Canadian Assessment of Clinical Competence (ACC) – University of Saskatchewan

Background & Description of the ACC

The Canadian Assessment of Clinical Competence (ACC) is a competency-based assessment tool designed to assess the performance of speech-language pathology and audiology students in their clinical placements. The ACC was developed by the Canadian Academic Coordinators of Clinical Education (CACCE) from all twelve audiology and speech-language pathology university programs across the country.

The National Competency Profiles specifying clinical competencies required of each clinician upon entry-to-practice in Canada, with the goal of safe and effective practice were created in 2018. These competencies form the foundation for accredited audiology and speech-language pathology curriculum in Canada. Other regulated professions, such as medicine, occupational therapy, and physiotherapy, also utilize similar assessment frameworks.

The ACC was developed using these professional competencies and adapting them to allow for assessment of students across various stages of clinical learning. The ACC tool assesses seven roles required of an entry-to-practice speech-language pathologist or audiologist: Expert (Knowledge and Clinical), Communicator, Collaborator, Advocate, Scholar, Manager, and Professional. Each role contains one or more essential competencies (with several sub-competencies) that the student clinician must demonstrate by the time they complete their studies.

A rating scale (see Appendix 1) accompanies the tool and describes the expected performance of a student along a continuum from "Early Novice" to "Entry-to-Practice". with "Unsatisfactory" as an option to reflect students with significant difficulties. Over the course of a master's program, students are expected to progress from Early Novice (early skill development consistent with just starting in a SLP Master's program) to Entry-to-Practice (skills that are sufficient for them to apply for their first job under College mentorship).



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

For additional evaluation support, milestones for each competency have been outlined to serve as a roadmap of explicit performance examples at the Novice, Intermediate, and Entry-to-Practice levels. Milestones enable better assessment, as well as a pathway to support learning for the Clinical preceptor and the student. For a comprehensive list of clinical competencies and milestones, please refer to AAC-SLP Milestones for a full list of competency milestones.

Getting Ready to Use the ACC

In the traditional education approach, emphasis is placed on what knowledge students need and how clinical preceptors will teach them that knowledge. In the competency-based education approach, the focus is on the abilities of the student and the competencies they are expected to demonstrate. Assessing student performance using the traditional method focuses on the assessment of learning and knowledge. Competency-based assessment involves assessment for student learning and their application of that learning.

The ACC requires a change in thinking for clinical preceptors to a competency-based educational approach. This involves a shift in focus from disorder or population-specific knowledge and skills to abilities that transfer across disorders/placement, such as clear communication and applying academic knowledge. While the student's overall confidence, professional behaviors and clinical reasoning continue to develop across the program, their experience with a specific population or clinical area may be limited when beginning a new placement. This framework is reflective of overall program progression.

USASK Clinical Competency Expectations

The Master of Speech Language Pathology program at the University of Saskatchewan has six placements. Minimum required benchmarks at the end of each placement:

	End of Placement 1 (1 day)- not assessed	**End of Placement 2: Year 1** (5 weeks)	**End of Placement 3: Year 2** (6 weeks)	**End of Placement 4: Year 2** (6 weeks)	**End of Placement 5: Year 3** (6 weeks)	**End of Placement 6: Year 3** (6 weeks)
Knowledge Expert	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Clinical Expert: Assessment	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Clinical Expert: Intervention	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Communicator	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Collaborator	Early Novice	Advanced Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Advocate	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice

Scholar	Early Novice	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice	Entry to Practice
Manager	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Professional	Early Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice	Entry to Practice

Instructions

Using ACC Essential Competencies, Sub-Competencies, Milestones, & Rating Scale

Using the accompanying rating scale (see Appendix 1), you will assign the student a rating for each essential competency. In doing so, consider the applicable sub-competencies listed below each essential competency and make an overall determination on how to rate the student on that competency.

The rating scale is designed to be flexible enough to assess performance on all the essential competencies. Level descriptors vary along three parameters:

- Amount of assistance required,
- Amount of time required and
- Complexity of clients/situations managed.

Choose how to weigh the relative importance of the three parameters of the rating scale and of the sub-competencies within your own context when choosing a final rating of the essential competency. After assigning a rating for each essential competency within a role, provide comments on the student's strengths and areas for development within that role. When needed, you may use the milestones to inform this rating. **Please see Appendix 2 for some case examples using ratings and milestones.**

Using the *Not Applicable (N/A)* Rating

In cases where an essential competency is not applicable to a particular setting or there has been no opportunity to assess a competency, *Not Applicable (N/A)* should be selected. Clinical preceptors are strongly encouraged to review both sub-competencies **and** milestones before selecting *N/A* to ensure that there has not been an opportunity for the student to demonstrate the competency within the practice setting.

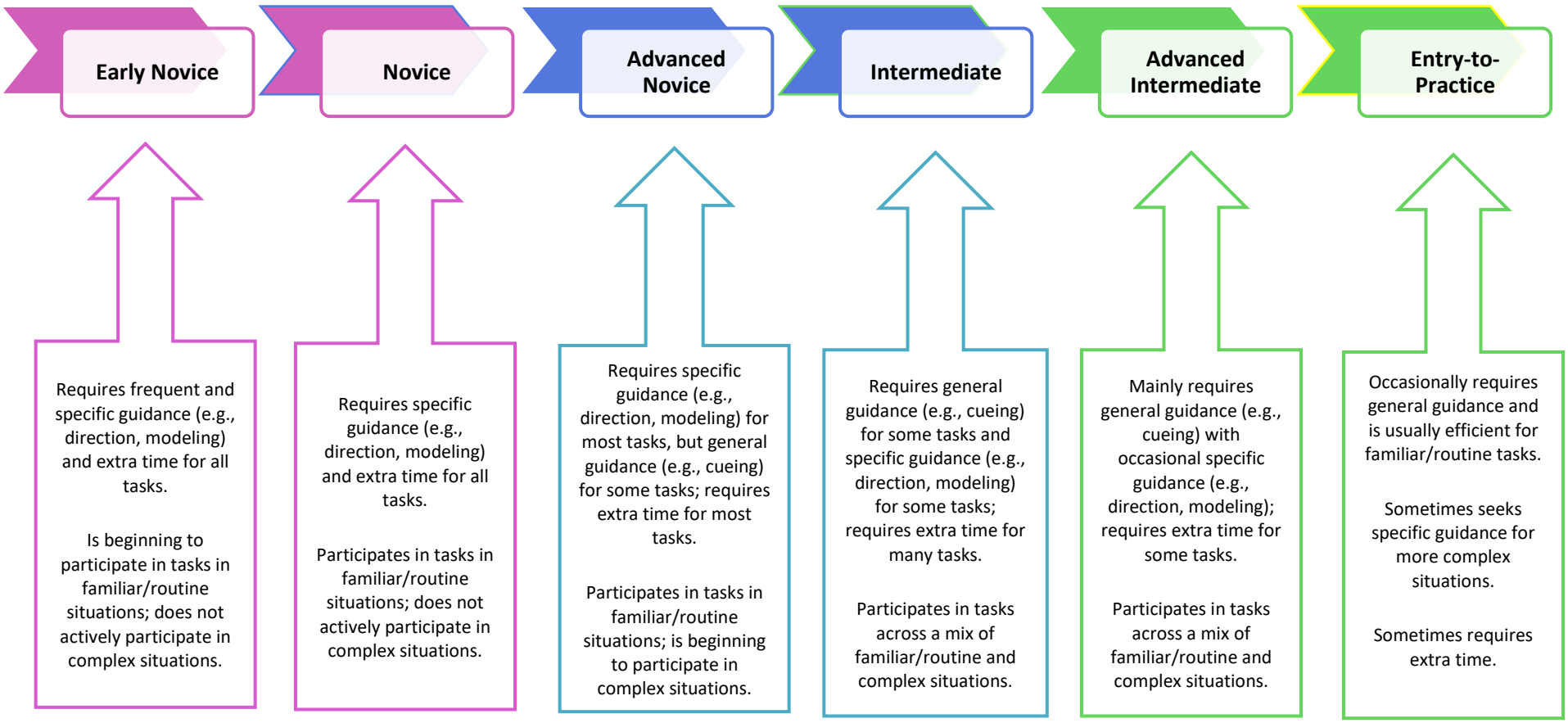
Using the *Unsatisfactory* Rating

A rating of *Unsatisfactory* is available for the rare instances where a student experiences significant difficulty during familiar/routine cases, even when provided with specific direction from the clinical preceptor. These students may demonstrate little to no evidence of self-reflection or insight over time into their strengths and weaknesses, fail to seek knowledge or support, struggle with basic reasoning and/or demonstrate difficulty applying prior learning. This rating differs from *Early Novice* in that students who are demonstrating *Unsatisfactory* performance continually struggle to improve their skill set, whereas students in the *Early Novice* level are new to clinical practice, but demonstrate the ability to begin to change their performance in response to feedback.

Rating Inconsistent Student Performance Within an Essential Competency

There may be instances where students demonstrate inconsistent performance and perform poorly on a particular sub-competency that impacts the overall rating of the entire essential competency. It is reasonable for clinical preceptors to emphasize this area for improvement when rating the essential competency. For example, in the role of professional, if a student maintains client confidentiality, but does not maintain professional boundaries with clients, it would be reasonable to rate the student lower on the overall essential competency. In these cases, please add specific comments regarding your rationale to the Comments section.

Appendix 1: 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.

Appendix 2: Case Examples to Illustrate Rating and Milestones

Case Example A:

Amie is an audiology student on her third clinical placement; she is over half-way through her master's program. She has planned and completed several assessments in the first half of her placement with growing responsibility. She requires specific cueing (i.e., modelling) to complete new and unfamiliar assessments with complex cases or when there are behaviour difficulties, but performs familiar assessments with only general guidance from the clinical preceptor. Her assessment plans show consideration of appropriate deviations during formal and informal assessment and she is able to make on-line changes. She struggles with writing accurate assessment reports. She recognizes appropriate information for documentation, has challenges utilizing structured templates and examples of written reports from the clinical preceptor, 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.

Amie's clinical preceptor completed her midterm assessment with the following ratings for essential competencies 1.2.b (Plans, conducts, and adjusts an assessment) and 2.b (Completes documentation thoroughly and accurately, in a timely manner):

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)
- 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

Milestone Example:

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

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Explains the purpose and procedures of assessment methods to client. Utilizes procedures required by the standardized assessment tool or method.	Plans appropriate deviations from standardized assessment with justification, evaluating possible implications.	Routinely implements standardized assessment, including any necessary deviations.

Utilizes planned informal assessment and procedures. Identifies need for adjustments to assessment and procedures.	Plans appropriate deviations from informal assessment with justification, evaluating possible implications. After reflection, adjusts assessment.	Routinely implements informal assessment, including any necessary deviations. Effectively adjusts assessment during the session.

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

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

Milestone Example:

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.

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

Case Example B:

Stefan is finishing his first placement. He has been a pleasure to have on placement. Stefan demonstrated an excellent work ethic and professional behaviour at all times. He hasn't had an opportunity to manage conflict, but he did observe a significant difference of opinion between a physician and physiotherapist on the team and demonstrated insight into how this could have been better managed in a later discussion with the clinical preceptor. This included resources he had learned about in the interprofessional conflict learning activity. The clinical preceptor had previously completed a large number of assessments and Stefan has been participating in providing a mix of 1:1 and group intervention for adults with acquired brain injuries. The clinical preceptor had summarized the patterns of strengths and challenges for each client and then they worked together to translate the assessment results into goals, approaches and likely activities. Stefan could choose holistic goals from relevant information, however, needed frequent support to select and word short -vs long-term goals, but he was then able to identify good ideas for how to target the goals in 1:1 sessions. Stefan required assistance to determine how to approach group intervention. He also was unsure of how outcomes might be measured, but once given one to two examples, he was usually able to generate one to two additional measures.

The CE completed the final assessment with the following ratings for essential competencies 7.a (Maintains professional demeanour in all clinical interactions and settings) and 1.3.a (Develops a realistic, evidence-informed and measurable intervention plan):

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
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician

Milestone Example:

- 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.

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

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

Milestone Example:

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's perspectives. Proposes long-term goals/goal areas that should be prioritized based on assessment results, including client's perspectives, with rationale.	Develops realistic long-term goals considering current research, assessment results and client's perspectives. Prioritizes long-term goals considering assessment results, including client's perspectives.

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

© Canadian Academic Coordinators of Clinical Education

Case Example C:

Genevieve is at the midterm point of her final placement, 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 in planning the assessment and getting the materials and room ready. She completes clinical interviews with the parents effectively and on her own. When assessing the child, she is reasonably comfortable administering and adapting standardized tests, however, she struggles with informal assessment techniques. Although she plans for a range of methods to elicit responses, "in the moment" she needs specific prompts. She has done well managing "regular" behavioural issues in assessment sessions, but doesn't implement effective techniques for the more significant behavioural concerns and needs to reflect afterwards before planning changes for the next session. Except for the informal assessment techniques, she is usually accurate in recording the children's responses. Genevieve has a strong awareness of her strengths and areas for development. At the end of each day, she prepares a list of two to three skills she wants to focus on improving the next day and the CE has always agreed with her choices. Prior to this week's midterm assessment, Genevieve completed a formal analysis of her challenges on her own, with informal assessment techniques and complex behaviour management highlighted, along with a plan with next steps to advance skills in these areas, including a few questions for CE input.

Genevieve's CE completed the midterm assessment with the following ratings for essential competencies 1.2.c (Conducts an assessment) and 5.a (Maintains currency of professional knowledge and performance to provide optimal care):

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

Milestone Example:

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

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies behaviours impacting the assessment.	Considers possible causes, including triggers, of behaviours.	Recognizes causes, including triggers, of behaviours as they occur.

© Canadian Academic Coordinators of Clinical Education 2024

Manages client behaviour using pre-planned strategies to engage and motivate.	Adjusts behaviour management strategies between sessions.	Adjusts behaviour management strategies effectively within the assessment session.

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

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

Milestone Example:

- 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.	

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

© Canadian Academic Coordinators of Clinical Education 2024