities were not used. If alternative methods of observation/supervising activities were used, prior approval was obtained from CSASK before using those methods.

Signatures of Supervisor and Supervised Registrant

We, the undersigned supervisor(s) and supervised registrant, hereby attest that this evaluation report has been reviewed and discussed between us. We further attest that the supervisor's registration and licensing remained valid and in good standing for the entirety of the supervision period. Additionally, we affirm that no familial or other personal relationship exists between us that would give rise to a potential, perceived, or actual conflict of interest.

Signature of Supervisor 1 _____ Date _____

Signature of Supervisor 2 _____ Date _____

Signature of Supervised Registrant _____ Date _____

CSASK developed this document in accordance with the CAASPR National Audiology Competency Profile of 2018