1. Expert

1.1. Knowledge Expert

1.1.a. Applies profession-specific knowledge to prevent, identify and manage communication disorders and feeding and swallowing disorders.

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

1.1.b. Applies basic knowledge from relevant fields (e.g., audiology, physiology, psychology) to guide decisions in regards to communication and feeding and swallowing.

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

© Canadian Academic Coordinators of Clinical Education

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

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

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

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

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Makes hypotheses about clinical educator's (CE) rationale for clinical decisions, based on observation of CE's clinical practice.		
Identifies which data are relevant for making specific clinical decisions from a basic set of information.	Identifies relevant data for making specific clinical decisions.	Justifies clinical decisions using relevant data.
After a session, hypothesizes reasons for client performance.	Anticipates how client may perform on specific tasks.	Gives valid explanations for 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.	During sessions, makes appropriate clinical decisions, based on client performance.

© Canadian Academic Coordinators of Clinical Education

1.2. Clinical Expert - Assessment

1.2.a. Identifies individuals requiring speech-language pathology services.

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

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies relevant sources of information. Establishes a plan for collecting information.	Identifies gaps in available information. Collects required information to determine need for assessment.	Integrates information from a variety of sources to determine need for assessment.

- 1.2.a.ii. Engages in screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Conducts a screening. Identifies when the outcome of a screening indicates the need for services.	Selects appropriate screening tools to identify the need for services.	

© Canadian Academic Coordinators of Clinical Education

1.2.b. Plans an assessment.

- 1.2.b.i. Collects and analyzes pertinent information prior to the assessment, including intake information and previous reports.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Records pertinent information from client file through a structured review.	Assesses the relevance, including quality, of information in client file.	Selects key information to inform assessment. Integrates various information sources to inform assessment.
Determines how to obtain missing information after reviewing client file.	Plans to adjust case history process, based on information available in client file.	

- 1.2.b.ii. Formulates hypotheses regarding the nature of the client's communication and/or feeding and swallowing abilities and needs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies relevant theoretical, clinical and client information.	Integrates theoretical, clinical and client information to formulate preliminary hypotheses.	Integrates key theoretical, clinical and client information to formulate hypotheses.
Lists potential hypotheses.	Compares different hypotheses.	Adapts hypotheses in response to new information.

© Canadian Academic Coordinators of Clinical Education

- 1.2.b.iii. Selects appropriate tools, strategies and resources that will address the unique needs of the client (e.g., multilingualism, hearing impairment, attention).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies possible assessment tools, strategies and resources. Uses an established template to plan a holistic assessment.	Compares and contrasts tools, strategies and resources. Identifies standardized and informal methods to gather a holistic view of client.	Selects appropriate tools, strategies and resources with justification, taking into consideration the unique needs of client. Combines standardized and informal assessment to gather holistic view of client.

1.2.c. Conducts an assessment.

- 1.2.c.i. Organizes the environment for optimal interaction.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Organizes space for interaction, based on general clinical principles.	Identifies required adaptations for future interactions.	Anticipates environmental modifications, adapting to unexpected challenges as they occur.

© Canadian Academic Coordinators of Clinical Education

- 1.2.c.ii. Conducts a clinical interview with the client and other relevant individuals.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
Uses a structured interview tool to gather essential information.	While taking the case history, asks follow-up questions for clarification.	Flexibly addresses relevant case history topics, following client lead, redirecting client as needed.
Identifies gaps in information previously obtained.	Assesses the relevance, including quality, of information obtained after the session.	
Plans ways to obtain additional relevant information.	Probes for additional information, as appropriate.	
Plans ways to engage client/caregiver in sharing of information.	Encourages client/caregiver to share information.	Appropriately adjusts interview style, based on client/caregiver responses.

© Canadian Academic Coordinators of Clinical Education

- 1.2.c.iii. Administers valid, accurate and reliable assessment measures and/or procedures (quantitative and/or qualitative), as appropriate.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Explains the purpose, measures and procedures of assessment methods to client. Utilizes measures and/or procedures required by the standardized assessment tool or method. Utilizes planned informal assessment measures and/or procedures. Identifies need for adjustments to assessment measures and/or 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.iv. Demonstrates flexibility and creativity in adapting to unexpected circumstances.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies need for adaptation in response to unexpected circumstances.	Plans future adaptations in response to unexpected circumstances.	Adapts to unexpected circumstances as they occur.

© Canadian Academic Coordinators of Clinical Education

- 1.2.c.v. Actively listens to, observes and documents all components of communication and/or feeding and swallowing.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Makes observations about targeted areas of communication and/or feeding and swallowing (e.g., on voice in a voice assessment). Takes notes on client performance in targeted areas of assessment.	Makes general observations beyond the area of initial focus of the assessment (e.g., on voice in an aphasia assessment). Accurately documents key areas of client performance in assessment.	Makes specific observations that provide a complete clinical picture of client. Accurately documents all components of assessment.

- 1.2.c.vi. Manages behaviours within the assessment session.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies behaviours impacting the assessment. Manages client behaviour using pre-planned strategies to engage and motivate.	Considers possible causes, including triggers, of behaviours. Adjusts behaviour management strategies between sessions.	Recognizes causes, including triggers, of behaviours as they occur. Adjusts behaviour management strategies effectively within the assessment session.

© Canadian Academic Coordinators of Clinical Education

1.2.d. Analyzes and interprets assessment results.

- 1.2.d.i. Scores and interprets standardized tests according to test protocols.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows standardized procedures in scoring tools.		
Uses manual to accurately score binary or multiple-choice assessment items.	Uses manual to accurately score assessment items that require interpretation (e.g., multiple acceptable answers; descriptive answers) after the assessment session.	Accurately scores tasks during test administration.
Interprets raw data relative to reference norms.	Interprets standardized scores according to test technical information (e.g., demographics, validity, reliability).	Makes judgements about client performance when they differ from the normative sample.

© Canadian Academic Coordinators of Clinical Education

- 1.2.d.ii. Analyzes formal, informal, quantitative and qualitative assessment results.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies some commonalities, differences and/or inconsistencies in results from various assessment types/sources. Consults normative data to form an initial impression of assessment findings. Attempts to explain some of the consistencies and variances in assessment data noted.	Describes key commonalities, differences and/or inconsistencies in results from various assessment types/sources. Integrates assessment results by collating, comparing and interpreting data using test protocols, normative data and current research evidence. Poses reasonable hypotheses to explain commonalities, differences and/or inconsistencies in results from various assessment types/sources.	Thoroughly describes commonalities, differences and/or inconsistencies in results from various assessment types/sources. Analyzes assessment results by collating, comparing and interpreting data using test protocols, normative data, clinical judgement and current research evidence. Makes valid hypotheses to explain commonalities, differences and/or inconsistencies in results from various assessment types/sources.

- 1.2.d.iii. Formulates conclusions regarding the client's diagnosis, prognosis, abilities, resources and needs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies salient information from all sources to summarize client abilities and needs. Identifies applicable components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	Synthesizes information from sources (e.g., file, assessment) to determine the presence, nature and/or severity of communication and/or swallowing condition, including primary abilities and needs. Links salient information to some components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	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.

© Canadian Academic Coordinators of Clinical Education

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

- 1.2.e.i. Develops evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings.

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

- 1.2.e.ii. Discusses the assessment results, recommendations and implications with the client and other relevant individuals.

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). Applies content knowledge in response to questions after time for reflection (e.g., defines aphasia 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 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.

© Canadian Academic Coordinators of Clinical Education

1.3. Clinical Expert - Intervention

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

- 1.3.a.i. Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies types and sources of information required to develop goals (e.g., assessment results, client perspectives). Identifies global areas to be targeted for intervention.	Develops long-term goals considering assessment results, including client perspectives. Proposes long-term goals/goal areas that should be prioritized based on assessment results, including client perspectives, with rationale.	Develops realistic long-term goals considering current research, assessment results and client perspectives. Prioritizes long-term goals considering assessment results, including client perspectives.

- 1.3.a.ii. Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Selects appropriate short-term goals from examples (e.g., a goal bank).	Proposes short-term goals that are specific, measurable, realistic, functional and/or time-limited.	Develops short-term goals that are specific, measurable, realistic, functional and time-limited.

© Canadian Academic Coordinators of Clinical Education

- 1.3.a.iii. Selects direct and/or indirect service delivery model(s), as appropriate.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
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. Identifies barriers to service delivery options, including possible solutions.	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.iv. Determines the resources and timelines required for the intervention.

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

- 1.3.a.v. Develops activities and outcome measures that align with the client's goals.

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

© Canadian Academic Coordinators of Clinical Education

1.3.b. Implements an intervention plan.

- 1.3.b.i. Organizes the environment for optimal interaction.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Organizes space for interaction ahead of session.	Identifies required adaptations to environment during session. Implements required adaptations in future interactions.	Implements environmental modifications in response to unexpected challenges as they occur.

- 1.3.b.ii. Conducts the intervention using the appropriate modalities, materials and technologies, modifying as appropriate.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies appropriate modalities, procedures, materials and technologies with consideration of goals, functionality, *or* interest.	Selects appropriate modalities, procedures, materials and technologies with consideration of goals, functionality *and* interest.	Anticipates how well a given modality, procedure, material and/or technology will address a specific goal (i.e., recognizes limitations).
Uses appropriate modalities, procedures, materials and technologies previously modelled or demonstrated.	Conducts intervention, applying planned modalities, procedures, materials and technologies.	
Suggests ways in which planned modalities, procedures, materials and technologies may need to be adapted.	Adapts modalities procedures, materials and technologies between sessions in response to client abilities and interests.	Adapts use of materials, procedures, modalities and technologies within sessions in response to client abilities and interests.

© Canadian Academic Coordinators of Clinical Education

- 1.3.b.iii. Demonstrates flexibility and creativity in adapting to unexpected circumstances.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies need for adaptation in response to unexpected circumstances.	Plans future adaptations in response to unexpected circumstances.	Adapts to unexpected circumstances as they occur.

- 1.3.b.iv. Measures and records the client's response to intervention.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Implements a tracking process for intervention using one previously established and/or via templates.	Proposes system to track client progress.	Develops procedures to track client progress.
Identifies the type of data that could be collected during intervention to guide future session planning.	Collects intervention data during the session and/or via recordings for later analysis.	Accurately collects intervention data during the session and/or via recordings for later analysis.
Reflects on observation of clinician-led methods of tracking client response to intervention.	Adapts method of tracking client response between sessions, based on the effectiveness of the data collection method and client progress.	Flexibly tracks client response during the session, based on the effectiveness of the data collection method and client progress.

© Canadian Academic Coordinators of Clinical Education

- 1.3.b.v. Manages behaviours within the intervention session.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies behaviours impacting client participation in treatment. Manages behaviour using pre-planned motivational strategies to engage client.	Considers possible causes, including triggers, of behaviours. After reflection, adjusts behaviour management strategies between sessions.	Recognizes causes, including triggers, of behaviours during the session. Utilizes behaviour management strategies effectively within the intervention session.

- 1.3.b.vi. Provides appropriate feedback and modelling to the client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Provides specific scripted feedback, including modelling, related to client performance in structured tasks. Reflects on effectiveness of observed clinician-led methods of providing feedback, including modelling, to client. Discusses principles of effective feedback, including modelling. Proposes potential alternative ways of providing feedback, including modelling, to client.	Plans ways to provide specific feedback, including modelling, related to client performance on all tasks. Effectively implements plans for providing feedback, including modelling, to client. Identifies instances of effective and/or ineffective feedback, including modelling. Proposes ways to adjust feedback, including modelling, to client between sessions.	Adapts specific feedback within sessions, including modelling, based on client response.

© Canadian Academic Coordinators of Clinical Education

- 1.3.b.vii. Provides the client, family and/or significant others with education, support, training and counselling, relating to communication, feeding and/or swallowing.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Provides scripted education and/or training with client, family and/or significant others.	Plans scripted education and/or training with client, family and/or significant others.	Adapts provision of 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 SLP in counselling (e.g., provide information, support, facilitate, empower, prepare, educate).	Identifies the specific role of SLP in counselling related to client needs/perspectives.	Effectively implements basic counselling techniques considering role of SLP 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.	Adapts counselling techniques within the session, based on client responses.

- 1.3.b.viii. 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.

© Canadian Academic Coordinators of Clinical Education

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 the goals and/or intervention approach, as appropriate and in consultation with the client.

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.
Proposes sub- and super-steps in lesson plans.	Implements planned sub- and super-steps, based on prior client performance.	Effectively adapts sub- and super-steps during the session.
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.

© Canadian Academic Coordinators of Clinical Education

- 1.3.c.iii. Discontinues the intervention, as appropriate, and plans for transition to other services, as needed.

NOVICE	**INTERMEDIATE**	**ENTRY-TO-PRACTICE**
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.
Discusses factors influencing discharge criteria and/or transition planning.	Establishes discharge criteria and/or transition planning during intervention planning.	Flexibly adjusts discharge criteria and/or transition planning in response to client circumstances.
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.

© Canadian Academic Coordinators of Clinical Education

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.

© Canadian Academic Coordinators of Clinical Education

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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.	

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.	

© Canadian Academic Coordinators of Clinical Education

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 speech-language pathology information to share with team members.	Identifies appropriate speech-language pathology information to share with team members.	Shares appropriate speech-language pathology information with team members.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

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

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

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

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 speech-language pathology 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

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.

© Canadian Academic Coordinators of Clinical Education

- 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.	

© Canadian Academic Coordinators of Clinical Education

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 speech-language pathology 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.

© Canadian Academic Coordinators of Clinical Education

- 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).

© Canadian Academic Coordinators of Clinical Education

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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.		

© Canadian Academic Coordinators of Clinical Education

- 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).	

© Canadian Academic Coordinators of Clinical Education

- 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.	Responds in a timely manner to requirements and commitments.	
Prioritizes tasks in order of importance from a basic set of information.	Appropriately prioritizes tasks in order of importance.	
Utilizes appropriate time management skills to complete tasks on time.		
Describes how unreliable behaviour impacts relationships and client care.	Takes ownership for decisions made.	
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).	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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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).	Identifies conflicts of interest.	
Describes how actual or perceived conflicts of interest can impact relationships and client care.	Analyzes actual or perceived conflicts of interest. Identifies useful resources for addressing conflicts of interest.	Effectively responds to conflicts of interest.
Anticipates need to address actual or perceived conflicts of interest.	Synthesizes information from various sources to develop a plan to address conflicts of interest.	Evaluates response to conflict of interest to guide future practice.

© Canadian Academic Coordinators of Clinical Education

- 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.	

© Canadian Academic Coordinators of Clinical Education

- 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.

© Canadian Academic Coordinators of Clinical Education

- 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 communication and swallowing intervention needs are beyond the expertise of the assessing speech-language pathologist.	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 speech-language pathologist.	Provides service consistent with scope of practice. Discusses appropriate alternative speech-language pathology 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.		

© Canadian Academic Coordinators of Clinical Education