College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des audiologistes et
des orthophonistes de l'Ontario

PEER ASSESSMENT GUIDE

JANUARY 2019

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1) BACKGROUND TO PEER ASSESSMENT

You are a regulated health professional who provides clinical intervention and therefore you participate in a Quality Assurance Program that includes peer assessment. The Quality Assurance Program, including the Peer Assessment Program, is mandated by the _Regulated Health Professions Act, 1991_ (RHPA) _Ont. Reg. 543/94 Section 25 (1)_.   All Regulated Health Colleges are required to have a Peer Assessment Program.

The RHPA gives the College the authority to:

- Appoint a peer assessor (Section 81)

- Require you to cooperate with an assessor, and

- Allow the assessor access to your practice site and to review your records (Section 82).

All information collected by the peer assessor is confidential. The ability of the peer assessor to access confidential patient records applies "despite any provision in any Act relating to the confidentiality of health records" (Section 82 (5)). This means despite other privacy legislation, such as the _Personal Health Information Protection Act, 2004_ (PHIPA), you are able to disclose personal health information to the peer assessor and the College.

The information collected by a peer assessor about you and your caseload cannot be shared with another committee of the College (_PHIPA_ Section 83) (Appendix II).

1.a) PHILOSOPHY OF PEER ASSESSMENT

- CASLPO operates on the premise that you are a competent clinician who provides high quality care to your patients[1].

- The Self-Assessment Tool (SAT) is a reflective instrument designed to allow you to identify opportunities for growth and change.

- Peer assessment is based on the SAT, so that members are objectively evaluated on the same standards that they used to assess themselves.

- Peer assessment provides you with objective feedback on your practices.

- Peer assessment is a mechanism to confirm CASLPO's assumption that members are meeting professional standards. It also demonstrates this to the public, who we are mandated to protect.

- Peer assessment is an opportunity to affirm that you are meeting or surpassing professional standards in your work and to show your professional development and continuous learning. It also helps to identify areas that may benefit from improvement.

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[1] The term "patient" is used to represent an individual who receives health care intervention from a speech language pathologist or audiologist and is synonymous with "client" or "student". The use of the term "Patient" mirrors the language used in the Regulated Health Professions Act, 1991 and by the Ministry of Health and Long-Term Care.

1.b) SELF ASSESSMENT TOOL

A significant component of Quality Assurance is completing and submitting your SAT every year. The SAT is divided into 4 sections:

- Practice Description
- Professional Standards
- Learning Goals
- Continuous Learning Activity Credits (CLACs)

You must develop three learning Goals and acquire 15 CLACs to help meet those goals every year. For further details please refer to the Self-Assessment Tool Guide.

1.c) TYPES OF PEER ASSESSMENT

1. RANDOM PEER ASSESSMENTS

Members are randomly selected each year to participate in peer assessment. The College uses a computer program to randomly select General members to participate in the peer assessment process. Staff are not involved in the process. Members who have completed the peer assessment process are out of the selection pool for 10 years.

2. DIRECTED PEER ASSESSMENTS

The registrar may direct a member to undergo a peer assessment if a member does not meet the College's currency requirements, that is, 750 hours of Direct Patient Care or related work over a three-year period.

2) PEER ASSESSMENT PROCESS

2.a) MEMBER NOTIFICATION

If selected, you will be informed by e-mail at the beginning of January of a given year. You will have until January 31st of that year to complete and submit your SAT. The deadline to upload evidence that you meet the Professional Standards' indicators is typically February 28th of that year. Extensions will be considered under exceptional circumstances, and only if you contact the College prior to the deadline dates.

INFORMATION SHEET

You will be asked to complete an information sheet in English or French which outlines your location, practice setting, caseload and preferred month for the peer assessment site visit. The site visits take place between May and December of each year. When completed, email

the sheet to CASLPO by January 31st. The information helps with peer assessor and member matching.

SUBMITTING YOUR SELF-ASSESSMENT TOOL

Please submit your SAT by the January 31st deadline. For more information regarding this process, please refer to the SAT Guide.

2.b) COMPILING YOUR EVIDENCE

- You must collect evidence to show that you are meeting each Professional Standard indicator. The evidence must be uploaded to your SAT by **midnight February 28th** of the given year.

- The evidence shows that you are incorporating the College's Professional Practice Standards in your practice.

- Only **one** example of evidence per indicator needs to be uploaded.

- Evidence must be current, i.e., from the last three years.

- Evidence of meeting the Professional Practice Standards 1- 4 can be selected from a variety of sources:

  Materials used in intervention

  Completed templates for case histories, obtaining consent, etc.

  Testing and treatment protocols

  Copies of published information on hand washing, privacy, etc.

  Policy and procedure documents

  Clinical notes from patient files

  Correspondence

Examples of evidence can be found in the SAT itself and in the SAT Guide

- Confidential patient information <u>may</u> be submitted as evidence. Consent to use this information from the patient or substitute decision maker is <u>not</u> required as specified in the _RHPA_ Section 82 which "applies despite any provision in any Act relating to the confidentiality of health records". Both federal and provincial privacy legislation allow for the submission of personal information to the regulatory College without the consent of the patient.

  However, you can remove identifying information from patient material if you want, but you are not required to do so for the Peer Assessment process.

- CASLPO staff will be available to work with employers or health records administration to help you provide peer assessors with access to patient information for peer assessment.

- You do not have to submit evidence for Professional Standard 5.   You will, however, be asked to discuss three documents relevant to your practice with the peer assessor _(see page 13)_ to show that you are meeting the standard.

- If you work for more than one employer/agency, you still only have to upload one piece of evidence per indicator. The evidence can be from either setting. However, during the site visit, the peer assessor may ask to view evidence from the other agency. Make sure that you can bring it to your site visit location.

You are free to be creative and innovative and select the best examples of meeting the standards.

The peer assessor reviews your submitted evidence before the site visit.

SUBMITTING EVIDENCE

All the information, including the files you upload, will be stored on Claymore's secure server (Claymore is the Information technology (IT) company administering the Online SAT). Their server meets the highest standards for storing personal health information so confidential information can be stored without fear of a security breach.

Remember to change your SAT password from your last name to a secure password

HOW TO UPLOAD YOUR EVIDENCE

When you complete the Professional Standards section of the SAT you will see under each indicator a box "Uploading Documentation Optional: required for Peer Assessment":

| 1.Management Practices | 2.Clinical Practice | 3. Patient Centred Practice | 4. Communication | 5. Professional Accountability | Summary |

1.Management Practices
Audiologists and Speech-Language Pathologists manage their practice in an accountable manner.
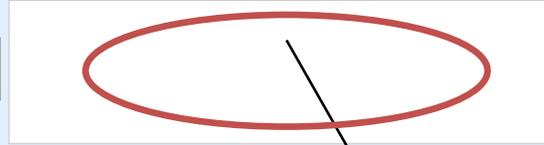
1.1 I have criteria to begin and end intervention (Intervention refers to screening, assessment, treatment, consultation and management).

⊞ Examples of Meeting the Standard:

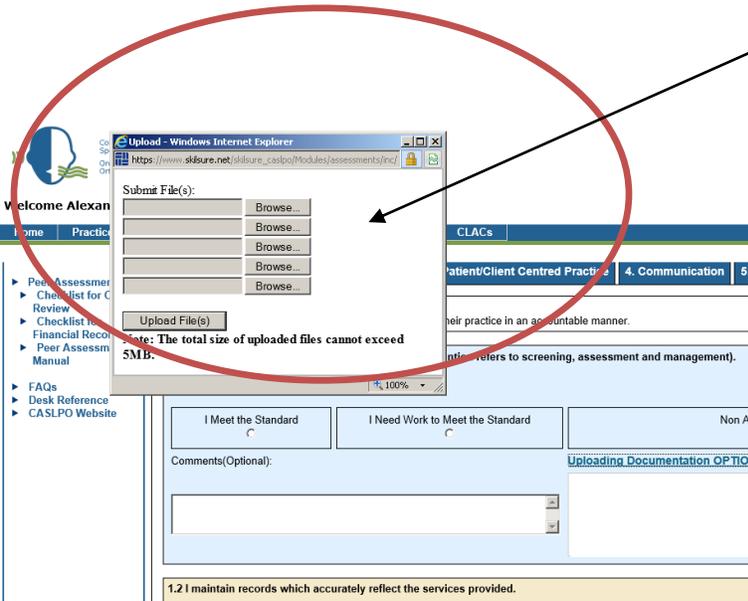| I Meet the Standard ⦿ | I Need Work to Meet the Standard ○ | Non Applicable ○ |

Comments(Optional):

**Uploading Documentation OPTIONAL; required for Peer Assessment**

1.2 I maintain records which accurately reflect the services provided.

When you click on "Uploading Documentation", another smaller box appears which allows you to browse on your computer to find the document that you want to use as evidence for meeting the standard.

Upload - Windows Internet Explorer
https://www.skilsure.net/skilsure_caslpo/Modules/assessments/inc/

Submit File(s):

Browse...
Browse...
Browse...
Browse...
Browse...

Upload File(s)
Note: The total size of uploaded files cannot exceed 5MB.

Welcome Alexan...
Home | Practic...

- Peer Assessmen...
- Checklist for...
  Review
- Checklist for...
  Financial Recor...
- Peer Assessm...
  Manual
- FAQs
- Desk Reference
- CASLPO Website

CLACs

...Patient/Client Centred Practic... | 4. Communication | 5.

...heir practice in an accountable manner.

...ntic... refers to screening, assessment and management).

| I Meet the Standard ○ | I Need Work to Meet the Standard ○ | Non Ap... ○ |

Comments(Optional):

Uploading Documentation OPTION...

1.2 I maintain records which accurately reflect the services provided.

Consider which files you would like to upload as evidence.
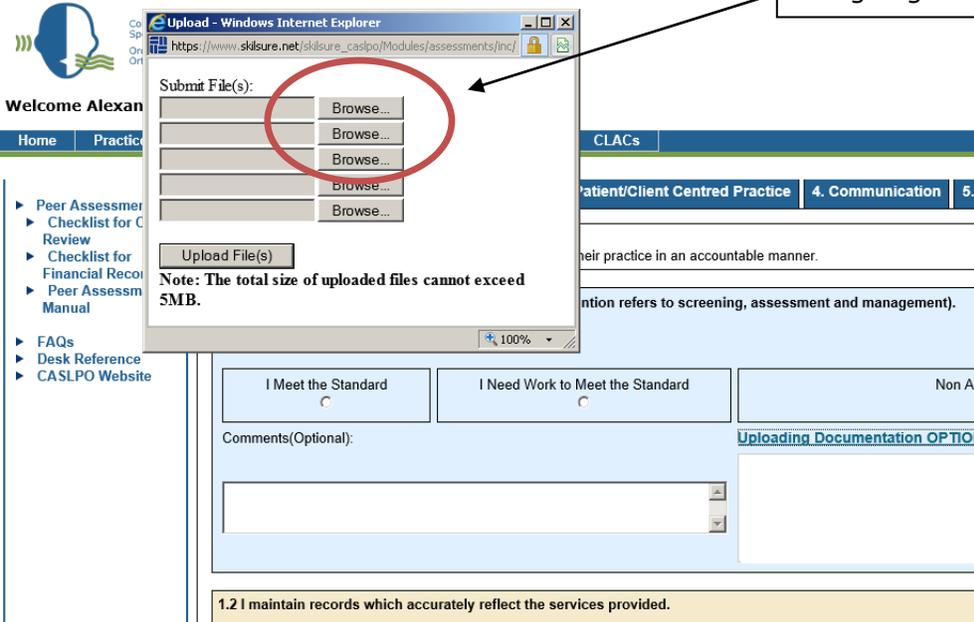
When you click on "Browse" you will be taken to your computer where you can find the file you are going to upload.
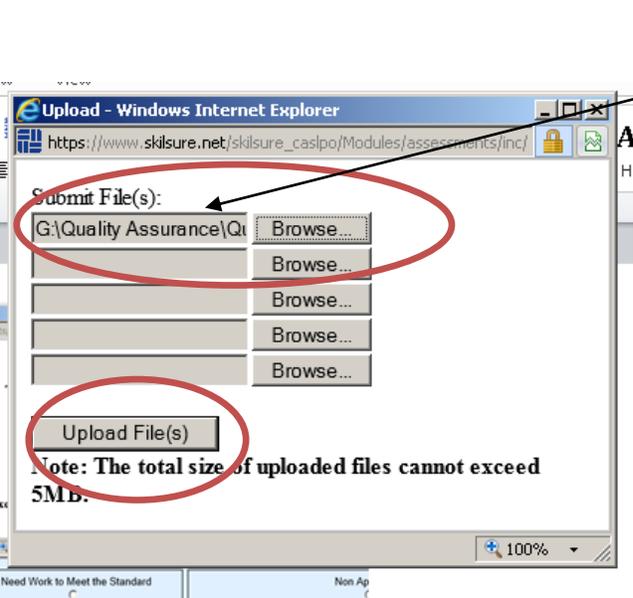
Select your document (double click), then you will see your document title in the Submit Files.

Select 'Upload Files' and your file will be uploaded to your SAT

1.Management Practices	2.Clinical Practice	3. Patient Centred Practice	4. Communication	5. Professional Accountability	Summary

1.Management Practices
Audiologists and Speech-Language Pathologists manage their practice in an accountable manner.

1.1 I have criteria to begin and end intervention (Intervention refers to screening, assessment, treatment, consultation and management).

⊞ Examples of Meeting the Standard:

I Meet the Standard ⦿	I Need Work to Meet the Standard ○	Non Applicable ○

Comments(Optional):

Uploading Documentation OPTIONAL; required for Peer Assessment

❌ Peer Assessment Webinar.docx

Here you will see your uploaded file.

If you want to delete the file, click the red stop sign beside the document title.

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1. Management Practices	2. Clinical P

1. Management Practices
Audiologists and Speech-Language Patholo

1.1 I have criteria to begin and end interv

⊞ Examples of Meeting the Standard:

I Meet the Standard ○	I

Comments(Optional):

If you are not sure what would constitute as evidence for a particular indicator, simply click on the ⊞ beside "Examples of Meeting the Standard".

9

1.Management Practices	2.Clinical Practice	3. Patient Centred Practice

1.Management Practices
Audiologists and Speech-Language Pathologists manage their pra

You will see examples of evidence for Meeting the Standard for each indicator.

1.1 I have criteria to begin and end intervention (Intervention refers to screening,

⊟ Examples of Meeting the Standard:
- Documentation of clinical decisions following assessment/consultation..
- Documentation of clinical decisions to discharge a patient.
- Referral and discharge criteria are documented in a policy or in the patient file.
- Criteria made available to the patient or referral source(s).
- Employer, agency or funding criteria.

I Meet the Standard	I Need Work to Meet the Standard
◉	○

You will also find more detailed information in the Guide

Guide

Save Cancel

All **5** tabs must be completed.

1.Management Practices	2.Clinical Practice	3.

1.Management Practices
Audiologists and Speech-Language Pathologists manage

1.1 I have criteria to begin and end intervention (Inte

1.2 I maintain records which accurately reflect the services provided.

⊞ Examples of Meeting the Standard:

I Meet the Standard	I Need Work to Meet the Standard	Non Applic
○	○	○

Comments(Optional):

Uploading Documentation OPTIONAL

If you do not have evidence for the indicator, make a note in the comments box so that when the Peer Assessor visits, you may discuss the evidence then.

2.3) CONVERTING PAPER EVIDENCE INTO A COMPUTER FILE

1) SCAN DOCUMENTS into your computer and create a file name, then upload them onto your SAT. Be sure to delete any scanned confidential documents from your computer once they have been uploaded.

2) USE A DIGITAL CAMERA, tablet (i-Pad etc.) or smart phone (android or i-Phone). Photograph a document, send it to yourself and save it on your computer. Alternatively, you can upload it directly to your SAT by accessing your SAT via your phone or tablet. Give the file a name and make sure that you can clearly read the contents. If it appears upside down, please turn it the right way. Again, delete any scanned confidential documents from your computer and tablet/camera/smart phone once they have been uploaded as evidence.

3) PDF APP, you can download a PDF scanner onto your phone or tablet. It will take a photo of your evidence and turn it into a PDF file which you can upload to your computer or directly to your SAT.

4) SCREEN SHOT. Bring up the information on your computer and take a screen shot. This is done by pressing shift and the Print Screen (Prt Scr) tab on your keyboard. Open a blank word document and paste the screen shot into the word document. Create a file name, then upload it onto your Online SAT.

3. PEER ASSESSORS

3.a) CRITERIA TO BE A PEER ASSESSOR

The member must:

- be a CASLPO member in good standing (see definition below)
- have a minimum of 4 years professional experience
- have a clinical caseload

- demonstrate knowledge of clinical supervision issues through experience with practice leadership, mentorship, clinical teaching or accreditation

- participate in ongoing CASLPO training, including training in clinical reasoning and coaching

- have been peer assessed themselves

DEFINITION OF 'IN GOOD STANDING'

1) Be a **General member** without any terms, conditions or limitations on their certificate of registration issued by any committee of the College.

2) Be an experienced practitioner with a minimum of four years of professional practice in the area (audiology or speech-language pathology) in which mentorship is provided.

3) Not have been:
    a.   found guilty of professional misconduct and/or incompetence;

    b.   found to be incapacitated

    c.   issued a caution in person from the Inquiries, Complaints and Reports

     Committee within the last 6 years;
                           or
    d.   required to complete a Specified Continuing Education or Remediation Program (SCERP) from the Inquiries, Complaints and Reports Committee within the last 6 years

4) Not be the subject of an investigation, a capacity inquiry, or a complaint (unless the complaint is being considered under sections 26(4) and 26(5) of the Health Professions Procedural Code[1]).

5) Not have any existing charges against them in respect to a federal, provincial or other offence.

6) Not be the subject of a proceeding respecting allegation of professional misconduct, incompetence, or incapacity by a body that governs a profession.

7) Have an up-to-date and completed Self-Assessment Tool (SAT) and be compliant with the College's Quality Assurance Program requirements.

8) Not have a history of repeated suspended or revoked registration.

_____

[1] Being Schedule 2 of the *Regulated Health Professions Act, 1991.*

Peer assessors have a unique role. They use their professional judgement and peer assessment training to evaluate information from your uploaded evidence, record reviews, clinical reasoning and discussions and then they write a summary or report outlining their recommendations. They do **not** decide whether you successfully complete the process. The Quality Assurance committee reviews their Peer Assessment summary or report and your response to the report (if you provide one), and the committee decides whether you have successfully completed the peer assessment process or must do some further work to demonstrate that you are meeting the standards.

3.b) PEER ASSESSOR – MEMBER MATCHING

Staff matches members and peer assessors according to area of practice, language and location. The peer assessor is informed of the assigned member and has an opportunity to declare a conflict of interest prior to the member's notification.

COMMUNICATIONS

You will be informed of the name of your peer assessor in early April and you will be given one opportunity to veto the assigned peer assessor. If you choose to use your veto, the name of a different peer assessor will be forwarded to you. You can only use your veto once.

Your peer assessor will contact you to outline the process, and to schedule a time for the site assessment. Please give him or her good directions to your site and information about parking. It is essential to keep both the peer assessor and the College up to date with any changes in e-mail addresses and phone numbers.

4. PEER ASSESSMENT: SITE VISIT

The site visit takes approximately ¾ of a day. However, peer assessors will allot up to one full day for the site visit. The visit will consist of introductions, a record (chart) review, the Clinical Reasoning Tool, a discussion about your chosen CASLPO documents as well as any document required by the College, your learning goals and Continuous Learning Activity Credits (CLACs).

4.a) MEMBER PREPARATION

1. SUBMITTED EVIDENCE

Make sure that you have all the evidence that you submitted on your SAT available for the site visit. If your evidence is a patient note, make sure that the patient record is available. Your peer assessor may have questions about the evidence and you may want to expand on the information you submitted.

If you work in two settings, decide which setting you want to select for the site visit. Make sure that you can access your evidence from both places. This may entail getting permission to take patient records from one setting to the site visit setting.

2. RECORD/CHART REVIEW

You will need to have available at least 10 and no more than 15 patient records for the site visit. This record/chart review is an essential component of the peer assessment and is based on the requirements outlined in the Records Regulation 2015. If the records are in electronic format, make sure that the peer assessor has access to a computer and the records; this may involve getting a special password for the peer assessor if you use a secure electronic format.

The peer assessor will ask you which record you have chosen for your Clinical Reasoning Tool, they will randomly select four other prepared charts to review. Occasionally the peer assessor will review more than five records if additional evidence is required.

The _RHPA_ clearly specifies that members and members' employers must make the records available to the peer assessor. Patient consent is not required and the RHPA supersedes other legislation relating to record confidentiality. In addition, federal and provincial privacy legislation allow for patient records to be reviewed for regulatory purposes of the College (Information for Employers).

You will find two checklists for record/chart review on your SAT. It might be helpful to print out the lists to ensure that your records include the criteria from the Records Regulation 2015.

3. CLINICAL REASONING TOOL

The Clinical Reasoning Tool is a method of evaluating clinical reasoning through guided conversations. It consists of a set of discussion questions designed to reveal the clinical reasoning you have applied to specific cases and to promote reflective practice. Effective clinical reasoning can result in many different but equally good clinical decisions. The Clinical Reasoning Tool will be applied to two patient records. The Peer Assessor will select one patient record and you will select another patient record.

There is a separate Clinical Reasoning Tool Guide to help you with the process.

4. DOCUMENT DISCUSSION

You need to select two different types of CASLPO documents that relate to your practice to discuss with your peer assessor. You will also be directed by the College to review a third document. At the site visit you will have a conversation about how these documents specifically relate to your role and area of practice. You might select a Regulation, Practice Standard, Guideline or Position Statement. Inform your peer assessor of your selections before the site visit.

5. LEARNING GOALS AND CLACS

Your peer assessor will review your learning goals with you. Remember, you must develop at least three learning goals and they must relate to your self-assessment and/or your clinical roles and responsibilities. You can develop additional goals to address areas that are not directly related to your current practice, such as future career planning or developing skills in other areas of speech language pathology and audiology. You may also want to generate additional goals so that you can capture CLACs that were a result of unexpected educational/learning opportunities.

You are encouraged to follow the SMART methodology found in the *Self-Assessment Tool Guide*. Each goal should be:

> **S**pecific
>
> **M**easurable
>
> **A**ppropriate
>
> **R**ealistic
>
> **T**ime limited

The peer assessor will also review your CLACs. CLACs are learning activities that you engage in to help you to meet your learning goals. Consequently, any CLACs that you earn must relate to one of your Learning Goals. Your peer assessor will also review your previous year's goals and 15 (or more) CLACs to ensure they meet the requirements. (Note: if you became a new General member in the previous year, you are not required to have 15 CLACs).

You are required to earn at least 15 CLACs by the end of the calendar year. You are not expected to have earned all 15 by the time of your site visit.

When you record your CLACs, you will categorize them under one of 2 headings:

1. Group Learning activities
2. Independent study

You will find a comprehensive list of activities under these CLAC categories on your SAT under the CLACs tab or in the *Self-Assessment Tool Guide*.

When you have earned your CLAC, document it on your SAT by selecting the specific Learning Goal and then **Add new Activity**. A **Learning Activity Summary box** will appear, document the details of the activity, i.e. title of the course, topic of peer discussion, name of document read, etc. and the date you earned your CLAC. Then put in the hours you spent on the activity, one hour equals one CLAC. You can upload evidence of CLACs, for example, a conference brochure, online webinar, an article read or information on a vendor's presentation.

As you earn CLACs consider how they are helping to meet your goal and if they are making a difference to your practice. You can do this by pulling down the appropriate menu next to your Learning Goal and selecting None, Minimal, Moderate or Significant.

4.b) PEER ASSESSOR PREPARATION

Prior to the site-visit, the peer assessor will review your SAT starting with your Practice Description to get a sense of what you do, area of practice and if there are any issues at your place of work. They will then review your submitted evidence to determine if it is appropriate and adequately demonstrates you are meeting the standards. This helps them to form a plan for their discussions with you. The peer assessor will make an initial rating on the indicators based on the evidence submitted and your own determination of meeting Standards. They will also review the documents that you have chosen to discuss at the site visit. The peer assessor reviews your learning goals to see if they reflect your practice and follow the SMART methodology and any CLACs that you might have.

If there are any missing pieces of evidence in the Professional Standards section, the peer assessor will contact you to discuss the situation.

Finally, the peer assessor will contact you to find a mutually convenient date for your site visit. If, due to unforeseen circumstances, you need to change your date, contact your peer assessor. The peer assessor will contact the college with the site visit date or any changes.

5. THE SITE VISIT

The visit will take place at your practice setting. If you work in more than one setting, you can choose the setting for the site visit.

Peer assessors allocate one full day for the site visit. The visit consists of the following:

- Introductions
- Interview
- Record/chart review
- Clinical Reasoning Tool
- Any other on-site evidence such as showing where files are kept, other confidentiality methods you have in place, maintenance log books etc.
- Discussion of CASLPO documents
- Review of learning goals and CLACs

There will be times when the peer assessor will want to work on their own, especially during the record review.   This gives you time to pursue work activities, but please remain

available and let your peer assessor know how to contact you, especially if the records being reviewed are electronic.

At the conclusion of the site visit the peer assessor reviews your information, summarizes the visit and lets you know about next steps in the process.

During your discussions you might have a question that the peer assessor cannot answer or there might be an issue regarding your caseload or place of work that the peer assessor is unsure about. In this scenario, the peer assessor will contact the College for clarification or more information and relay the response to you.

Your peer assessor cannot tell you if you have "passed" your peer assessment.

6. PEER ASSESSMENT REPORT

Following the site visit, the peer assessor has ten working days to complete and submit the Peer Assessment documentation to CASLPO.

There are two different types of peer assessment reports. The first is a short summary to inform the committee that you meet the professional standards and your learning goals and CLACs are appropriate. The second is a longer report and is used when you need work to meet one or more professional standard indicator/s or show incomplete clinical reasoning. The report outlines which indicator needs work and why and areas of incomplete clinical reasoning.

You are sent a copy of the summary or report before the Quality Assurance Committee reviews it. You can provide the committee with a written response regarding the summary or report if you wish.

CASLPO staff anonymises all documentation, redacting any identifying information including names, registration numbers, location, names of employers, school boards, agencies etc. This allows the Committee to be impartial and unbiased when reviewing peer assessment reports.

6.a) PEER ASSESSMENT REPORT TIMELINES

- The peer assessor must submit the report to the College within ten working days of the site visit
- Staff review the report and send it to you for review within five working days
- You are given five working days to submit a written response, if you choose to do so
- The report is anonymized and presented to the QA committee at their next meeting

However, there are times when a member of the QAC will come to know that a friend or colleague is being peer assessed. In those instances, they will inform staff who will tell the

Committee member when the report is to be reviewed and they will recuse themselves from the discussion and decisions.

7. QUALITY ASSURANCE COMMITTEE

The committee meets approximately eight times a year. During the months of June to December much of their time is spent reviewing peer assessment summaries and reports. However, you may have to wait up to two to three months for the committee to review your report.

7.a) COMMITTEE RESULTS

The committee reviews all the information and determines if you have the required knowledge, skills and judgement and have successfully demonstrated that you have met all of the *Quality Assurance Program* requirements, or if further work is required.

For the vast majority of members participating in Peer Assessment there are no issues and the committee determines that your knowledge, skills and judgement are satisfactory and that you have successfully completed all requisite components of the *Quality Assurance Program*.

On occasion, the committee ask staff to provide more information to the committee before they make their deliberation.

FOLLOW UP REQUIRED

If you are found to need work to meet a standard in a specific area, the committee decide upon the measures to help you meet the standard in your practice. They also decide on the evidence you must submit within a given time frame to show that you now meet the standard. The evidence can be uploaded through your SAT. Your peer assessor will review the additional evidence or work submitted and determine if you now meet the standards. Staff writes a follow-up memo for the committee with the peer assessor's recommendation that you meet the standards.

Very occasionally, a member's practice requires more remediation than submitted evidence that standard is now being met. The committee can impose a *Specified Continuous Education and Remediation Program (SCERP)*. This might take the form of a course, learning program, coaching etc. depending on the situation.

In rare cases, if there is a possibility of a significant risk of harm to the public, the Committee may direct the Registrar to place terms, conditions and limitations on a member's certificate of registration. This can only be done if the member is advised of the Committee's intention to do so and given the opportunity to make submissions to the Committee. The terms, conditions and limitations may only be in place for a maximum of 6 months. (Subsec. 28 of *Quality Assurance Regulation*.)

7.b) COMMUNICATIONS

Following the meeting, you will receive a letter informing you of the committee's decision. This communication is confidential and will not be shared with anyone else.

Section 83(1) of the Health Professions Procedural Code protects the confidentiality of the peer assessment process. Information cannot be shared with any other committee of the College.

8. COLLEGE SUPPORT

The College provides webinars during the months of January to April to provide you with information and to give you an opportunity to ask questions. These webinars are recorded and sent to all members participating in peer assessment.

Members are encouraged to contact the College with any questions or concerns regarding the peer assessment process. All communications with College staff are confidential. These conversations are not revealed to the peer assessor and have no impact on the peer assessment process.

In addition, several members who have been through the peer assessments themselves have volunteered to help you through your peer assessment journey. Members have told us that they appreciate the opportunity to speak with a member who has had experience with peer assessment. These conversations are "member to member", and not a formal part of the peer assessment process.

CONTACT INFORMATION

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SCHEMATIC TO SHOW KEY DATES IN PEER ASSESSMENT

January:
- You are informed of the peer assessment
- Return Information Sheet
- Complete your SAT
- Start collecting evidence for Professional Standards
- Submit SAT

February:
- Continue to collect and upload evidence
- Watch or participate in College webinars
- Submit your evidence

March
- Think about **when** you want your site visit to take place
- Think about **where** you want your site visit to take place
- Select your two documents to discuss with the PA

WHAT MEMBERS HAVE SAID ABOUT PEER ASSESSMENT

"I liked getting confirmation that overall I am doing a good job meeting the required standards. My peer assessor also made appropriate & helpful comments and offered examples & tools to facilitate goals established. The process showed me that I am excelling in much of my practices and strongly reinforced my own feelings of what I do well."

"No Stress! I enjoyed meeting a peer from another area in Ontario & listening to her experience. Good for networking. I had been concerned that the assessor would be from Toronto directly from the College but I was very pleased & relieved to learn that she was a true "Peer" – grunt SLP like myself on the front lines who had similar experiences. Being able to discuss my practice with a peer who is removed from my immediate work place setting was extremely beneficial to me."

"I really enjoyed the process of reviewing my practice. I am usually too busy to stop to think about it. I was pleasantly surprised and encouraged at how smoothly I was able to do it - and learned a lot, as well as being alerted to some areas which needed tightening up."

"Thank you for the opportunity to take part in the Peer Assessment Process. It is a wonderful learning opportunity. As a member I feel good about the way the College is approaching peer assessment, in a fair and non-punitive manner with emphasis on professional growth and development."

"Initially I was nervous, but it turned out to be a very comfortable day. The peer assessor was thorough with her assessment. She delivered information in an honest and kind manner. She was very democratic and supportive in her suggestions & comments. She made the assessment process an excellent learning experience."

"The College presented the whole process in a very positive, reinforcing and friendly manner. In turn, my impression & willingness to follow through were strong and positive. It truly reinforced what I already thought. I was doing well & gives me encouragement to continue."

"Frankly, it wasn't so dreadful after all, although it's very good to have this experience behind me. It was stressful, though now I realize that there was no particular need to be overly concerned as feedback was very positive."