College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

MENTORSHIP GUIDELINES

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CHAPTER 1: INTRODUCTION

This chapter includes:

- ✓ The Purpose of CASLPO's Mentorship Period
- ✓ The Benefits of the Mentorship Period
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PURPOSE

CASLPO's mentorship period has been in existence since 1994 and has been a key component of the Registration and Quality Assurance Programs of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO).

Mentorship is intended to promote professional growth and skills development in the mentee. It provides an opportunity for developing a firm foundation for effective independent practice. While the primary purpose of mentorship is the protection of the public, the mentorship period also promotes professional development and quality service provision by the mentee.

The College's mentorship period should not be misunderstood as a period of supervision. The role of the mentor should not be confused with that of the supervisor. The mentor's role is one of guidance and practice assessment. The mentee completing their mentorship is accountable for all the health care services he/she provides.

The role of the mentor is to act as an experienced and trusted advisor. Clinical and professional accountability remains with the mentee. The mentorship period must be a minimum period of **6 months** of employment, in which the mentee must provide a minimum of **500 hours** of patient care. As well, the College requires that the assigned mentor provide a minimum of 2 hours of mentorship per week (or 8 hours of mentorship per month) over a 6-month period. This amounts to **48 hours of mentorship** provided by the mentor.

BENEFITS

BENEFITS FOR MENTEES:

- Development of new professional and personal skills.
- Support and guidance to facilitate integration into professional practice.
- Exposure to CASLPO practice standards, self-assessment and peer assessment processes.

BENEFITS FOR MENTORS:

- Help shape the next generation of professionals.
- Learn or relearn from mentee and from their own mentoring.
- Exposure to new and different thinking styles, knowledge, and perspectives.

BENEFITS FOR THE PUBLIC OF ONTARIO:

- Development of more knowledgeable CASLPO mentees with broader perspectives.
- Strengthen public trust in the professions.

REGULATORY REQUIREMENTS

ONTARIO REGULATION 21/12

REGISTRATION REQUIREMENTS

8. (1) The following are non-exemptible registration requirements for an initial certificate of registration:

1. Subject to subsection (2), the applicant must satisfy the non-exemptible requirements for a general certificate of registration as set out in subsections 5 (1) and (2).
2. The applicant must provide the Registrar with proof that he or she has an offer of employment in Ontario as an audiologist or speech-language pathologist.

(2) The Registrar may issue an initial certificate of registration to an applicant who has not completed the coursework or clinical practicum hours, or both, in a minor area of study if the applicant undertakes to complete the coursework and clinical practicum hours, as the case may be, during the term of the initial certificate of registration.

CONDITION

9. It is a condition of an initial certificate of registration that the mentee practice under the mentorship of a holder of a general certificate of registration in accordance with the policies of the College.

TERM OF CERTIFICATE

10. (1) Subject to subsection (2), the term of an initial certificate of registration is six months.

(2) The Registrar may extend the term of an initial certificate of registration for an additional period of no more than 18 months if either of the following circumstances exist:

1. The mentee has not completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months.

2. The mentee has completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months but, in the Registrar's opinion, the mentee does not have the skills or competency necessary to be issued a general certificate of registration.

CANADIAN MOBILITY

11. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the requirement of paragraph 1 of subsection 8 (1) of this Regulation is deemed to have been met by the applicant.

(2) Despite subsection (1), the applicant is not deemed to have satisfied the non-exemptible registration requirement set out in paragraph 2 of subsection 5 (1) that the applicant must be a Canadian citizen or a permanent resident of Canada or be authorized by the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.

(3) Where the applicant is unable to satisfy the Registrar that the applicant practiced the profession to the extent that would be permitted by an initial certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) The applicant is deemed to have met the requirements of paragraph 5 of section 3 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), the applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

EMPLOYMENT REQUIREMENTS

PRIMARY EMPLOYMENT SETTING

- For the issuance of an initial certificate of registration, the applicant must submit evidence to the College of his or her offer of employment or contract in Ontario as an audiologist or speech-language pathologist.
- For the issuance of an initial certificate of registration, the applicant must identify one mentor for the primary employment setting who meets the qualifications specified by the College
- The mentee's primary employment setting is the place where the mentee is employed as an audiologist or a speech-language pathologist, if the mentee is only employed at one location in Ontario.
- In the event that the mentee is employed in more than one location in Ontario, the mentee's primary employment setting shall be the location where the mentee generally works, or anticipates to work, the most hours.

- If the mentee is employed at more than one location in Ontario and works at each location an equal number of hours, the mentee shall designate one location as his/her primary employment setting.

ADDITIONAL EMPLOYMENT SETTINGS

- The mentee is required to have one designated mentor for the primary employment setting. Additional mentors are not required.

- The mentor must be aware of the work taking place at any additional employment setting and the mentee must discuss the work that he or she does at this employment setting with the mentor.

- The mentor is the only member of the College who will evaluate the mentee and submit evaluation reports to CASLPO.

- The mentee must be prepared to provide the mentor with any information that is useful to the mentor's evaluation, including putting the mentor in contact with other members or professionals at additional employment settings who can verify the mentee's work at the additional employment setting.

ACCOUNTING FOR PATIENT CARE HOURS AT AN ADDITIONAL EMPLOYMENT SETTING

If the mentee intends to count hours worked at a secondary employment setting towards the 500 hours of patient care then the mentee must do the following:

- Discuss work at the secondary employment setting with the mentor
- Document the number of patient care hours completed at the secondary employment setting
- Document the name and contact information of a member of the College, or another professional, at the secondary employment setting who can verify the completed hours
- Provide this documentation to the mentor
- The mentor may choose to contact the other professionals to verify the patient care hours

PRIVATE PRACTICE

- The College recommends that the mentee work within an established clinical setting for the first two years.
- However, a mentee wishing to supplement his/her income may engage in private practice in addition to his/her primary employment.
- If the mentee is engaged in private practice, the mentee must be mentored for this setting.
- The mentee must also develop learning goals related to private practice in the mentorship contract.

CHAPTER 2: ROLES AND RESPONSIBILITIES

This chapter includes:

- ✓ The Role and Responsibilities of the Mentee
- ✓ The Role and Responsibilities of the Mentor
- ✓ The Role and Responsibilities of the College

MENTEE

1. The mentee is responsible for identifying a mentor with a general certificate of registration and a minimum of four years of professional practice in the professional area (audiology or speech-language pathology) in which mentorship is provided. The mentor should also possess the competencies outlined in Chapter 3.

   The mentee may contact the College to obtain assistance in identifying a mentor. The College can provide a list of potential mentors. It will be up to the mentee to contact the individuals on the list to determine if they are available and a good fit as a mentor. mentee's may obtain a list of potential mentors by writing to mentorship@caslpo.com and indicating the following:
   - Your profession
   - The cities/areas in which you are searching for a mentor

2. The mentee shall submit a *Mentorship Guidance Contract* for approval by designated College staff. This contract must be received **within 30 days** of beginning employment in Ontario.
3. The mentee shall notify the College in writing of any plan to change the approved contract. Any change requires the approval of the College.
4. The mentee must commit to the time required.
5. The mentee must prepare learning goals. The mentee must be prepared to ask for specific guidance and advice on their learning goals.
6. The mentee must be fully prepared each time he or she meets with and or communicates with their mentor.
7. The mentee must maintain a copy of their contract and evaluation reports. Please note that CASLPO's By-law 2011-3 states, a mentee shall pay a fee for the following service:

   9.4.1 The fee for copying documents from a mentee's file is $50.00 per request including the first twenty-five pages, and $1.00 per page thereafter.

8. The mentee must be ready to provide their mentor with updates on his or her activities.
9. The mentee must, **within 30 days** of receipt of notification of their successful completion of the mentorship period, apply for a general certificate of registration

and pay a fee adjustment to the College to reflect the change in class from an initial certificate of registration to a general certificate of registration.

MENTOR

1. Mentors must have an up-to-date and completed Self-Assessment Tool (SAT)
2. The mentor must discuss his/her expectations with the mentee in advance of the commencement of the mentorship period.
3. The mentor is not accountable for the patients/clients under the care of the mentee. It is the mentee who has the ultimate accountability for all care provided. If the mentor observes substandard practice that may result in harm to the patient/client, the mentor has an obligation to intervene. Apart from this extreme example, the mentor serves as a consultant to the mentee to assist in the understanding and application of practice standards and the transition to independent clinical practice.
4. Mentors are responsible for submitting completed evaluation reports to the College.
5. Exploitation of the mentee by the mentor is grounds for professional misconduct.
6. The College prohibits remuneration of mentors by a mentee. Transfer of funds between employing agencies is not prohibited. This includes mentors in private practice. (i.e. a private practice mentor may be reimbursed by the agency employing the mentee, however the mentee must not be expected to reimburse his/her mentor directly.)

COLLEGE

College staff is available to provide support to the mentee and the mentor.

1. The College shall maintain an inventory of mentors, which shall be reviewed periodically to ensure that the mentors are not in default of their certificates of registration.
2. Designated College staff shall be responsible for approving *Mentorship Guidance Contracts* and evaluation reports. Approval of *Mentorship Guidance Contracts* shall be based upon guidelines established by the College.
3. If a conflict arises and cannot be resolved in the workplace, the College is available to provide assistance.
4. Designated College staff shall be responsible for notifying the mentee of successful completion of the mentorship.

In circumstances where professional practice standards are not achieved or where the mentor does not recommend the mentee for general registration, mentees will be referred to the Registration Committee for review.

CHAPTER 3: POLICIES

This chapter includes:

- ✓ Single mentor requirement
- ✓ The required qualifications for mentors
- ✓ The required duration of a contract
- ✓ The number of mentored hours required
- ✓ The methods for providing guidance
- ✓ The methods for providing the mentee with feedback
- ✓ The requirements for supervision of supportive personnel

SINGLE MENTOR REQUIREMENT

A mentee is only required to have **one mentor and one mentorship contract**, even if practicing at multiple employment settings. The mentor must be for the primary employment setting, which is the employment setting where the mentee works most often.

QUALIFICATIONS OF MENTORS

Mentors must have the following qualifications:

1. Mentors must hold a general certificate of registration in the professional area (audiology or speech-language pathology) in which mentorship is provided.
2. Mentors must have a minimum of four years of professional practice in the professional area (audiology or speech-language pathology) in which mentorship is provided and mentors should possess the following competencies:
    a. Has in-depth knowledge of relevant regulatory requirements and professional standards;
    b. Has in-depth knowledge of and demonstrates evidence-based clinical practice
    c. Has considerable knowledge and experience in the area that the mentee is working;
    d. Has leadership qualities in their interactions with others;
    e. Has the ability to provide constructive feedback;
    f. Has the ability to manage misunderstandings, limitations and conflicts;
    g. Who demonstrates behaviours that are supportive and reflective; and
    h. Who demonstrates behaviours of observational feedback and shares experiences.
3. Mentors must not be in default of their certificates of registration.

In circumstances where the mentor does not meet the above criteria, the mentee must contact College staff to obtain approval of a mentor with alternate qualifications.

DURATION OF CONTRACT

- The mentorship period must be a minimum period of **6 months** of employment, in which the mentee must provide a minimum of **500 hours** of patient care.
- The mentorship period may be extended. If an extension is required please contact mentorship@caslpo.com at least **30 days before the end of your 6-month contract.**
- Extensions cannot exceed **18 months** beyond the date of issuance of the mentee's certificate.

A mentee's initial certificate of registration expires 24 months after the issuance of the certificate if:

- The mentee has not fulfilled any conditions placed on his or her certificate of registration as a result of the Registration Committee Order, for additional coursework and practicum in the minor professional area; or
- The mentee does not have the skills or competency necessary to be issued a general certificate of registration.
- The mentee has not been employed for sufficient hours within the first 24 months in order to fulfill the mentorship period regulations.

If a mentee's initial certificate of registration expires, the individual must re-apply for registration.

NUMBER OF MENTORED HOURS REQUIRED

- Mentors must provide, or coordinate, a minimum of **48 hours** of guidance during the mentorship period.
- A minimum of **24 hours** of guidance is required, in each half segment of the mentorship period. (i.e. At least 24 hours of guidance in each 3-month block.)
- Although it is preferable that two hours of guidance is provided per week, it is also possible to accumulate the hours over one full day (i.e. 8 hours) per month.

COORDINATING MENTORED GUIDANCE HOURS WITH OTHER SLPS AND/OR AUDIOLOGISTS

It is ideal and recommended that the designated mentor provide all 48 hours of mentored guidance, including some direct observation of the mentee's practice, over the course of the mentorship period. This encourages continuity in the relationship between the mentor and mentee and ensures that the mentor spends enough time with the mentee to be able to effectively evaluate his or her ability to meet the practice standards.

The College understands that there are some practice environments or situations that make it difficult for one designated mentor to provide all 48 hours of mentored guidance.

Other SLPs and/or audiologists may provide a portion of the 48 hours of mentored guidance if the following conditions are met:

- The designated mentor must coordinate the hours of mentored guidance the mentee will receive from other members of the College, whether it be at the primary employment setting or at a secondary employment setting
- The mentor must contribute some hours of guidance as well
- The mentor must consult with the other members who have provided mentored guidance before he or she completes the mentee's midterm and final mentorship reports

METHODS OF GUIDANCE

- Observation of the mentee interacting clinically with patients either directly or via video is mandatory and must include discussion regarding the direct interaction. The College no longer requires a specific number of hours of direct observation. However, the mentor must provide sufficient observation of the mentee to comment on whether or not the mentee has complied with CASLPO's practice standards.
- Methods of guidance may include any technique which permits the mentor to assist in the development of professional competencies in the context of the work/practice setting.

  Guidance is to be provided by:

  - Observing the mentee with clients
  - Video conferencing or reviewing videotapes or audiotapes of clinical sessions
  - Directing clinical management discussions (either in person, via text/email or telephone conferences)
  - Reviewing written reports
  - Leading administrative management discussions (either in person, via text/email or telephone conferences)

MECHANISM FOR FEEDBACK

A mechanism for providing the mentee with feedback must be discussed and agreed upon when the mentee and mentor complete their contract.

Feedback to the mentee may be provided in the following manner:

- Face to face meetings

- Video conferencing
- Written communication
- Telephone conferences
- Email

It is recommended that a permanent record of feedback be maintained. Alternative methods of providing feedback not listed above, must be specified in contract.

SUPERVISION OF SUPPORTIVE PERSONNEL

- It is recommended that mentees not supervise supportive personnel during the mentorship period. However, the College understands that this is not always possible.
- If the mentee is required to supervise supportive personnel during his/her mentorship period, the mentee must review and adhere to the following positions statements regarding the use of supportive personnel and guidance must be provided by the mentee's mentor regarding the use of supportive personnel during the mentorship period:

FOR AUDIOLOGISTS

FOR SPEECH-LANGUAGE PATHOLOGISTS

CHAPTER 4: PROCEDURES

This chapter includes:

- ✓ The steps for the mentoring process
- ✓ How to set learning goals and select learning activities
- ✓ How to collect evidence of compliance
- ✓ How to resolve conflict
- ✓ How to evaluate the mentee
- ✓ The steps to follow when changing employment midway through the mentorship period
- ✓ Unsuccessful mentorship period

STEPS FOR MENTORING

The mentorship period must be a minimum period of **6 months** of employment, in which the mentee must provide a minimum of **500 hours** of patient care. As well, the College requires the assigned mentor to provide a minimum of **2 hours** of mentorship per week (or **8 hours per month**) over a 6-month period. Typically, this amounts to about **48 hours** of mentorship. The role of the mentor is to act as an experienced and trusted advisor. Clinical and professional accountability remains with the mentee.

The following is an example of a Mentorship Guidance Schedule for a mentee working >= 21-hours per week during 6 months of Mentorship.

MONTH ONE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD) SUGGESTED ELEMENTS TO START THE MENTORSHIP PERIOD

Suggested elements to start the mentorship period

1. Set aside a minimum of 2 hours during the first month of practice. Typically, the initial orientation to the mentorship period will take more time in the first two-week period, and may be more than 8 hours over the month. In the initial month it is the expectation that the mentee will complete an orientation to the workplace and CASLPO, begin initial clinical practice with guidance, complete the mentorship guidance contract and set learning goals. All health and safety and risk situations are carefully reviewed.

2. Where applicable, the mentor checks to ensure that the mentee has completed orientation to:
    i. Facility, workplace, staff, other relationships
    ii. Responsibilities as Speech-Language Pathologist or Audiologist

iii. Caseload expectations
iv. Time and schedule expectations, hours of operation
v. Human Resource Standards
vi. Policies and Procedures of Organization
vii. Risk Standards of Organization
viii. Role of Mentor for mentorship period, and Role of Supervisor
ix. Time line for orientation, review of documents for workplace

3. Review of mentorship period Procedures:
   i. Set up mentoring agreement and schedule
   ii. Set up timeline for review of CASLPO documentation by mentee
   iii. Review *Mentorship Guidance Contract,* including Guidance Plan and Conflict Resolution
   iv. Review workplace / clinic procedures, and relationship to CASLPO standards
   v. Review CASLPO *Self-Assessment* Professional Practice Standards including Management Practices, Clinical Practice, Patient/Client Centred Practice, Communication, and Professional Accountability within the Self-Assessment Tool.
   vi. Introduction to CASLPO Electronic Reference: Review CASLPO *Registration, Quality Assurance and Professional Misconduct*.
   vii. Review Professional expectations (identification and professional credential usage as Speech-Language Pathologist or Audiologist with CASLPO registration, dress code, personal presentation, timeliness, organization strategies etc.)
   viii. Review *Code of Ethics* and potential Risk Situations within mentorship period and who to contact for support for difficult decisions and situations
   ix. Review *Preferred Practice Guidelines* for current caseload
   x. mentee and Mentor discuss setting up of learning goals. mentee completes Learning Goals Section of *Mentorship Guidance Contract*
   xi. Set up mentor availability for questions or assistance

4. Mentee submits *Mentorship Guidance Contract* by end of month to College (within 30 days of mentorship period initiation) with a copy to the Mentor.

MONTH TWO: (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD.)

Mentee completes in depth review of CASLPO standards and legislation requirements, and CASLPO preferred practice guidelines related to current caseload and responsibilities. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of mentee.

i. Continue learning goals plan with mentor guidance.

ii. Clinical Management Practice Review: Observational practice and review mentee's examples of initial assessments, intervention and recommendations. Review Patient/Client Centred Practice: Review of mentee's compliance with consents, client-centred goal setting and goal

setting and intervention plans with realistic outcomes, respect for client decision to decline intervention. Reflect on mentee's documented evidence and criteria for beginning and ending intervention. Review CASLPO standards for record keeping and legislation regarding records and privacy. Review of *Health Care Consent Act, Personal Health Information Protection Act, Obtaining Consent for Services: A Guide for Audiologists and Speech Language Pathologists, Consent to Provide Screening and Assessment Services, Use of Surveillance Materials in Assessments*.

iii. Risk Review: Discuss any risk situations that have presented during mentorship period. Discuss what constitutes a risk occurrence. Share reflective practice on strategies that could be used for potential situations. Discuss *Code of Ethics* and what constitutes an ethical issue. Review a potential or actual ethical issue, and a framework for ethical decision making. Review health and safety procedures to protect the patient/ client, family, public, and the health care provider. Review where to access information regarding risk and occurrences. Review CASLPO and regulated health profession standards regarding risk. Review guidelines regarding controlled acts, alternative approaches to intervention, universal precautions, cleaning of equipment, infection prevention and control, immunization, client protection, sexual abuse, and duty to report.

iv. Review of materials and equipment used appropriate to the caseload, standards for materials and equipment, servicing and calibration.

v. Team, Co-worker Relationships Review: Discuss roles of Speech-Language Pathologist or Audiologist within a client-centred team and relationships with others. Review legislation including *Regulated Health Professions Act, Audiology and Speech-Language Pathology Act* and CASLPO standards, and position statements including *Professional Relationships and Boundaries, Resolving Disagreements between Service Providers, Guidelines for Supportive Personnel, Supervision of Students of Audiology and Speech Language Pathology, Concurrent Intervention Provided by CASLPO mentees, Advertising, Conflict of Interest, Changing Hearing Aid Prescriptions, Use of the title Doctor*. Share experiences of consultation, collaboration and education, practice of conflict resolution and reflect on experiences of mentorship period.

vi. Clinical Practice Review: Observational Practice and review mentee's examples of initial assessments, intervention and recommendations. mentee demonstrates outcome measurement and modification of intervention procedures. mentee demonstrates evidence and practice based on research/ best practices. mentee discusses and demonstrates ongoing learning and currency: shadowing of colleagues, access to research, journals, webinars, and ongoing educational opportunities to support learning goals. Mentor assists with guidance of ongoing learning strategies and gives further guidance on learning goals.

vii. Review of Communication: Observational Practice and review of mentee's examples of responsiveness to needs of patient/ client and family and their environmental context. Reflective practice on issues of responsiveness, communication and sensitivity to patient/ client age, interests, cultural and linguistic backgrounds, abilities, language, cognition, comprehension goals and needs. Discuss examples of caseload challenges, and how to improve communication strategies, goals and intervention to meet patient/client needs. Review of CASLPO position statement on *Service Delivery to Linguistically and Culturally Diverse Populations*, where to access further information on diverse populations, Use of Telepractice *Approaches to Providing Services to Patient/ Clients*, use of translation or interpretive services.

viii. mentee submits *Self-Assessment: mentee's Midterm Evaluation Form*, progress on learning goals, with collection of evidence to support compliance with CASLPO standards and learning goals by end of second month (30 days before mentorship period Midterm Report) to Mentor.

MONTH THREE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD.)

Mentee completes in depth review of CASLPO preferred practice guidelines and regulation for records. mentee continues to work on learning goals in preparation for the midterm evaluation at the end of the third month. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of mentee.

i. Management Practice Review: Review mentee's examples of recording of evidence during sessions with patient/client, assessments, consultations, intervention, progress notes, discharge notes and security of patient/client information. mentee completes in depth review of CASLPO *Draft Regulations for Records, Checklist for Chart Review, Checklist for Financial Record* and checks for compliance with the privacy legislation including the *Personal Health Information Protection Act* as well as *Freedom of Information and Protection of Privacy Act*, Municipal Freedom and Protection of Privacy and Orders of the Information and Privacy Commissioner of Ontario. Mentor reviews understanding and compliance with information security: confidentiality, protection of personal information, release of information, handling of paper files, notebooks, double locked system (e.g. locked file/ locked office or car), and encryption of electronic devices. Over the month, mentee continues with learning goals on management practice and submits 5 charts for review to the mentor by end of the month for the midterm evaluation.

ii. Clinical Practice Review: Review of mentee's knowledge and compliance with Preferred Practice Guidelines. Over the month, mentee reviews all other Preferred Practice Guidelines not previously addressed in month one. Discussion with mentor regarding challenges of caseload, reflection on

progress, and collaboration with mentor for strategies for continuous learning. Further discussion on strategies to gain further knowledge to comply with Preferred Practice Guidelines.

iii. Professional Accountability Review: Over the month, mentee checks review of all Regulations, Preferred Practice Guidelines, Position Statements, *Code of Ethics* and relevant legislation. mentee discusses any particular issues related to compliance with mentor. Additional legislative acts such as *Child and Family Services Act, Education Act, Public Health Act* impacting service delivery in the workplace should be discussed with supervisor in workplace; mentee can discuss any issues with mentor and they may review together.

iv. Learning Goals Progress Check: mentee collaborates with mentor to support learning and continues plan.

Midterm Evaluation Report: Final week of month the mentor is expected to evaluate the mentee's level of compliance with the practice standards midway through the mentee's mentorship period.

The *Midterm Evaluation Report* form must be completed by the mentee's mentor after the mentor has reviewed the following:

- The mentee's 1st Self-Assessment form;
- The mentee's progress in achieving their learning goals;
- The mentee's progress with their collection of evidence of compliance; and
- A review of at least 5 of the mentee's patient/client files.

It is recommended that:

1. The mentor completes the *Midterm Evaluation Report* at least two days before the Initial Evaluation Report meeting and give a copy to the mentee to review before the meeting.

2. The mentor and mentee meet at a pre-determined place and time to review the Midterm Evaluation Report and plan for the final three months of the mentorship period.

The mentor and mentee must sign the report. The mentee is welcomed to add additional comments which are added to the report.

Mentor submits *Mentor's Midterm Evaluation Report* to College with a copy to the mentee.

MONTH FOUR (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD)

mentee follows the plan developed after the *Midterm Evaluation Report* further developing the Learning Goals Plan for the final three months. mentee discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload challenges, clinical reporting of evidence, and learning progress. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of mentee.

MONTH FIVE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD)

Mentee continues Learning Goals Plan and completes evidence. mentee discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload, clinical reporting, and learning progress. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of mentee. In final week of month (30 days before *Mentor's Final Evaluation Report*), mentee submits *Self-Assessment*: *mentee's Final Evaluation Form* and Learning Goals Document to Mentor for review prior to the Final Evaluation.

MONTH SIX (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY MENTEE DURING THIS PERIOD)

Mentee continues Learning Goals Plan, and accumulates any missing evidence. Mentee discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload, clinical reporting, and learning progress. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of mentee.

Final Evaluation: In the final week of month six, mentors are expected to evaluate the mentee's level of compliance with the practice standards at the end of the mentorship period using the *Mentor's Final Evaluation Report*

The *Final Evaluation Report* form must be completed by the mentee's mentor after the mentor has reviewed the following:

- The mentee's 2nd Self-Assessment form;
- The mentee's progress in achieving their learning goals;
- The mentee's completed catalogue of evidence of compliance; and
- A follow-up review of the mentee's patient/client files.

It is recommended that:

1. The mentor completes the *Final Evaluation Report* at least two days before the *Final Evaluation Report* meeting and give a copy to the mentee to review before the meeting.

2. Mentor and mentee meet at a pre-determined place and time to review the *Final Evaluation Report*.

The mentor and mentee must sign the report. The mentee is welcomed to add additional comments which are added to the report.

SETTING LEARNING GOALS

The mentee must derive learning goals that relate to indicators of the *Mentorship Guidance Contract*. In devising a learning goal, the mentee should reflect on what they need to learn in order to comply with the indicators and then determine how they will learn that information.

The indicator that the mentee is addressing must be specified in the mentee's learning goal. Learning activities may be summarized on the learning activity summary form. These details should include relevant dates, titles and authors of readings and presentations, websites searched and titles, dates and instructors of courses.

During the mentee's mentorship period, the mentee will review their progress in meeting their learning goals before the mentee's midterm evaluation and again before the mentee's final evaluation. In the appropriate column of the learning activities forms, the mentee should briefly comment on any successes or difficulties they may have encountered in achieving their goals.

Before the mentee's midterm evaluation, the mentee is also expected to reflect on how much progress has been made towards achieving their learning goals and how the defined learning activities have affected their practice.

The mentee must indicate the progress made in meeting their specific learning goals using the following scale:

- No progress;
- Moderate progress; or
- Great progress.

The mentee must also indicate the impact of the learning activity on their practice using the following scale:

- No impact;
- Little impact; or
- Significant impact.

mentees should always make this rating in relation to their clinical service delivery. There is no requirement that the progress and impact ratings be at any specific level; there is no right answer. The College understands that it may be difficult for the mentee to anticipate progress and the impact of their learning on clinical care so it may be that some ratings will be low. The College will expect, however, as the mentee becomes a general mentee, the mentee will revise the learning goal or learning activity in an attempt to better meet the learning goals and increase the impact of the continuing education on clinical care. The basic premise of the self-directed learning program is that it will have a positive impact on the quality of care provided by the mentee.

Evaluating the effectiveness of learning in this way can help a mentee determine if a goal is resolved or if it was unsuccessful or poorly formulated, in which case the goal will not be carried over to the next year. It can also help determine if the learning is in fact having any effect on clinical care. If not, both the goals and learning activities would need to be re-evaluated.

CRITERIA FOR LEARNING GOALS

All learning goals must:

1. Define and specify the information to be learned and incorporate the purpose of the learning.
2. Include sufficient detail to determine if the learning objective was met.
3. Relate to the mentee's clinical practice.
4. Refer to a learning activity.
5. Address any area that the mentee needs to learn in order to comply with the indicators in the *Mentorship Guidance Contract*.

Professional Practice Standard	**Refer to a learning activity**	**Define the information to be learned**	**State the purpose**	**Relate to practice**
Management Practices	To learn more about and to follow	*Health and safety and risk management procedures and practices*	In order to	*Provide services that meet or exceed standards of practice*
Clinical Practices	To keep current with	*Knowledge in the field*	To provide	*Evidence-based treatment*
Patient / Client Centred Practices	To acquire knowledge about	*Informed consent*	In order to determine	*Benefits, limitations and risks of intervention*
Communication	To learn more about	*Communication techniques and consultation skills*	To facilitate	*Client comprehension and participation and to provide high quality care*
Professional Accountability	To further knowledge of	*CASLPO regulations, preferred practice guidelines, position statement, code of ethics, and relevant legislation*	In order to	*Provide services that meet or exceed standards of practice*

LEARNING ACTIVITIES

Learning goals define the learning. Learning activities provide the means to meet the learning goals.

Learning activities must fall into one of the following headings:

1. Courses Taken or Given – Any type of workshop, distance education initiatives (such as web-based e-learning), lecture, university course, or in-service education.
2. Self-Study – Any type of goal directed self-study which involves new learning such as reading, material review, preparation time for presentations (for new learning only) and manufacturer/technological updates. These learning activities must:
    a. Be related to the learning goal; and
    b. Be specified in the detailed learning activity log form.
3. Clinical Guidance Activities – This includes study groups.
4. Contributions to the Profession – Any type of committee work for CASLPO or professional association committee activity.
5. Practice Management – This includes completion of the *Self Assessment Tool*.

Examples of learning activities that should not be included:

- Setting up an office
- Writing advertisements for private practice
- Sending letters to potential referral sources and patient/clients
- Using volunteers to help with record management and filing
- Using specific equipment or therapy and testing procedures
- Increasing compliance with documentation requirements
- Administrative staff meetings that do not involve an educational component
- Any team building activities or social activities that do not involve clinical or professional practice (i.e. horseback riding or yoga courses for personal relaxation)

EVIDENCE OF COMPLIANCE

Each behavioural indicator must be demonstrated by collecting examples of compliance. These are to be used to assist in understanding what each behavioural indicator is meant to evaluate. A list of examples of evidence is provided in Appendix IX. The examples are listed as possible samples and are not meant to be an exhaustive list. mentees are to feel free to supply their own examples of compliance based on their practices. For some indicators, compliance with any **one example** (whether from the Guide or devised by the mentee) would be sufficient. For others, certain examples of compliance are required. (See Indicator 1.2 "I maintain records, which accurately reflect the services provided." for an example of an indicator where all the examples of compliance are required to be consistent with the Proposed Regulation for Records.). However, when submitting evidence of compliance for the mentor's review, only **one example** of evidence is required to be submitted.

Examples of compliance can come from any number of sources. Mentees are urged to be creative when choosing and documenting evidence of compliance. The examples should truly reflect the mentee's practice, thus the use of flexibility and resourcefulness will assist the mentee. Some common sources include correspondence such as memos and email, minutes from meetings, organization standards, testimony of peers, performance appraisals, interdisciplinary protocols, and article collections. mentees should not feel limited by these examples. Innovation and imagination are encouraged. It is also important to remind the mentee that only **one example** of evidence is required for each indicator when submitting evidence for the mentor's review.

mentees must collect documentation of evidence of compliance. There are numerous advantages to cataloguing evidence of compliance as it becomes available.

The advantages of compiling evidence of compliance are to:

- Promote a more thorough understanding of the indicator;
- Alert the mentee to practice issues which might otherwise not be apparent;
- Provide documentation of quality in practice;
- Retain evidence which might not be kept routinely such as policy statements or communication within the practice setting with colleagues and administrators which describe rationale and documentation for certain practices;
- Assist the mentee in compiling evidence of compliance for Peer Assessment.

Mentees may want to use Appendix III to assist in compiling a catalogue of evidence of compliance.

CONFLICT RESOLUTION

If a conflict arises, the mentee and mentor should immediately attempt to resolve the conflict directly.

The following steps may be used to resolve the conflict:

1. Identify and define the issues;
2. Generate possible solutions;
3. Choose and implement best solution; and
4. Evaluate by follow-up.

If a problem or conflict persists, the mentee and mentor should turn to the third party in their organization identified in the mentee's *Mentorship Guidance Contract* for assistance.

However, if there is no possible resolution, the mentee and mentor should contact the College as it may be necessary to terminate the current mentorship contract. If this occurs, the mentee must find a new mentor within 30 days of the termination of the *Mentorship Guidance Contract*.

EVALUATION

A number of behavioural indicators, which reflect the standard, follow each of the professional practice standards. Mentors are required to assess how well the mentee meets the standard for each indicator based on both the evidence submitted for the paper review as well as the evidence obtained during mentoring sessions. If an indicator does not apply to the mentee's practice the peer assessor would indicate NA "non-applicable" and include the mentee's explanation provided on his or her self-assessment.

MEETING THE STANDARD OR NOT

2	1	NA
MEETS THE STANDARD	NEEDS WORK TO MEET THE STANDARD	NON APPLICABLE

The Mentor must determine whether the evidence presented by the mentee in the paper review and during mentoring sessions represents what a reasonably diligent audiologist or speech-language pathologist would provide as evidence in similar circumstances. This is sometimes referred to as the concept of due diligence. Mentors should use this concept when evaluating the mentee's practices.

RATING DESCRIPTORS:

2 – MEETS THE STANDARD

- The mentee's self-assessment is thorough and reliable
- Evidence is well prepared and understanding of indicator is well documented
- Deficiencies are self-identified
- Functions competently and effectively
- Appropriate response to situation
- Performance not affected by minor errors
- No cause for concern

1 – NEEDS WORK TO MEET THE STANDARD

- The mentee's self-assessment is not thorough enough
- Evidence of compliance is incomplete and needs improvement
- Deficiencies may or may not be self-identified
- Inappropriate responses to situations

- Performance impeded by errors
- Efforts to improve compliance have not been effective enough

CHANGING EMPLOYMENT MIDWAY THROUGH MENTORSHIP

If a mentee wishes to change employment midway through his/her mentorship, the mentee must:

1. Inform their mentor when the mentee has accepted a new position
2. Decide if the mentoring process can continue with the current mentor. It is possible for the current mentor to continue mentoring if this is agreeable to the mentee, mentor, and new employer.
3. If it is not feasible to continue with the same mentor, then the mentorship contract will be terminated and the mentee is required to find a new mentor and submit a new mentorship contract. A new mentorship contract must be submitted to the College within **30 days** of starting the new position.
4. If a mentorship contract is terminated due to a change in employment the College will require a written statement about the progress of the mentorship prior to approving a new mentorship contract. Depending on how far along the mentee is with his/her mentorship, the report may be the midterm evaluation report from the mentor, or a written report of progress that must include:
    a. The number of months/weeks of mentorship completed with current mentor;
    b. The number of mentored hours completed with current mentor;
    c. The number of hours of patient care provided during mentorship;
    d. A statement from the current mentor regarding the progress of the mentee's mentorship; and
    e. The signatures of the mentee and the mentor.

The College will review the information provided to determine the remaining number of hours and weeks of mentorship that the mentee must complete in order to satisfy CASLPO's requirements for successful completion of the mentorship period.

Please refer to the section on Additional Employment Settings for information about working at multiple sites during the mentorship period.

Note: Mentees must update their employment information in CASLPO's member portal within 30 days.

UNSUCCESSFUL MENTORSHIP PERIOD

If your mentorship period is unsuccessful you must contact mentorship@caslpo.com to determine the next steps.

CHAPTER 5: FORMS

This chapter includes:

- ✓ Mentorship Guidance Contract
- ✓ Mentor's Midterm Evaluation Report
- ✓ Mentee's Self-Assessment – Midterm Evaluation
- ✓ Mentor's Final Evaluation Report
- ✓ Mentee's Self-Assessment – Final Evaluation
- ✓ Checklist for Chart Review
- ✓ Checklist for Financial Records
- ✓ Checklist for Compiling Evidence of Compliance

MENTORSHIP GUIDANCE CONTRACT

The mentor and mentee must complete a *Mentorship Guidance Contract* to identify, in writing, a guidance plan and the mentee's learning goals for the mentorship period.

The mentee must submit a copy of his/her *Mentorship Guidance Contract* to the College within **30 days** of the mentee starting his/her mentorship period. This due date will be specified by the College's Program Assistant (Registration Services) in an email message when the mentee is issued their initial certificate of registration.

The mentee must submit a completed mentorship guidance contract to the attention of the College's Program Assistant (Registration Services) by one of the following methods:

1. Via email at mentorship@caslpo.com; or
2. Via fax at 416-975-8394; or
3. Via mail at CASLPO, 3080 Yonge Street, Suite 5060, Box 71, Toronto, ON M4N 3N1.

Both the mentee and the mentor must keep a copy of the mentorship guidance contract for their own records.

Please be advised that the mentee shall be charged the following fees if the College is asked to provide replacement or additional documents:

- The fee for copying documents from a mentee's file is $50.00 per request including the first twenty-five pages, and $1.00 per page thereafter.

MIDTERM EVALUATION REPORT

Mentors are expected to evaluate the mentee's level of compliance with the practice standards midway through the mentorship period using the *Mentor's Midterm Evaluation Report*.

The *Midterm Evaluation Report* form must be completed by the mentee's mentor after the mentor has reviewed the following:

- The mentee's 1st self-assessment form;
- The mentee's progress in achieving their learning goals;
- The mentee's progress with their collection of evidence of compliance; and
- In accordance with the confidentiality requirements of the employment setting, a review of at least 5 of the mentee's patient files.

The documents mentioned above are to be used by the mentor to evaluate the mentee's progress. The mentee must provide these documents to their mentor at least 30 days before the *Midterm Evaluation Report* is due.

It is recommended that:

1. The mentor completes the *Midterm Evaluation Report* at least two days before the evaluation meeting with the mentee and give a copy to the mentee to review before the meeting.
2. The mentor and mentee meet at a pre-determined place and time to review the *Midterm Evaluation Report* and plan for the final three months of the mentorship period.

The mentor and mentee must sign the report. The mentee is welcome to add additional comments which are added to the report.

The mentor must submit a completed *Midterm Evaluation Report* to College with a copy to the mentee.

The mentee's self-assessment form, learning activities log and evidence of compliance documents should not be submitted to the College.

Both the mentee and the mentor must keep a copy of the *Midterm Evaluation Report* for their own records.

DUE DATE

The due date for the *Midterm Evaluation Report* is calculated by the College and provided to the mentee and mentor when the mentee is notified by the College of the approval of his/her *Mentorship Guidance Contract*.

The due date of the *Midterm Evaluation Report* shall be calculated as the approximate midpoint of the contract.

FINAL EVALUATION REPORT

Mentors are expected to evaluate the mentee's level of compliance with the practice standards at the end of the mentorship period using the *Mentor's Final Evaluation Report*.

The *Final Evaluation Report* form must be completed by the mentee's mentor after the mentor has reviewed the following:

- The mentee's 2nd self-assessment form;
- The mentee's progress in achieving their learning goals;
- The mentee's completed catalogue of evidence of compliance; and
- In accordance with the confidentiality requirements of the employment setting, a follow-up review of five (5) of the mentee's patient files.

It is recommended that:

1. The mentor completes the *Final Evaluation Report* at least two days before the *Final Evaluation Report* meeting and give a copy to the mentee to review before the meeting.

2. Mentor and mentee meet at a pre-determined place and time to review the *Final Evaluation Report*.

The mentor and mentee must sign the report. The mentee is welcome to add additional comments which are added to the report.

The mentor must submit a *completed Mentor's Final Evaluation Report* to College with a copy to the mentee.

The mentee's self-assessment form, learning activities log and evidence of compliance documents should not be submitted to the College.

Both the mentee and the mentor must keep a copy of the *Final Evaluation Report* for their own records.

DUE DATE

The due date for the *Final Evaluation Report* is calculated by the College and provided to the mentee and mentor when the mentee is notified by the College of the approval of his/her mentorship guidance contract.

The due date of the *Final Evaluation Report* shall be calculated as the end date of the contract plus 30 days.

CHANGING OR EXTENDING REPORT DUE DATES

Mentees who require an extension to their midterm or final report due dates must notify the College in writing at mentorship@caslpo.com. The College will review your request and determine if an extension may be granted.

SELF ASSESSMENT TOOL

The mentee must rate his/her compliance on the indicators listed in the mentee self-assessment form and also comment on his/her progress on each of the individual goals listed in his/her *Mentorship Guidance Contract*.

The mentee must complete and submit the following to their mentor:

- 1st self assessment – 30 days before the *Midterm Evaluation Report* is completed by the mentee's mentor; and
- 2nd self assessment – 30 days before the *Final Evaluation Report* is completed by the mentee's mentor.

LEARNING ACTIVITIES LOG

The mentee may summarize their learning activities on the learning activity summary form. These details should include relevant dates, titles and authors of readings and presentations, websites searched, and titles, dates and instructors of courses.

The mentee's learning activity log must include:

- At least one learning goal for each of the five professional standards;
- A record of any learning activities completed;
- A rating regarding progress and impact on practice for each learning goal.

The mentee must complete and submit their learning activities log to their mentor 30 days before the *Midterm Evaluation Report* is completed by the mentee's mentor.

An updated learning activities log is also to be submitted to the mentee's mentor 30 days before the mentor's *Final Evaluation Report* is completed by the mentee's mentor.

The mentee's self-assessment and learning activity log should not be submitted to the College.

CHECKLIST FOR CHART REVIEW

The mentee is required to "maintain records, which accurately reflect the service provided.

The *Checklist for Chart Review* is an optional checklist that may be used by the mentee or mentor to determine if all the required elements of a record are in place.

The *Checklist for Chart Review* should not be submitted to the College.

CHECKLIST FOR FINANCIAL RECORDS

If the mentee bills clients directly or through a third party, the financial record must contain information concerning the services performed and the amount billed.

The *Checklist for Financial Records* is an optional checklist that may be used by the mentee or mentor to determine if all the required elements of a financial record are in place.

The *Checklist for Financial Records* should not be submitted to the College.

CHECKLIST FOR COMPILING EVIDENCE OF COMPLIANCE

The *Mentorship Guidance Contract* and evaluation reports contain behavioural indicators. The mentee must collect documentation of evidence of compliance for each behavioural indicator.

The *Checklist for Compiling Evidence of Compliance* is an optional checklist that may be used by the mentee when compiling and cataloguing evidence of compliance.

The *Checklist for Compiling Evidence of Compliance* should not be submitted to the College.

CHAPTER 6: NEXT STEPS

This chapter includes:

- ✓ Completion of the Mentorship Period
- ✓ Applying for a General Certificate of Registration
- ✓ Obtaining a Wall Certificate and an Updated Wallet Card
- ✓ Completing the Online Self-Assessment Tool (SAT) and Continuous Learning Activity Credits (CLACs)

COMPLETION OF MENTORSHIP PERIOD

Successful completion of the mentorship period includes:

- Completion of a minimum of 6-months of mentored practice;
- Completion of a minimum of 48 hours of mentored practice;
- Completion of a minimum of 500 hours of patient care;
- Submittal of the midterm and final evaluation reports; and
- Mentor's recommendation for general registration

The mentee has successfully completed their mentorship period when the above-mention criteria have been satisfied and the College has reviewed and approved the mentee's *Final Evaluation Report*.

The mentee will be contacted via email regarding the College's approval of their *Final Evaluation Report* and the steps for applying for a general certificate of registration.

The Registrar may extend the term of an initial certificate of registration for an additional period of no more than 18 months if either of the following circumstances exist:

1. The mentee has not completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months.
2. The mentee has completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months but, in the Registrar's opinion, the mentee does not have the skills or competency necessary to be issued a general certificate of registration.

GENERAL REGISTRATION

Upon receipt of a written confirmation from the College of the successful completion of the mentorship period, the mentee must submit the following to the College's Program Assistant (Registration Services) within **30 days**:

1. A completed mentee application form for a general certificate of registration; and

2. Prorated fee adjustment.

By-law 2011-3 states:

"Where an initial practice registrant (IPR) applies to change the class of registration to a general certificate for the remainder of the registration year, the IPR must pay a prorated fee adjustment according to the number of months remaining in the registration year for which the general certificate is issued."

An invoice will be sent to the mentee via email to indicate the fee amount required.

Conditions of General Registration:

The following are the conditions of a general certificate of registration:

1. The mentee shall provide 750 hours of patient care or related work in audiology and/or speech-language pathology during every three-year period that begins on the day that the mentee is issued a general certificate of registration.

2. The mentee shall immediately inform the Registrar in writing in the event that the mentee ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the mentee to engage in the practice of the profession.

If a general mentee fails to meet the condition for providing 750 hours of patient care or related work in audiology or speech-language pathology, the Registrar may refer the mentee for a peer and practice assessment.

If the general mentee ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the mentee to engage in the practice of the profession, the Registrar may give the mentee notice of intention to suspend the mentee and may suspend the mentee's certificate of registration within 30 days after notice is given.

WALL CERTIFICATE AND REGISTRATION CARD

mentees may login to the mentee portal and download a registration card.

A wall certificate will be issued after the mentee has successfully completed their mentorship and paid all applicable fees. You may download an updated registration card from the mentee portal after your status has been changed to general.

ONLINE SELF ASSESSMENT TOOL AND CLACS

After successful completion of the mentorship period, you will join CASLPO as a general member and you will be required to participate in the College's Quality Assurance Program.

1) SELF-ASSESSMENT TOOL (SAT)

If you become a General member any time between January 1st and December 31st of a given year, we recommend that you access your SAT to familiarize yourself with the tool. However, you are **NOT** required to fill it in or submit it to CASLPO.

On January 1st of the following year, you will have access to the new SAT and you are required to complete the following sections:

- Practice Description
- Five Professional Standards

2) LEARNING GOALS AND CLACS

- Develop three Learning Goals for the year.
- **You do NOT have to document 15 Continuous Learning Activity Credits (CLACs) for the previous year (your first year as a General member).**

The Self-Assessment Tool Guide outlines how to access your SAT and complete the process.

You will have the month of January to complete this process. You must submit your SAT to CASLPO by midnight, January 31st.

Watch the SAT How-To Videos

3) PEER ASSESSMENT

Peer Assessment is based on the SAT so that members are objectively evaluated on the same standards that they used to assess themselves. If you have just undergone a mentorship period with a mentor you will not be selected for peer assessment for the first three years of your General membership. Your name will go into the pool for random selection at the beginning of your fourth year. If you have joined CASLPO from another jurisdiction, your name will go into the pool for random selection at the beginning of your second year.

APPENDIX I: SAMPLE LEARNING GOALS

MANAGEMENT PRACTICE - Audiologists and Speech-Language Pathologists manage their practice in an accountable manner.

1.1 I have criteria to begin and end intervention (screening, assessment and all management).

To learn more about community resources that patients/clients may utilize on discharge in order to develop criteria to end intervention in the patient's/client's best interest.

To acquire knowledge of policy development to set admission criteria for intervention to ensure that all accepted patients/clients can be provided with service that meets their needs.

1.2 I maintain records, which accurately reflect the services provided.

To further knowledge of the College's record keeping requirements by reviewing College publications to ensure that documentation practices are compliant.

To learn more about the documentation practices of colleagues in different practice settings to determine ways to improve record keeping and ensure on-going compliance with CASLPO standards.

1.3 I perform controlled acts according to the Practice Standards and the position of the College.

To acquire knowledge about current practices for hearing aid prescription to apply in practice in order to ensure that CASLPO standards and guidelines are met.

1.4 I perform any delegated controlled act(s) (RHPA 27,28,29) according to the position of the College.

To gain mentorship by colleagues who have been delegated the management of tracheoesophageal voice prostheses to ensure that all the requirements of accepting delegation of a controlled act are met.

1.5 I am accountable for support personnel providing intervention under my direction.

To learn more about communication and feedback skills to provide effective supervision of supportive personnel.

To acquire knowledge of efficient time management skills in order to provide appropriate student supervision and manage caseload demands.

1.6 I ensure that all materials and equipment (includes clinical tools, assessment and therapy materials) used in my practice are current, in proper working order and calibrated as required.

To further knowledge of calibration requirements in order to ensure that the equipment used in my practice meets CASLPO and international standards.

To learn about protocols for equipment maintenance from colleagues with similar practices in different practice environments.

1.7 I follow health and safety procedures and practices.

To improve my knowledge of infection control procedures in my practice setting by attending available education sessions and consulting with infection control staff.

To acquire knowledge of infection control standards and procedures by reviewing on line resources

1.8 I am knowledgeable about mandatory reports outlined in the RHPA schedule 2, sections 85.1-85.5 and the Child and Family Services Act, 1990

To review the requirements for mandatory reports outlined in the RHPA in order to ensure safe and ethical care for my patients.

CLINICAL PRACTICE - Audiologists and Speech-Language Pathologists possess and continually acquire and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.

2.1 I practice within the limits of my competence as determined by education, training and professional experience.

To learn more about techniques and strategies to incorporate into clinical practice in order to improve my treatment of children with autism.

To further knowledge of caseload management strategies to increase efficiency yet meet patient/client needs.

2.2 I continually acquire knowledge and skills necessary to provide quality service.

To continue learning and refining skills in promoting preliteracy skills in preschool children.

To gain more knowledge in treatment of patients/clients with tinnitus by reviewing the literature on treatment approaches and applying and evaluating these approaches in therapy.

2.3 I use intervention procedures based on current knowledge in the fields of audiology and/or SLP incorporating evidence-based research and advances in technology.

To continue to acquire knowledge of evidence-based practice in hearing aid prescription in order to provide quality service to the hearing impaired individuals in my practice.

To learn more about assessment and therapy goal setting and how colleagues measure outcomes and apply this data to practice.

2.4 I use intervention procedures that are appropriate to the patient's abilities.

To continue to expand my knowledge about new technology and advances in hearing aid performance to provide patients with appropriate and effective amplification options.

To increase knowledge of available assessment tools to ensure that patients receive a meaningful evaluation of their language skills.

2.5 I use intervention procedures that are appropriate to the cultural and linguistic background of the patient/client/Substitute Decision Maker (SDM).

To learn more about perception of hearing loss in children in the cultures represented in my practice.

To improve my knowledge of food preferences in different cultures to ensure the provision of culturally sensitive dysphagia management.

2.6 I monitor, evaluate, and modify my intervention procedures based on patient/client outcome.

To acquire knowledge of clinical outcome measures to be utilized in determining when to discharge a patient/client.

To learn more about setting appropriate goals for my patients/clients by literature review and consultation with colleagues.

2.7 I seek feedback from others in my profession regarding my clinical practice.

Research shows that one of the most effective methods of learning is from peer discussions and/or observations regarding specific cases or general approaches.

PATIENT/CLIENT CENTRED PRACTICE - Audiologists and Speech-Language Pathologists ensure that their patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interests should be primary.

3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter.

To continue to update knowledge of requirements for consent by reading CASLPO documents and sharing information with colleagues.

To acquire knowledge about the documentation requirements for consent discussions by reading the relevant legislation and sharing information with a study group.

3.2 I obtain and document consent to collect, use, retain, disclose and discard personal health information.

To continue to update knowledge of requirements of PHIPA by reading CASLPO Today and reviewing the website of the Privacy Commissioner of Ontario.

To acquire knowledge about creating and updating my privacy policy by taking available courses, consulting with colleagues, and reviewing CASLPO and legislative requirements.

3.3 I consult with the patient/client and/or SDM when establishing intervention plans and/or courses of action.

To acquire knowledge about effective strategies to engage patients/clients in discussions about treatment options.

To further knowledge about the type of information and format of presentation patients/clients prefer in order to understand their intervention choices.

3.4 I set intervention goals that describe realistic outcomes for patients/clients.

To gain more knowledge about the literature in outcome measures to determine what are reasonable expectations for progress in therapy for the patients/clients on my caseload.

To learn more about goal setting and revising goals based on patient/client performance to ensure appropriate expectations regarding progress and outcome.

3.5 I respect the patient's/client's and/or SDM's decision to decline intervention.

To further knowledge of patient/client reasoning underlying refusal to continue therapy in order to support these decisions.

To continue to learn about how to anticipate a patient's/client's decision to decline intervention by reviewing literature and blogs written by patients/clients of their experiences in treatment.

3.6 I maintain patient/client confidentiality at all times.

To learn more about procedures to support confidentiality by reviewing decisions on the website of the Information and Privacy Commissioner.

To acquire further knowledge about procedures for managing patient/client information when providing treatment in the community and working with colleagues to find ways to increase the protection of this information.

COMMUNICATION - Audiologists and Speech-Language Pathologists communicate effectively.

4.1 I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.

To further knowledge of what supports patients/clients require when processing information under stress or when disappointed with results.

To expand knowledge of the comprehension development of children to use in the creation of easily understood handouts to explain common communication disorders to a paediatric population.

4.2 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.

To continue to learn about effective use of interpreter services by working with the interpreters in my facility to ensure that their services are maximized during assessment sessions.

4.3 I communicate constructively, effectively, and collaboratively with my peers/team/co-workers, including mentees of other professions.

To learn more about team dynamics to ensure my effective participation as an interdisciplinary team mentee.

To acquire knowledge of communication techniques to diffuse conflict.

4.4 I accurately communicate my professional credentials, to my patients/clients and others.

To further knowledge of the College requirements to ensure that the information on my business cards meets College standards.

To learn more about how College requirements to ensure that the marketing materials for my private practice meet the College standards.

PROFESSIONAL ACCOUNTABILITY - Audiologists and Speech-Language Pathologists are accountable and comply with legislation.

1.1 I am aware of all the CASLPO documents and have reviewed in detail those that apply to my current practice.

APPENDIX II: SAMPLE EVIDENCE OF COMPLIANCE

MANAGEMENT PRACTICE - Audiologists and Speech-Language Pathologists manage their practice in an accountable manner.

1.1 I have criteria to begin and end intervention (screening, assessment and all management).

Any type of evidence that suggests a decision-making process for the commencement and completion of intervention may be provided. All records should have some reference for the rationale for beginning and completing intervention. This may be documented in policy but does not have to be. Such policies may include rationale for assigning priorities to groups of patients/clients to be seen or caseload constraints that exclude types of patients/clients from being seen.

In the case of a consultative practice or a practice which primarily focuses on assessment, documentation of a recommendation for no further intervention would be an example of criteria to end intervention. In such a case, where further intervention is recommended, documentation of rationale could also be an example of compliance.

If further follow-up is indicated but it is at the discretion of the patient/client, this fact should also be documented. In cases where patient/client function is monitored for extended time periods, criteria for discharge may be at the patient/client's discretion and attendance at follow-up appointments is considered implied consent to continue intervention.

1.2 I maintain records, which accurately reflect the services provided.

The following items must be included in all patient/client records (Proposed Regulation for Records Section 5 (2)):

a. The patient's or client's name and address and phone number;

b. The date of each of the patient's or client's visits with the mentee, unless this information is available from some other readily accessible source;

c. The name of the referring source;

d. Pertinent history of the patient or client or reference where this information may be found;

e. Reasonable information about assessments and treatments performed by the mentee and reasonable information about significant clinical findings, identification/assessment, and recommendations made by the mentee;

f. Reasonable information about significant recommendations made by the mentee for examinations, tests, consultations or treatments to be performed by any other person;

g. Every written report received by the mentee with respect to examinations, test, consultations, or treatments performed by other professionals or a reference to where the reports are available;

h. Reasonable information about advice given by the mentee and every pre-treatment or post-treatment instruction given by the mentee;

i. Reasonable information about every controlled act within the meaning of subsection 27(2) of the *Regulated Health Professions Act, 1991*, performed by the mentee;

j. Reasonable information about every delegation of a controlled act within the meaning of Subsection 27(2) of the *Regulated Health Professions Act 1991*, by the mentee including the name of the person to whom the act was delegated;

k. Reasonable information about every referral of the patient or client by the mentee to another professional;

l. Any reasons a patient or client may give for cancelling an appointment;

m. Reasonable information about every ***relevant and material service activity*** that was commenced but not completed, including reasons for the non-completion;

n. A copy of every written consent related to the mentee's service to the patient or client.

The following item must be included in all patient/client records (Proposed Regulation for Records Section 2):

Each mentee shall maintain a system that records the date of each contact with a patient or client whom the mentee assesses or treats.

The following item must be included in all patient/client records where the mentee bills the client directly or through a third party (Proposed Regulation for Records Section 4 (2)):

The financial record must contain the following information concerning the services performed and the amount billed:

a. The recipient of the services;

b. The provider of the services;

c. The date the services were performed;

d. The nature of the services performed;

e. The unit fee for the services;

f. The total charge for the services;

g. Whether payment has been received for the services;

h. The date and source of the payment.

In determining compliance with this indicator the checklists in Appendices I and II of the *Self-Assessment Tool* may be utilized. Each column in the checklist can be coded to refer back to a specific patient/client record. These are for mentee use only and are not required for submission to the College, in the event that the mentee is randomly selected to submit the *Self-Assessment Tool*.

1.3 I perform controlled acts according to Preferred Practice Guidelines and Position Statements.

Controlled acts are the 13 restricted acts defined in Section 27 of the RHPA. When audiologists perform the controlled act for hearing aid prescription the relevant Preferred Practice Guideline must be followed. (Prescription of Hearing Aids to Adults, 2000, Prescription of Hearing Aids to Children, 2002). This controlled act must not be delegated according to the Position Statement on Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person 2000. In addition, if an audiologist changes a hearing aid prescription the Position Statement on Changing Hearing Aid Prescriptions, 2000, must be followed.

When speech-language pathologists or audiologists accept delegation of controlled acts then the requirements set out in the Position Statement Acceptance of Delegation of a Controlled Act 2000 must be met.

If the mentee does not perform controlled acts or delegated controlled acts, the Non-Applicable category would apply.

1.4 I am accountable for support personnel providing intervention under my direction.

This indicator is not meant to apply to situations where the mentee may work in the same environment with unregulated personnel who do not provide audiology or speech-language pathology services (such as in the case of rehabilitation aides or teachers' aides.) Note that where audiology or speech-language pathology services are provided by unregulated personnel, this must be done under the supervision of the mentee. This indicator is also not meant to apply to family mentees assisting a patient/client with a home program or providing general stimulation and conversational support.

This indicator is intended to apply to the situations where mentees choose to use unregulated personnel to augment the intervention they provide or in situations where a mentee is supervising audiology or speech-language pathology students. In such instances the service provided by the unregulated personnel would be the ultimate responsibility of the mentee. This would include but not be limited to audiology and speech-language pathology students and supportive personnel. In these instances the requirements outlined in the Position Statements Guidelines for the Use of Supportive Personnel, 1997, and Supervision of Students of Audiology and Speech-Language Pathology, 2002, would need to be met.

1.5 I ensure that all materials and equipment (includes clinical tools, assessment and therapy materials) used in my practice are current, in proper working order and calibrated as required.

This indicator is meant to encompass any materials and/or equipment used in intervention. It would include assessment batteries and therapy materials particularly those tests and therapy programs which include numerous parts or pieces as well as audio tape and video tape recorders and equipment which requires calibration. The purpose of this indicator is to ensure that all the required materials are readily accessible for clinical use and that the required parts are not broken or unusable. Where calibration is required it should be based on the most current applicable standards.

1.6 I follow health and safety procedures and practices.

The mentee is required to show awareness and implementation of policies to ensure a safe practice environment for patients/clients, mentees and any staff a mentee may supervise or employ. Evidence of the application of infection control procedures specific to the practice environment which include a hand washing protocol would meet the requirement. Guidelines that determine use of gloves, disinfection of equipment, materials and clinical space with rationale may also demonstrate compliance. Safety procedures could consist of ensuring safe entrance to the practice environment in inclement weather.

CLINICAL PRACTICE - Audiologists and Speech-Language Pathologists possess and continually acquire and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.

2.1 I practice within the limits of my competence as determined by education, training and professional experience.

This indicator allows the mentee to demonstrate how competence is maintained in the face of developing professional knowledge and challenges encountered in the practice environment. Challenging situations may include being assigned an unfamiliar caseload or managing large caseloads. The mentee would demonstrate compliance by making efforts to gain the competence or increase efficiency by self-study or by arranging formal/informal mentorship opportunities. Examples of compliance could include comments on these skills in a performance appraisal, documentation of time management skills, notes of contact with experienced mentees or documentation of discussions with the employer or funder.

2.2 I continually acquire knowledge and skills necessary to provide quality service.

Compliance with this indicator would be documentation of an up-to-date Continuing Learning Activity program. A mentee would need to show that at least three Learning Goals have been identified per year and the associated learning activities. The mentee might want to show how learning activities relate to learning goals and how learning goals relate to practice. This might also be an opportunity for the mentee to explain the progress and impact on practice statements.

2.3 I use intervention procedures based on current knowledge in the fields of audiology and/or SLP incorporating evidence based research and advances in technology.

The mentee is expected to show that the methods employed in practice have validity. Documented rationale for non-standard procedures would be evidence that there are many instances where evidence-based techniques have not been established, yet sound clinical judgement would dictate the chosen course of action. It is recognized that only a small percentage of clinical techniques are evidence-based. mentees are encouraged to be aware of those techniques as well as collecting their own evidence for techniques, which they believe to be effective. In the absence of evidence-based techniques, mentees should rely on accepted practices or common professional knowledge. Evidence of professional consultation with other colleagues would be a type of example of compliance. This could take the form of consultation as challenges arise or routine discussions such as regular professional meetings devoted to improving service delivery. Further, evidence of consideration and knowledge of current technology for intervention may take the form of recently updated equipment, use of a variety of technology, etc.

2.4 I use intervention procedures that are appropriate to the patient/client's abilities.

The purpose of this indicator is to allow the mentee to demonstrate sensitivity to the challenges and potential barriers a patient/client may face in the course of receiving clinical service from a mentee. The focus is on utilization of intervention techniques, which will support the formulation of realistic goals and expectations for the intervention (to be contrasted to the communication techniques referred to in indicator 4.2).

In addition if mentees choose to use specialized techniques of delivering service (such as Telepractice) or techniques which may not be widely accepted (such as alternative approaches to intervention), they must be prepared to provide justification which supports the use of such techniques in the context of the needs and wishes of the patient/client.

2.5 I use intervention procedures that are appropriate to the cultural and linguistic background of the patient/client/Substitute Decision Maker (SDM).

Linguistically Diverse Populations. This indicator provides an opportunity to demonstrate how these principles are incorporated into the mentee's practice. The focus of this indicator is on integrating cultural and linguistic sensitivity into intervention techniques and to be sensitive to differences in social interaction (to be contrasted with the communication techniques referred to in indicator 4.3).

mentees are encouraged to look beyond the obvious signs of cultural and linguistic diversity and recognize that while cultural differences may be subtle they may have a significant impact on how a patient/client and their circle of support view impairment and rehabilitation. mentees are reminded that even though patient/clients may speak the same language, their cultural background may have a significant impact on how the mentee approaches their care. For example, some cultures may:

- Require that the mentee be of the same sex as the patient/client;
- Dictate how hearing aids may be worn so as not to interfere with head coverings;
- Prohibit certain vocabulary items from being used in augmentative communication systems;
- Prohibit certain food items and/or require others.

mentees should strive to be sensitive to linguistic and cultural issues, which may have an impact on the care they provide.

2.6 I monitor, evaluate, and modify my intervention procedures based on patient/client outcome.

This indicator ensures that all patient/client interaction is adapted as necessary in order to maximize the patient/client's potential to achieve the goals of intervention. Compliance would be demonstrated by recording results of assessment and intervention and using these results as a rationale for decisions on how the intervention would proceed. Wherever possible and as required, objective verification and subjective validation should be obtained.

The intervention may be indirect on the patient/client's behalf such as in a consultative model of service delivery. Information may be gained from others involved with the patient/client if not directly from the patient/client.

The intervention may be limited to an assessment. Evidence of changes in assessment procedures or acknowledgement of the patient/client's expectations of outcome would be considered evidence of compliance.

2.7 I seek feedback from others in my profession regarding my clinical practice.

Department meetings, case discussions, special interest groups, special interest blogs, E-mail exchanges, documented face to face or telephone exchanges etc.

Research shows that one of the most effective methods of learning is from peer discussions and/or observations regarding specific cases or general approaches.

PATIENT/CLIENT CENTRED PRACTICE - Audiologists and Speech-Language Pathologists ensure that their patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interests should be primary.

3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter.

Patients/clients must always give informed consent to treatment according to the Health Care Consent Act. This indicator ensures adherence to the legislation and College requirements. While the patient/client is not required to sign a consent form, evidence that a discussion regarding informed consent to intervention needs to be documented.

CASLPO requires that mentees must obtain consent for screening, assessment, and treatment as delineated in the Position Statement on Consent to Provide Screening and Assessment Services, 2007.

Particular attention must be paid when obtaining consent to provide novel or less commonly accepted intervention practices, as outlined in the Position Statement on Alternative Approaches to Intervention, 2002. mentees must be sure to inform patient/clients of the novel or alternative nature of the approach and their rationale for selecting that approach. In these circumstances evidence of such a discussion would constitute evidence of compliance for this indicator.

3.2 I obtain and document consent to collect, use, retain, and disclose personal health information.

Patients/clients must always give informed consent for the collection and use of personal health information. This indicator ensures adherence to the Personal Health Information and Privacy Act (PHIPA). While the patient/client is not required to sign a consent form, evidence that information was provided on the handling of personal health information needs to be documented. This information may be provided in the privacy policy that is made available to patients/clients.

3.3 I consult with the patient/client and/or SDM when establishing intervention plans and/or courses of action.

The hallmark of patient/client centred care is involvement of the patient/client in all aspects of clinical decision-making. If the intervention consists exclusively of assessment, consultation with the patient/client could consist of a review of the assessment procedures, a discussion of the type of expected results, consideration of how the results will determine a further course of action, or outlining how the results will answer the questions that motivated the assessment. Any type of documentation of this discussion or evidence that it occurred would be considered evidence of compliance

mentees must ensure that consultation with patient/clients occurs in all instances of intervention. This includes reviewing surveillance material as part of an assessment. The Position Statement on the Use of Surveillance Material in Assessment requires that mentees advise the patient/client of the existence of the material and give them an opportunity to comment on its content. Documentation of adherence to this Position Statement would constitute evidence of compliance for this indicator.

3.4 I set intervention goals that describe realistic outcomes for patients/clients.

The purpose of this indicator is to ensure that all intervention is appropriate for the patient/client. This requires on-going counselling with the patient/client during the intervention process. This would apply even if the intervention consisted of assessment only or brief consultation. This may involve collaboration with others involved with the care of the patient/client exclusively or in conjunction with the patient/client where consent for such collaboration is provide.

3.5 I respect the patient's/client's and/or SDM's decision to decline intervention.

In the provision of patient/client centred care it is important to be sensitive to the patient/client's reaction to the intervention, even if the patient/client is unable to clearly express thoughts and opinions. Patients/clients may find it difficult to decline or end intervention and thus may express their intention in subtle ways. This may be more prevalent in instances where the patient/client's opinion differs from that of the mentee. Evidence that the mentee has taken into account the patient/client's perspective, regardless of the method of how this is expressed would be considered compliance.

3.6 I maintain patient/client confidentiality at all times.

The maintenance of confidentiality is the basis of trust between the patient/client and the mentee. This requires respect and vigilance in order for the service provided by the mentee to have credibility and be effective. mentees are expected to be compliant with the Personal Health Information Protection Act, which requires:

- Written statement available to the public, which describes health information practices how to reach a contact person, information regarding access and correction of the health record, and how to complain regarding personal health information;
- Documentation of implied or express consent as appropriate to release personal health information;
- Evidence of discussion regarding uses and disclosures of personal health information without consent.

When clinical information is released, there must be documentation to support the patient/client's consent to the release of information. The development of a culture, which shows a high regard for patient/client confidentiality, is encouraged. This would entail for example, not having conversations relating patient/client information in public, carrying material to conceal any identifying information, and storing clinical information where only appropriate access is possible. Any type of evidence to support these attitudes would be considered good practice.

COMMUNICATION - Audiologists and Speech-Language Pathologists communicate effectively.

4.1 I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.

The therapeutic relationship between a mentee and a patient/client is predicated on effective, responsive, and sensitive communication skills. The nature of communication is a crucial component to any intervention provided. As communication professionals, CASLPO mentees have an obligation to assist and enhance patient/client communication within the therapeutic environment. This obligation extends to substitute decision-makers and others involved in the patient/client's care. Any evidence, which demonstrates an understanding of this obligation and utilization of strategies to enhance communication, would be considered compliance.

4.2 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.

The purpose of this indicator is to ensure that mentees use communication which is consistent with the Position Statement Service Delivery to Culturally and Linguistically Diverse Populations. The focus is on communicating with sensitivity to cultural and linguistic issues (to be contrasted with incorporating these principles into intervention techniques as outlined in indicator 2.5). While use of an informant is preferred practice, it is recognized that this is not always possible due to constraints beyond a mentee's control. In such a situation the mentee would demonstrate strategies to address the cultural and or linguistic diversity of patients/clients using available resources.

4.3 I communicate effectively and collaboratively with mentees of my profession, other professions and/or co-workers.

The best interests of the patient/client are served when professionals work together and maintain positive professional relationships. This indicator provides mentees with the opportunity to demonstrate their abilities as productive team mentees. This applies to sole practitioners as well as those based in multidisciplinary practice environments, as preferred

patient/client care must always involve constructive interaction with others. When two mentees are both providing clinical service to a patient/client, the Position Statement on Concurrent Intervention by CASLPO mentees, 2001 must be followed. mentees must adhere to the Position Statement on Resolving Disagreements Between Service Providers, 2006 in cases where professionals disagree about patient/client care.

4.4 I accurately communicate my professional credentials, to my patients/clients and others.

mentees should take advantage of opportunities to interact with the public to advocate for the professions as well as promoting individual practices. However, in doing so, mentees must ensure that the information communicated about the mentee and the mentee's practice is accurate. As well as being consistent with the Code of Ethics (Section 4.1), mentees should also consult the Proposed Regulation for Advertising, 1996, and Ontario Regulation 749/93: Professional Misconduct, 1993. In stating their titles, mentees must ensure that they are compliant with the Position Statement on Use of the Title "Doctor", 2003.

PROFESSIONAL ACCOUNTABILITY - Audiologists and Speech-Language Pathologists are accountable and comply with legislation.

5.1 As a regulated professional you are required to be aware of all of CASLPO documents. Some documents need to be reviewed in detail according to your area of practice. Please consider the documents listed and check those documents you have reviewed in detail this year.

mentees are expected to show knowledge of the Regulations, Preferred Practice Guidelines, Position Statements, Code of Ethics, and relevant legislation. These documents form the foundation underlying the public protection mandate of CASLPO. In certain instances, not all these documents will apply to all practices.

Documents	Applies to Audiology	Applies to Speech-Language Pathology	Check documents that the MENTEE has reviewed in detail
LEGISLATION			
Audiology and Speech-Language Pathology Act, (1991)	✓	✓	
Regulated Health Professions Act (1991)	✓	✓	
Health Care Consent Act (1996)	✓	✓	
Personal Health Information Protection Act (2004)	✓	✓	
REGULATIONS			

Documents	Applies to Audiology	Applies to Speech-Language Pathology	Check documents that the MENTEE has reviewed in detail
Registration Regulation 21/12 2012	✓	✓	
Quality Assurance Program Regulation 373/12 2012	✓	✓	
Professional Misconduct Regulation 749/93 1993	✓	✓	
Proposed Regulation for Advertising	✓	✓	
Proposed Regulation for Conflict of Interest	✓	✓	
Regulation for Records	✓	✓	
BY-LAWS			
BY-LAW NO. 2011-5 Relating generally to Certificates of Authorization for Professional Corporations	✓	✓	
BY-LAW NO. 2011-7 Relating generally to Professional Liability Insurance	✓	✓	
BY-LAW NO. 2011-8 providing for a **Code of Ethics** for the mentees of the College	✓	✓	
POLICIES			
Sexual Abuse Prevention Program 2013	✓	✓	
PROFESSIONAL STANDARDS			
Preferred Practice Guideline for Cerumen Management, 2005	✓		
Practice Standards and Guidelines for Hearing Assessment of Adults, 2008	✓		
Practice Standards and Guidelines for Hearing Assessment of Children, 2008	✓		
Practice Standards for the Provision of Hearing Aid Services, 2016	✓		

Documents	Applies to Audiology	Applies to Speech-Language Pathology	Check documents that the MENTEE has reviewed in detail
Practice Standards and Guidelines for Acquired Cognitive-Communication Disorders,2015		✓	
Practice Standards and Guidelines for Dysphagia, 2007		✓	
Practice Standards and Guidelines for Developmental Stuttering, 2014		✓	
Practice Standards and Guidelines for the Assessment of Children. 2008		✓	
Practice Standards and Guidelines for the Assessment of Adults. 2012		✓	
POSITION STATEMENTS			
Acceptance of Delegation of a Controlled Act	✓	✓	
Alternative Approaches to Intervention	✓	✓	
Concurrent Intervention	✓	✓	
Consent to Provide Screening and Assessment Services	✓	✓	
Resolving Disagreements Between Service Providers	✓	✓	
Professional Relationships and Boundaries	✓	✓	
Supervision of Students	✓	✓	
Use of Telepractice Approaches in Providing Services to Patients	✓	✓	
Use of Surveillance Material in Assessments	✓	✓	
Use of the title "Doctor"	✓	✓	
Disclosure of Test Materials & Data	✓	✓	
Changing Hearing Aid Prescriptions	✓		
Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person	✓		

Documents	Applies to Audiology	Applies to Speech-Language Pathology	Check documents that the MENTEE has reviewed in detail
Use of Support Personnel by Audiologists	✓		
Use of Support Personnel for Speech Language Pathologists		✓	
RESOURCE GUIDES			
Obtaining Consent for Services	✓	✓	
Canadian Guidelines on Auditory Processing Disorder (2012)	✓	✓	
Guide for Service Delivery Across Diverse Cultures	✓	✓	
Infection Prevention and Control Guidelines for Audiology (2010)	✓		
Reference Guide for SLPs Employed in the School Board Setting		✓	
Infection Prevention and Control Guidelines for SLP (2010)		✓	

APPENDIX III: CHECKLIST FOR COMPILING EVIDENCE OF COMPLIANCE

STANDARD / INDICATOR	SOURCE OF EVIDENCE
1.1 I have criteria to begin and end intervention (screening, assessment and all management).	
1.2 I maintain records, which accurately reflect the services provided.	
1.3 I perform controlled acts according to the practice standards and position of the College.	
1.4 I perform any delegated controlled act(s) (RHPA 27,28,29) according to the position of the College.	
1.5 I am accountable for support personnel providing intervention under my direction.	
1.6 I ensure that all materials and equipment[1] used in my practice are current, in proper working order and calibrated as required.	
1.7 I follow health and safety procedures and practices.	
1.8 I am knowledgeable about mandatory reports outlined in the RHPA schedule 2, sections 85.1-85.5 and the Child and Family Services Act, 1990	
2.1 I practice within the limits of my competence as determined by education, training and professional experience.	
2.2 I continually acquire knowledge and skills necessary to provide quality service.	
2.3 I use intervention procedures based on current knowledge in the fields of audiology and/or speech-language pathology and incorporate evidence-based research and advances in technology.	
2.4 I use intervention procedures that are appropriate to the abilities of the patient/client.	
2.5 I use intervention procedures that are appropriate to the cultural/linguistic background of the patient/client.	
2.6 I monitor, evaluate, and modify my intervention procedures based on patient/client outcome.	
2.7 I seek feedback from others in my profession regarding my clinical practice.	

[1] Includes clinical tools, assessment and therapy materials

3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter.	
3.2 I obtain and document consent to collect, use, retain, and disclose personal health information.	
3.3 I consult with a patient/client and/or SDM when establishing an intervention plans and/or course of action.	
3.4 I set intervention goals that describe realistic outcomes for the patient/client.	
3.5 I respect each patient/client's and/or SDM`s decision to decline intervention.	
3.6 I maintain patient/client confidentiality at all times.	
4.1 I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.2 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.	
4.3 I communicate effectively and collaboratively with members of my profession, other professions and/or co-workers.	
4.4 I accurately communicate my professional credentials to my patients/clients and others.	
5.1 I have reviewed in detail, specific documents that relate to my current practice.	

APPENDIX IV: GLOSSARY

CASLPO	Acronym for College of Audiologists and Speech-Language Pathologists of Ontario
COMPLIANT	The evidence before the mentor indicates that the mentee has an understanding of the indicator and the application of the indicator to the mentee's practice. A mentor may wish to rate a mentee at a level less than compliant if the evidence is insufficient to warrant a rating of compliance.
CONSULT	To consult with a patient/client encompasses any type of communication with a patient/client regarding the clinical intervention. Although this would include face-to-face communication, it could also include telephone conversations, written communication, or information given through any other individual in a multidisciplinary setting. In instances where the patient/client does not respond, the act of forwarding the information will constitute an attempt at consultation.
DIRECT CLIENT CARE	Professional activities on behalf of a client including: Assessment of the hearing, communication, or swallowing abilities and needs of the client. Recommending, developing, or implementing a treatment and/or management program based on the clients abilities and needs. Counseling and consulting with the families /caregivers and/or other parties or individuals directly associated with the client. Other client management activities such as discharge, referrals, follow-up, report writing, case conferences. Conducting research in speech-language pathology or audiology that involves the assessment or management of patients with communication disorders.
EVIDENCED-BASED PRACTICES	Practices for which there is sufficient/strong empirical evidence that the practice is effective.
GENERAL CERTIFICATE OF REGISTRATION	A general certificate of registration is issued to an applicant who has met all the requirements for registration and has successfully completed an mentorship period, or has met the requirements for

	Canadian labour mobility, or has two years of professional experience in an unregulated Canadian jurisdiction or outside of Canada.
GUIDED PRACTICE	Time spent with a mentor where the mentee is observed or provided with advice and guidance.
INITIAL CERTIFICATE OF REGISTRATION	An initial certificate of registration is issued to an applicant who has met the academic, clinical and language requirements for a general certificate and is practicing under the mentorship of a holder of a general certificate of registration in accordance with the policies of the College.
INTERVENTION	Intervention is used in this context to include any patient/client contact in the clinical context, including but not limited to screening, assessment, treatment, and management.
INTERVENTION GOALS	Intervention goals refer to the expected outcome of any type of clinical activity. These goals need to be addressed from the perspective of the patient/client.
INTERVENTION PLAN	An intervention plan refers to any type of clinical activity, which the mentee intends to engage in with the patient/client. This could include a proposed set of assessment techniques, a specific test or test battery, a therapy plan, goals (long-term or short-term) for therapy, the intention to provide a device or strategies to enhance function, referral to another professional, or any other proposal for clinical activity.
MENTORSHIP PERIOD	Acronym for Initial Practice Period
MENTEE	Acronym for Initial Practice Registrant. A mentee is most often an initial member of the College, but can also be a general member of the College who is completing a mentorship.
LEARNING GOALS	Learning goals are broad statements of the mentee's purpose for participating in continuous learning. Learning goals should address areas of practice where improvement may be required or may be used to enhance skills and develop techniques to improve clinical practice.

MENTOR	A member of CASLPO with at least 4 years of professional experience and who meets the competencies as outlined in this document who serves to guide a mentee through the first 500 hours of patient/client care in Ontario.
MENTORSHIP	A formal relationship between an mentee and mentor where the mentee obtains ongoing advice and guidance from an experienced professional in their field.
MENTORSHIP GUIDANCE CONTRACT	A form which outlines the terms of the agreement between the mentee and the mentor for the duration of the mentorship period.
NON COMPLIANT	There is no evidence to suggest any level of compliance. A mentor must consider all the evidence provided in the paper review and the mentored sessions before rating a mentee non compliant.
PARTIALLY COMPLIANT	If either on the paper review or the mentored sessions, the mentor sees evidence that the mentee had taken any steps to address the area(s) of non-compliance, a rating of partial compliance would be indicated.
PATIENT CARE	Professional activities that include Direct Client Care or Supervision of Direct Client Care
PATIENT/CLIENT	Patient/client refers to the individual receiving the service. Where appropriate, the patient/client may also encompass family, significant others, care givers, teachers, etc.
PATIENT/CLIENT CENTRED CARE	Patient/Client Centred Care refers to care which is driven as much as possible, by the patient/client's perspective. Patient/Client Centred Care would also include the family, significant others and the patient/client's environment where care would be enhanced by such inclusion or when the patient/client specifically requests such inclusions.
PEER ASSESSMENT	The Peer Assessment Program is the evaluative component of the Quality Assurance Program. In order to show that mentees are practicing according to the standards of the profession, mentees

will be asked to provide documentation of their compliance with the Professional Practice Standards.

POSITION STATEMENT

A position statement provides the collective opinion of the College's Council relating to practice issues, which may not be covered by a regulation or policy. Position statements (listed below) are often developed in response to registrants' questions and provide a framework within which practice decisions can be made. Registrants whose practice is not consistent with the position outlined by the College may be required to justify their conduct or actions.

PRIVATE PRACTICE

The practice of a profession independently and not as an employee.

PROFESSIONAL PRACTICE STANDARDS

The standards define quality practice and articulate the public's expectation when receiving service from audiologists and speech-language pathologists.

The following are CASLPO's five professional standards:

Management Practice - The standard that ensures that audiologists and speech-language pathologists manage their practice in an accountable manner.

Clinical Practice – The standard that ensures that audiologists and speech-language pathologists possess, continually acquire, and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.

Patient/Client Centred Practice - The standard that ensures that audiologists and speech-language pathologists treat their patients/clients with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interests should be primary.

Communication – The standard that ensures that audiologists and speech-language pathologists communicate effectively and with sensitivity to the needs of their patients/clients.

Professional Accountability - The standard that ensures that audiologists and speech-language pathologists are accountable and comply with legislation, regulations and by-laws of the College.

REGISTRAR

The Registrar of the College is an employee of the College who is

appointed by Council. The Registrar of the College shall conduct the affairs of the College, oversee its programs and services, promote the goals and objectives of the College in accordance with the RHPA, Code, ASLPA, and the Regulations, By-laws, and policies of the College, and shall perform such other functions as may be assigned to the Registrar from time to time by the Council.

REGISTRATION

In Ontario, registration is the term used by regulated health professions. People who are registered are granted a Certificate of Registration, or "have a licence".

REGULATING BODY

The organization that represents a particular profession. The provincial government establishes self-governing bodies known as regulatory bodies to protect the public by setting standards of practice and competence.

RELATED WORK

Professional activities that include:

Making decisions on the organization and delivery of clinical services in speech-language pathology or audiology.

Educating speech-language pathologist or audiologists concerning services or products that may be employed in the assessment or management of patients with communication disorders.

The administration for professional organizations where the mentee sets or maintains professional standards of practice for speech-language pathologists or audiologists.

SELF ASSESSMENT TOOL

The Self Assessment Tool is a self-reflective tool, designed to allow mentees to consider and evaluate their practices. It is to be used by mentees to identify learning goals.

SOLO PRACTICE OFFICE

A community-based professional practice/business composed of a single practitioner who delivers health services.

SUPERVISION OF DIRECT CLIENT CARE

Professional activities that include:

Overseeing and evaluating the clinical work of speech-language pathologists or audiologists (e.g. conducts performance evaluations or case reviews, assesses written reports, monitors professional standards)

Determining, on professional grounds, whether an individual client should receive or be discharged from speech-language pathology

	or audiology services. Supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders.
SUPERVISOR	A supervisor oversees and is accountable for the health care services provided.
SUPPORTIVE PERSONNEL	Refers to non-regulated personnel who, following academic and/or on-the-job training assist mentees in the provision of clinical services as assigned and directed by mentees of CASLPO. For example, communicative disorders assistants (CDA's) are supportive personnel.
VIDEO CONFERENCING	Video conferencing allows two or more locations to communicate through simultaneous two-way video and audio transmissions. Types of video conferencing include Skype, Facetime, etc.

APPENDIX V: FREQUENTLY ASKED QUESTIONS

Q1. What are the basic requirements during the mentorship period?

A1: During your mentorship period you must:

- Complete 6-months of mentored practice
- Complete 500 hours of patient care. Ideally 250 hours in each 3-month half segment.
- Receive 48 hours of guidance from your mentor. Ideally 2-hours per week or 24 hours of guidance in each 3-month half segment
- A portion of the 48 hours of mentored guidance must be direct observation of your practice
- Complete a midterm and final evaluation with your mentor and submit reports to CASLPO

Q2. What qualifications do mentors need to have?

A2: Mentors must:

- Hold a general certificate of registration in the professional area (audiology or speech-language pathology) in which mentorship is provided
- Have 4 years of work experience in the professional area in which mentorship is provided
- Have an up-to-date and completed Self-Assessment Tool (SAT) and be in compliance with Quality Assurance requirements at the time of the mentorship initiation
- Must not be in default of their certificate of registration

Q3. Is my mentor "supervising" my practice during my mentorship?

A3: No, your mentor's role is <u>not</u> to supervise you. Supervision is mandatory when you are a student and your supervisor is responsible for the clinical decisions that are made. Once you are registered with the College <u>you</u> <u>are</u> <u>accountable</u> for all the services you provide to your patients. Your mentor's role is to guide you generally in your practice, including directing you to useful resources, to enhance your competence and so that you meet the College's standards.

Q4. How many mentees can one mentor provide guidance for?

A4: The College does not have a limit regarding the number of mentees that one mentor may provide guidance for. It is the mentor's responsibility to ensure that he/she has sufficient time to devote to each mentee that he/she has committed to.

Q5. I am unable to find a mentor, what should I do?

A5. The College can assist you in your search for a mentor if you have been deemed eligible for registration and have already found employment in your profession. Based on where you will be working the College can provide you with a list of potential mentors. It will be

up to you to contact the individuals on the list to determine if they are available and if they will be a good fit as your mentor.

To obtain a list of potential mentors contact mentorship@caslpo.com and indicate the following:

1. Your profession
2. The cities/areas in which you are searching for a mentor

Q6. I will be working at multiple sites during my mentorship period. Do I need to have a mentor at each location where I practice?

A6: You are only required to have one mentor and your mentor should be for your primary employment site (i.e., where you work most often). However, you must inform your mentor of the work you are doing at other sites. If you intend to use some of the patient hours to make up your 500 hours of patient care, you must agree with your mentor on the method you will use to keep track of your patient care hours at other sites.

Q7. Can I have more than one mentor if I want to?

A7: No, you can only have one mentor for the College's mentorship requirements. All 48 hours of mentored guidance must be provided by your mentor. This doesn't preclude you from consulting with other professionals. However, your designated mentor is the only person who will evaluate whether you meet the practice standards of the College and submit evaluation reports.

Q8. What if my mentor does not have experience in all the areas of SLP or audiology practice that I will be working in?

A8: Your mentor does not need to have experience in every area of practice you may work in. They can still evaluate whether you meet the practice standards of the College based on the 48 mentored hours they will provide and the meetings, discussions and evaluations you will complete together. Your mentor may assist you to find someone to consult with if you have questions. If you are consulting with other professionals, this can be used as evidence towards a practice standard or a learning goal during your mentorship.

Q9. When do I start my mentorship?

A9: Your mentorship must start when you begin working as an SLP or audiologist. It is very important to note that you can only begin working as an SLP or audiologist after you have your certificate of registration to practice.

Q10. After my initial certificate of registration is issued, can I work without a mentor?

A10: No, it is a condition of an initial certificate of registration that you must be mentored. Therefore, the College will not issue your initial certificate unless you have a mentor in place. Consequently, the start of your employment and the beginning of your mentorship

must coincide. The College takes it very seriously if you do not adhere to the conditions of your license. Should issues arise, contact the College and we will help you develop a workable plan.

Q11. How do I document my patient care and mentored guidance hours?

A11: We do not require a specific method of recording these hours. You can decide how best to document your hours and discuss your chosen method with your mentor. We advise that you keep copies of your recorded hours.

Q12. What activities count towards patient care?

A12: Patient care includes Direct Client Care or Supervision of Direct Client Care.

Direct Client Care refers to professional activities on behalf of the client including:

- Assessment of the hearing, communication, or swallowing abilities and needs of the client.
- Recommending, developing, or implementing a treatment and/or management program based on the client's abilities and needs.
- Counseling and consulting with the families /caregivers and/or other parties or individuals directly associated with the client.
- Other client management activities such as discharge, referrals, follow-up, report writing, case conferences.
- Conducting research in speech-language pathology or audiology that involves the assessment or management of patients with communication disorders.

Supervision of Direct Client Care refers to professional activities that include:

- Overseeing and evaluating the clinical work of speech-language pathologists or audiologists (e.g. conducts performance evaluations or case reviews, assesses written reports, monitors professional standards)
- Determining, on professional grounds, whether an individual client should receive or be discharged from speech-language pathology or audiology services.
- Supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders.

Q13. How do I submit my mentorship contract and the midterm, and final evaluation reports?

A13: You can scan and e-mail the documents to mentorship@caslpo.com. It is preferable that each document be sent as one single PDF. You may also fax documents to 416-975-5347 or mail them directly to the College. Our address can be found on our website here. We do not require an original copy, however please keep copies for your own records

Q14. How can I verify my mentorship schedule?

A14: You can verify your mentorship start and end dates, as well as the due dates for your midterm and final reports, in the **member portal** under mentorship.

Q15. What happens if I change jobs during my mentorship?

A15: If you change jobs, you must notify the College in writing and update your employment information in the member portal. CASLPO does permit your mentor to continue mentoring you in a new employment setting. However, this must be agreeable to both you and your mentor, as well as your new employer. If this is not feasible, you will need to find a new mentor and submit a new mentorship contract.

Q16. If I change jobs part way through mentorship and I have a new mentor, can I count patient care hours that I completed at the first job? Or, do I have to start over again?

A16: If you want to carry over patient care hours from one job to the next, the College will require a report from your first mentor stating how the mentorship has been progressing. The College will then determine if you can count your hours from the first job towards your mentorship requirement.

Q17: I need to extend my mentorship because I cannot complete the requirements by my contract end date. How do I request an extension?

A17: Fill out a mentorship extension request form and e-mail it to mentorship@caslpo.com at least 30 days before the scheduled end of your mentorship period. The College will then contact you regarding your request for an extension.

Q18. I haven't been working as many hours as I anticipated and I won't have 250 patient care hours by the time my midterm report is due. Should I still submit my midterm report?

A18: Speak to your mentor about whether they can evaluate you based on the number of hours you have completed. If they think that they have observed you enough to properly evaluate you, then they can submit a midterm report. If not, and you require an extension on your midterm report, contact mentorship@caslpo.com.

Q19. Do I need to submit evidence of compliance to the College with my mentor's midterm and final evaluation reports?

A19: No, you don't need to submit your evidence of compliance to the College, unless you are specifically requested to do so. Your evidence of compliance must be reviewed by your mentor before your mentor completes your midterm and final evaluations.

Q20.What happens after my *Final Evaluation Report* has been submitted to the College?

A20: The College will contact you after your *Final Evaluation Report* has been approved by College staff. The College will provide you with an application form and an invoice to apply for a general certificate of registration. You must complete the application for a general certificate of registration within 30 days of receiving notification of the successful completion of your mentorship period.

Q21. When do I receive a wall certificate?

A21: Wall certificates are not issued when you are an initial certificate holder and completing your mentorship. After you have successfully completed the mentorship period and become a general member of the College, a wall certificate and a new registration card will be sent to you.

Q22. I am having a conflict with my mentor and I don't know how to address the situation. What should I do?

A22: You should attempt to resolve conflicts directly with your mentor first. If the issue persists, you and your mentor should ask for assistance from the designated third party identified in your Mentorship Guidance Contract. If a resolution is still not possible, or the steps outlined do not seem feasible given your situation, then contact the College for assistance.

Q23. What would constitute "exploitation" by a mentor?

A23: CASLPO's Code of Ethics should be used by members of the College to guide their practice. The framework of CASLPO's Code of Ethics can be applied to most professional decisions. Mentors should not ask mentees to do work that is not related to the mentee's position for which the mentee receives no credit or remuneration.

Q24. What happens if I am laid-off or lose my job during my mentorship period and cannot find work to complete the mentorship within 24 months of the issuance of my initial certificate of registration?

A24: If you are unable to complete the mentorship period within 24 months of the issuance of your initial certificate of registration, your initial certificate will expire and you must re-apply for a certificate of registration with CASLPO.

Q25. What happens if I do not complete my mentorship successfully?

A25: In this scenario the College must be contacted to determine the next steps.