



# Competency-based Occupational Standards for Speech Pathologists

## Entry Level

Revised 2011

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Competency-based Occupational Standards for Speech Pathologists: Entry Level

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# Introduction

In this document we set out the competency-based occupational standards (CBOS) – the minimum skills, knowledge base and professional standards – required for entry-level practice in speech pathology in Australia.

The CBOS document was initially developed in 1994 and has been revised twice, in 2001 and 2011. Revisions reflect changes in scope of practice, work context and professional terminology.

## The purpose of competency-based occupational standards

The main purpose of these occupational standards is to define the minimum skill level and areas of competence the public has a right to expect of an entry-level speech pathologist.

They also:

- inform candidates for entry to the profession (both Australian and overseas) of the standards and range of competencies that they must achieve prior to recognition as a member of the profession
- inform and guide the assessment and re-education of those wishing to re-enter the profession
- inform the profession of areas relevant for professional development
- inform the institutions responsible for the education of speech pathologists of the competency demanded of an entry-level speech pathologist in Australia
- inform entry-level speech pathologists and employers of the range and standard of independent practice they can expect of an entry-level speech pathologist in Australia
- inform government and policy makers of the range and standard of practice of an entry-level speech pathologist in Australia.

## Defining 'entry level'

Entry level for speech pathologists in Australia is defined as:

1. the point equivalent to graduation with a degree from a course in speech pathology from an Australian university which has been accredited by Speech Pathology Australia. Currently, in Australia, graduates may enter the profession with either a Bachelor or Masters Degree. Regardless of degree, graduates must meet the minimum requirements set out in this document
2. the minimum requirements to be met before employment as a speech pathologist in Australia, if not a graduate from an Australian institution
3. the first 12 months of practice as a speech pathologist in Australia.

## Entry-level considerations

It is unrealistic to expect that an entry-level speech pathologist will be competent in all areas of speech pathology practice without access to supervision, guidance and support from a senior member of the profession.

An entry-level speech pathologist needs to have professional support and clinical supervision as well as managerial supervision. This is particularly important for entry-level speech pathologists employed in regional, rural or remote contexts or in any practice where they are the sole speech pathologist. Some areas of practice in particular will require more input from an experienced speech pathologist. (See Range of practice principles in this document.)

Employers need to familiarise themselves with the expected competency of entry-level speech pathologists and consider how to provide the professional support necessary to enable them to perform competently.

Refer to [Scope of Practice](#) document and [The Role and Value of Professional Support Position Statement](#).

## Defining ‘competence’

‘**Competence**’ is an individual’s ability to effectively apply all their knowledge, understanding, skills and values within their designated scope of practice ([Communicating Quality 3, RCSLT 2006](#)). Competence is observed when a speech pathologist effectively provides services, acts professionally and ethically, and reflects critically on their practice.

The entry-level speech pathologist’s behaviour and clinical decision making must adhere to Speech Pathology Australia’s [Code of Ethics](#).

## Defining ‘speech pathology practice’

Speech pathology practice incorporates any, or a combination, of these domains for communication and swallowing disorders across the lifespan:

- advocacy
- clinical services
- consultation
- education
- prevention
- research.

## Clients

Our clients include any individual (of any age) or group of individuals with communication and/or swallowing difficulties and the significant others/caregivers of these individuals. For the purposes of providing clinical and consultation services, our clients may also include other professionals (such as allied health staff) or groups of professionals (such as teaching staff or maternal and child health nurses) and other service providers.

## Clinical services

Clinical services include, but are not limited to, the provision of one-to-one intervention with a speech pathologist and client; group intervention with a number of clients and a speech pathologist; classroom or workplace-based intervention; training caregivers, significant others or allied health/teaching assistants to deliver an intervention program. With the advent of new technologies, entry-level speech pathologists will have competencies with, for example, video conferencing, social networking platforms, and tele-health applications.

## Consultation and education

Consultation with and education of other professionals, family members, carers and/or significant others is a key component of the entry-level speech pathologist’s scope of practice. Consultation, education and population health activities can both ameliorate the impact of the communication and swallowing difficulty and prevent future difficulties. Consultation is frequently highlighted as a priority for speech pathologists working within the different educational sectors across Australia.

## Advocacy

Advocacy is a professional responsibility that may apply on a population basis or in relation to individual client management. It is acknowledged that in some instances policies and/or identified ‘core areas of practice’ of the service provider or employing organisation will have an impact on the type and quantity of intervention chosen by the speech pathologist. All speech pathologists are required to be advocates for their clients.

## Defining 'evidence-based practice'

Sackett et al (1996) defined evidence-based practice as: 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.... evidence-based practice means integrating individual clinical expertise with the best available external clinical evidence from systematic research' (p. 71).

Speech Pathology Australia's position is that evidence-based practice is the combination of clinical expertise, research evidence and resources and contextually appropriate decision making in order to make informed choices and decisions about clinical best practice.

When a clinician engages in evidence-based practice, they approach their clinical practice from the perspective of a researcher. They critically analyse their practice and formulate focused and structured questions or hypotheses about the likely outcomes of their planned management.

Refer to [Evidence-Based Practice Position Statement](#).

[speechBITE™](#) sponsored by Speech Pathology Australia, is one of a number of evidence-based practice resources available to speech pathologists. Where appropriate reference to speechBITE™ is made in this document, however, this is not to the exclusion of other resources (e.g. [The Cochrane Library](#)) or the integration of systematic research with clinical expertise.

# Format of the Competency-based Occupational Standards

CBOS 2011 includes seven Units which represent key areas of professional activity. The Units are not sequentially ordered and are not intended to represent discrete stages in speech pathology practice. Competent speech pathology practice frequently requires a number of Elements within the Unit or Units to be performed simultaneously.

|                  |              |                             |   |
|------------------|--------------|-----------------------------|---|
| <b>CBOS 2011</b> | <b>Units</b> | <b>Elements</b>             | The Elements provide key descriptions of the components of each Unit. They detail specific activities to be demonstrated.   |
|                  |              | <b>Performance Criteria</b> | The Performance Criteria are descriptions of speech pathology practice activities. The Performance Criteria provide detail about the level expected in order to infer competency in the Element.  |
|                  |              | <b>Cues</b>                 | The Cues illustrate the knowledge, actions, attitudes and contextual features that impact on competency. The Cues provide practical examples of the application of the Performance Criteria. The Cues given in the document are not to be considered comprehensive for any one Element. |

## Professional framework

Speech pathologists are the professionals with expert knowledge in communication and swallowing. Speech pathologists provide services across all of the following domains: advocacy, clinical services, consultation, education, prevention and research for communication and swallowing disorders across the lifespan.

The speech pathology profession recognises the rights of individuals to have optimal communication and swallowing skills. The services provided by speech pathologists must utilise the best available evidence and meet the needs of individuals with communication and swallowing disorders.

## The 'International Classification of Functioning, Disability and Health'

Speech pathology practice recognises the importance of communication and swallowing skills to every individual's engagement in education, employment, social interaction and community participation.

The International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), provides a conceptual framework for speech pathologists within which individual functioning and health are paramount (refer to [ICF, World Health Organization, 2001](#) and with reference to the Child and Youth Version, ICF-CY, 2007).

Applying the ICF to the clinical practice of speech pathology, practitioners can incorporate both the diagnosis of impairment (body function and structure) and the activity and participation of the individual to assess the impact of the communication and/or swallowing disorder on quality of life.

A guiding principle of speech pathology assessment, habilitation and/or rehabilitation is a thorough evaluation of an individual's functional abilities. Using the ICF framework, including the contextual factors (environmental and personal) and activity and participation levels, allows speech pathologists to collaboratively set goals with an individual and their caregivers.

It is expected that an entry-level speech pathologist in Australia will be familiar with the ICF framework and competently apply the social health principles of individual functioning and well-being to their speech pathology practice.

## Generic professional competencies

For any speech pathologist to be a competent professional, certain generic skills are required to 'underpin' the discipline specific knowledge and skills. Generic professional competencies facilitate transfer of performance across occupational competencies in the present and in the future (McAllister et al, 2006). Competent speech pathology practice is based on excellent and effective communication, counselling and interpersonal skills (CBOS Review focus groups, 2010).

The profession identified generic professional competencies (see McAllister et al, 2006) and confirmed them through research to define an underlying variable of competency. They are detailed in 'COMPASS®: Competency Assessment in Speech Pathology' and form one aspect of the competency assessment used widely by universities in Australia in the clinical assessment of speech pathology students.

The generic competencies are:

- reasoning
- communication
- lifelong learning
- professionalism.

Refer to [COMPASS®](#).

An entry-level speech pathologist must demonstrate competence in both the generic professional competencies and the CBOS Units (across the range of practice in speech pathology) in order to achieve overall competency.

[Note: All versions of the CBOS document include aspects of the generic competencies within a number of different Units and Elements of the document. Where reference is made to the generic competencies in this version, COMPASS® is referred to and, where appropriate, a link to the website provided.]

# Range of practice for the entry-level speech pathologist

Speech pathologists are professionals with expertise in communication and swallowing disorders. Communication refers to speech, verbal and nonverbal language, written language, voice and fluency. Swallowing refers to dysphagia, oral function and mealtime management.

An entry-level speech pathologist in Australia must be able to demonstrate competence in any unit of CBOS in paediatric and adult speech pathology practice with both developmental and acquired disorders in the areas of:

- language
- speech
- swallowing
- voice
- fluency
- multi-modal communication.

## Range of practice

## Examples (include but not limited to)

### 1. LANGUAGE

Disorders of:

- preintentional/preverbal language
- verbal/expressive language
- comprehension/receptive language
- literacy, including phonological awareness
- social communication
- cognition (attention, memory, executive function).

### 2. SPEECH

Speech sound disorders of:

- articulation
- phonology
- motor speech
- structural basis.

### 3. SWALLOWING

- dysphagia – oral, pharyngeal and oesophageal
- oral function for eating/drinking
- meal time management.

### 4. VOICE

- laryngeal pathology
- functional disorders.

### 5. FLUENCY

- stuttering in children, adolescents or adults.

### 6. MULTI-MODAL COMMUNICATION

- oral
- manual
- augmentative and alternative
- assistive technology.

# Range of practice principles

## Principle 1

**In all work contexts and decision-making, the speech pathologist must consider the recommended evidence base for the speech pathology practice.**

They also must consider an individual's:

1. functioning and health (ICF)
2. preferred mode of communication (e.g. alternative and augmentative communication [AAC])
3. physical well-being
4. hearing status
5. developmental abilities or cognitive abilities
6. educational or employment circumstances
7. cultural and linguistic background
8. social circumstances (e.g. complexity and/or vulnerability)
9. mental health status (e.g. emotional well-being)
10. significant others/caregivers
11. other professionals involved.

## Principle 2

**Speech pathologists at entry-level are not required to demonstrate full competence in areas of complex clinical practice.**

Clinical complexity is by its nature difficult to define or to classify. Examples of clinical complexity include:

- a clinical presentation for which the efficacy of treatment will be significantly affected by environmental factors (e.g. the child with developmental delay, who is living in a vulnerable environment and whose mother has depression)
- where co-morbidities combine to require specialist intervention (e.g., the adult with intellectual disability, mental health issues and significant behavioural problems).

Clinicians achieve competence in complex areas of practice through experience and repeated exposure to patterns of features of disorders. Therefore, it is often counterproductive to exclude the entry-level speech pathologist from any involvement with complex cases. **However, it is essential that the entry-level speech pathologist has supervision from a senior speech pathologist when working with complex cases to ensure clinical standards are maintained.** If supervision and/or mentoring cannot be provided, the entry-level speech pathologist should not be working in areas of complex clinical practice.

## Principle 3

**There are a number of designated areas within the range of practice of speech pathology that are acknowledged as advanced practice and require further training and/or workplace credentialing in order for the speech pathologist to provide them.**

Examples include, but are not limited to, the management of voice prostheses (determine type, size and fit) following laryngectomy.

Refer to [Tracheostomy Management Clinical Guideline](#), [Neuromuscular Electrical Stimulation \(NMES\) Position Statement](#) and [FibreOptic Endoscopic Evaluation of Swallowing \(FEES\) Clinical Guideline](#).

In addition, the insertion of nasogastric tubes and administration of nasopharyngeal and/or endotracheal suctioning are considered to be emerging areas of speech pathology practice requiring extended practice skills.

Refer to [Credentialing Position Statement](#).

## Principle 4

### **Interprofessional practice is a critical component of competence for an entry-level speech pathologist.**

In many workplaces, speech pathologists are involved in multidisciplinary, interdisciplinary and transdisciplinary practice. Transdisciplinary practice is considered an extended skill within the scope of speech pathology practice in Australia and should not be expected of an entry-level speech pathologist.

Refer to [Transdisciplinary Practice Position Statement](#).

# Competency-based Occupational Standards: Entry level, 2011

## Overview of Competency-based Occupational Standards

| Units   | Elements  |
|---|---|
| <b>Unit 1: Assessment</b>   | <p>1.1 Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.</p> <p>1.2 Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client.</p> <p>1.3 Administer speech pathology assessment relevant to the communication and/or swallowing condition.</p> <p>1.4 Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.</p>  |
| <b>Unit 2: Analysis and interpretation</b>                                | <p>2.1 Analyse and interpret speech pathology assessment data.</p> <p>2.2 Identify gaps in information required to understand the client's communication and swallowing issues and seek information to fill those gaps.</p> <p>2.3 Determine the basis for or diagnosis of the communication and/or swallowing condition and determine the possible outcomes.</p> <p>2.4 Report on analysis and interpretation.</p> <p>2.5 Provide feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discuss management.</p>  |
| <b>Unit 3: Planning evidence-based speech pathology practices</b>         | <p>3.1 Use integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing condition, and/or the service provider's policies and priorities to plan evidence-based speech pathology practice.</p> <p>3.2 Seek additional information required to plan evidence-based speech pathology practice.</p> <p>3.3 Discuss long-term outcomes and collaborate with the client and/or significant others to decide whether or not speech pathology strategies are suitable and/or required.</p> <p>3.4 Establish goals for intervention in collaboration with the client and significant others.</p> <p>3.5 Select an evidence-based speech pathology approach or intervention in collaboration with the client and significant others.</p> <p>3.6 Define roles and responsibilities for the management of the client's swallowing and/or communication condition.</p> <p>3.7 Document speech pathology intervention plans, goals and outcome measurement.</p> |
| <b>Unit 4: Implementation of speech pathology practice</b>                | <p>4.1 Establish rapport and facilitate participation in speech pathology intervention.</p> <p>4.2 Implement an evidence-based speech pathology intervention according to the information obtained from speech pathology assessment, interpretation and planning (see Units 1, 2, and 3).</p> <p>4.3 Undertake continuing evaluation of speech pathology intervention and modify as necessary.</p> <p>4.4 Document progress and changes in the speech pathology intervention, including outcomes, decisions and discharge plans.</p> <p>4.5 Identify the scope and nature of speech pathology practice in a range of community and work place contexts.</p> <p>4.6 Undertake preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.</p>   |
| <b>Unit 5: Planning, providing and managing speech pathology services</b> | <p>5.1 Respond to service provider's policies.</p> <p>5.2 Use and maintain an efficient information management system.</p> <p>5.3 Manage own provision of speech pathology services and workload.</p> <p>5.4 Update, acquire and/or develop resources.</p> <p>5.5 Consult and coordinate with professional groups and services.</p> <p>5.6 Adhere to professionally accepted scientific principles in work practices.</p> <p>5.7 Collaborate in research initiated and/or supported by others.</p> <p>5.8 Participate in and collaborate on the evaluation of speech pathology services.</p>  |
| <b>Unit 6: Professional and supervisory practice</b>                      | <p>6.1 Develop, contribute to, and maintain professional and team based relationships in practice contexts.</p> <p>6.2 Demonstrate an understanding of the principles and practices of supervision applied to allied health/teaching assistants and in parent/caregiver education programs.</p> <p>6.3 Demonstrate an understanding of the principles and practices of clinical education.</p>  |
| <b>Unit 7: Lifelong learning and reflective practice</b>                  | <p>7.1 Uphold the Speech Pathology Australia Code of Ethics and work within all the relevant legislation and legal constraints, including medico-legal responsibilities.</p> <p>7.2 Participate in professional development and continually reflect on practice.</p> <p>7.3 Demonstrate an awareness of formal and informal networks for professional development and support.</p> <p>7.4 Advocate for self, client and the speech pathology profession.</p>  |

# Unit 1: Assessment

In assessment, the speech pathologist investigates the client's communication and/or swallowing condition and explores the primary concerns of the client with his/her consent. The best available evidence is used to underpin assessment.

Comprehensive assessment includes the components of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001):

- identifying the underlying *body functions and structures* that impair the client's communication and swallowing abilities
- identifying the extent to which the communication and swallowing condition impacts on the client's ability to perform everyday life *activities*
- identifying how to facilitate the client's *participation* in educational, employment and social interactions on a daily basis.

The speech pathologist must collaborate with the client and their significant others/caregivers (where necessary) in all decision making. Collaboration and/or negotiation may also involve other professionals involved with the client and the person who made the referral.

Assessment of the communication and/or swallowing condition takes into consideration the client's preferred language/s and is completed in a culturally competent manner.

The assessment must be appropriate to the workplace context of the service provider and consider all appropriate workplace legislation (e.g. anti-discrimination, occupational health and safety, privacy and freedom of information).

## Element 1.1

### **Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.**

Information may be gathered from the significant other people in the client's life where necessary.

#### **Performance Criteria**

1. Obtain the client's perceptions and description of the communication and/or swallowing condition.
2. Obtain a case history: holistic consideration of the client's medical history, physical, cognitive functioning and environmental factors that may impact on the swallowing or communication condition.
3. Establish the impact of the communication and/or swallowing condition in relation to the client and significant others. (Include components of the ICF described earlier.)
4. Document the importance the client or family attributes to the communication and/or swallowing condition and consider it in relation to other life factors.
5. Discuss and establish the client's desired outcome in relation to the nature of the communication and/or swallowing condition.
6. Establish the need for the assessment of the client's communication and/or swallowing with the consent of the client and in relation to the referral.
7. Discuss the client's communication and/or swallowing condition in a sensitive and empathic manner with the client and the client's significant others using appropriate interview techniques.
8. Integrate information obtained from assessment using knowledge, clinical reasoning (COMPASS®), decision-making and evidence-based practice to develop an interpretation of the data.
9. Obtain and document the client's goals and life circumstances. Determine speech pathology service options for achieving the goals in partnership with the client, their nominated significant other and, where necessary, the service provider.
10. Note any requirement or potential need for other assessments and/or support for the client and take steps to facilitate their provision.
11. Ensure that information gathered is not released without the informed consent of the client, guardian or significant other, and maintain confidentiality at all times in accordance with Speech Pathology Australia's [Code of Ethics](#), freedom of information and privacy legislation.
12. Record information accurately and systematically, in the English language, and according to the needs of the reader and the service provider's requirements.

### Cues for this element

Interview processes:

- development of rapport
- direct questioning (e.g. history of hospitalisation)
- reflective questioning (e.g. determining client's perceptions of swallowing difficulties)
- responsive questioning (e.g. responding to the parent who is expressing guilt)
- use of questionnaires (e.g. collect developmental information)
- responses to the client's verbal and non-verbal communication
- listening skills that are adapted to the context of the interview.

Types of information:

- biographical, medical and/or developmental
- social skills and pragmatic communication
- cultural and linguistic information, including attitudes towards disability, intervention and community support (obtained from client or significant other)
- the value placed on communication and/or swallowing skills by the client and his/her family
- psychological (including cognitive, psycho-emotional and/or mental health)
- behavioural
- activity limitations
- participation restrictions
- educational and vocational
- contextual (e.g. service provider's context such as pre-school, aged care facilities)
- legislative (e.g. anti-discrimination, food handling, child abuse, occupational health and safety)
- pragmatic skills of the interviewee.

Consultation with the client and/or service provider (if required) regarding:

- specialised counselling
- respite services
- new intervention or service delivery option
- resource implications of interventions.

## Element 1.2

**Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client.**

### Performance Criteria

1. Set priorities for assessment in collaboration with the client. Make referral to other agencies in accordance with the interpretation of the client's needs, and the client's priorities and circumstances (with reference to the ICF).
2. Select communication and/or swallowing assessment procedures and tools that are suitable to the client's needs, abilities, social and cultural background.
3. Be able to justify the choice of assessment procedures and tools with reference to:
  - the client's communication and/or swallowing history
  - best available evidence available from current literature and research
  - availability of procedures and tools.
4. Discuss the client's condition with relevant members of the professional team and with the full consent of the client.
5. Make referral to speech pathologists and other professionals with additional expertise to undertake those procedures for which you are untrained or for which the clinic is not resourced.

### **Cues for this element**

Priorities determined with reference to:

- the client's cultural background, values placed on communication and life circumstances
- best available evidence from the current literature and research
- service delivery options and quality processes used by the service provider.

Assessment procedures and tools:

- standardised tests
- self report scales
- hearing screening
- language samples
- speech samples
- digital recordings-audio & visual
- fluency ratings
- physical and functional examination of oral, pharyngeal, laryngeal, oesophageal, aural and/or nasal areas
- examination of respiratory, auditory, phonatory and articulatory systems.

Procedures and tools chosen with reference to:

- age and gender of the client
- cultural and linguistic background
- client's preferred mode of communication and/or communication system.

Professional team members:

- teachers
- general and/or specialist medical practitioners
- social workers
- occupational therapists.

Referral for the following procedures (if required):

- videofluoroscopy
- nasendoscopy
- audiometric testing
- sizing a voice prosthesis
- electronic alternative and/or augmentative communication.

## Element 1.3

### Administer speech pathology assessment relevant to the communication and/or swallowing condition.

#### Performance Criteria

1. Conduct the speech pathology assessments in a manner that is sensitive to the client's cultural and social background, and in accordance with the specific assessment tool requirements and the requirements of the service provider.
2. Obtain information required for the differential diagnosis of the communication and/or swallowing condition by using assessment practices that may be static (e.g. standardised testing at a particular point in time to describe the condition) or dynamic (e.g. testing procedures designed to determine the potential for change across time).
3. Show an understanding of, and ability to carry out, formal administration of both standardised assessments and non-standardised assessment procedures.
4. Recognise when standard procedures are appropriate and be able to justify any non-standard use of procedures or materials.
5. Take steps to ensure that the client is fully informed of the nature of the assessments and conduct the assessments with safety and comfort for the client.
6. Record information objectively and accurately and as required by the service provider.

#### Cues for this element

Awareness and understanding of:

- client's use of languages other than English
- background and culture of the client
- cultural appropriateness (or otherwise) of the test
- the client's expressed goals for participation in community, educational or work activities
- barriers to the client's capacity to articulate their needs
- client's need for an interpreter
- the client's need for counselling and support.

Non-standardised assessment procedures:

- social skills and pragmatic checklists
- language and speech sample analyses
- conversational and other discourse genre analyses
- dynamic assessment approaches.

Standard procedures for formal test administration:

- using the specified speed, method and order of presentation of items
- providing the specified form of feedback during the test administration
- using the specified stimulus for the items
- restricting the repeats to the specified number.

## Element 1.4

**Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.**

### Performance Criteria

1. Follow ethical guidelines as outlined in Speech Pathology Australia's [Code of Ethics](#) and show an awareness of current and relevant legislation impacting on speech pathology assessment.
2. Provide documentation of the client's speech pathology history when required to do so by law.
3. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's [Code of Ethics](#) and any applicable freedom of information and/or privacy legislation. (Seeking advice from a supervising or senior speech pathologist is appropriate.)

### Cues for this element

Relevant legislation:

- freedom of information
- privacy legislation
- equal opportunity and anti-discrimination
- power of attorney
- disability services
- notification of child abuse
- occupational health and safety
- copyright laws.

## Unit 2: Analysis and interpretation

The interpretation and analysis of clients' communication and/or swallowing condition must demonstrate current clinical reasoning approaches (refer to [COMPASS®](#)) and relevant evidence-based analysis. All factors (e.g., *body function and structure; contextual factors*) related to the communication and/or swallowing condition must be identified for diagnosis and the client's *activities* and desired *participation* level must be incorporated into the analysis.

The client (and/or their significant other) and the speech pathologist mutually determine the strategies to address the communication and/or swallowing condition.

### Element 2.1

**Analyse and interpret speech pathology assessment data.**

#### Performance Criteria

1. Analyse assessment data and collate, record and interpret results in the light of normative or test guidelines or using other evidence-based procedures.
2. Establish an understanding of the client's communication and/ or swallowing condition.
3. Integrate the results of the speech pathology assessments and use them to inform the planning and development of intervention strategies in partnership with the client and appropriate to the client's communication and/or swallowing abilities.

#### Cues for this element

A rationale for interpretation based on:

- best available evidence from the current literature
- demonstrated knowledge of research principles and statistics
- test information
- consideration of cultural, behavioural, and/or environmental factors that may have influenced the results of testing.

### Element 2.2

**Identify gaps in information required to understand the client's communication and swallowing issues and seek information to fill those gaps.**

#### Performance Criteria

1. Identify gaps through careful perusal of existing data. Determine methods for seeking further information, taking into consideration all confidentiality guidelines and obtaining client consent.

#### Cues for this element

Methods for augmenting information:

- review of the relevant research literature
- seeking professional advice on cultural and language issues
- seeking advice from a supervising or senior speech pathologist
- case conferences, team meetings and school consultation
- seeking advice through special interest groups or forums (e.g. SPA Autism discussion board)
- referral to other professionals
- consultation with the client and significant other
- further speech pathology assessment (using knowledge and skills outlined in Unit 1).

## Element 2.3

**Determine the basis for or diagnosis of the communication and/or swallowing condition and determine the possible outcomes.**

### Performance Criteria

1. Integrate communication and/or swallowing history data with analysed assessment results and make an interpretation of the client's communication and swallowing condition in order to form a diagnosis.
2. Augment initial diagnosis by ongoing collection of data during intervention.
3. Make a projection, where possible, of the likely outcomes of the communication and/or swallowing condition and communicate it to the client.
4. Use best practice evidence to justify the interpretation of the issues, the diagnosis of the communication and/or swallowing condition of the client, the strategies for intervention and the projected outcomes for the client.
5. Document the interpretation of the client's history, the diagnosis of the communication and/or swallowing condition, the strategies for intervention and the projected outcomes for the client in accordance with the service provider's policies.

### Cues for this element

Methods for assisting diagnosis:

- dynamic assessment procedures
- further speech pathology assessment based on previous results.

See Element 2.2: Methods for augmenting information.

## Element 2.4

**Report on analysis and interpretation.**

### Performance Criteria

1. Prepare written reports on the analysed and interpreted assessment data. Include clinical reasoning, integration and interpretation of assessment results, intervention planning and projected outcomes.
2. Include the evidence (from the assessment results or from the literature) in the report to support the recommendations and conclusions.
3. Integrate input from the client and the advice of other team members and colleagues associated with the client in the report.
4. Write the report in English using a reader-friendly style (plain English) and take into account health literacy levels. Sign and date the report and write in the format required by the service provider's policies.
5. Use qualified interpreters (e.g. sign and/or other language) to interpret, translate and/or present the report when necessary.
6. Obtain consent from the client or person responsible, facility or service provider for reports to be sent to any other person or service provider. Apply confidentiality guidelines and, with consent, send reports to appropriate personnel involved with the client.

### Cues for this element

Individual context of the client and interpretation:

- the educational implications for an adolescent diagnosed with severe language impairment
- the vocational implications for the adult with acquired brain impairment (ABI) wishing to return to work
- the community participation implications for the elderly adult with a dementia
- the implications for hearing and communication skills of audiological testing.

Reporting:

- the individual, caregivers and/or significant others
- the person who referred the client
- others agreed to by the client, such as teachers and other health workers.

## Element 2.5

**Provide feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discuss management.**

### Performance Criteria

1. Determine the participants who need to be included in feedback. Give feedback in a written and/or oral form using all means to enhance communication and using language modified according to the client's background (using generic competencies, refer to [COMPASS®](#)).
2. Check accuracy of the assessment results against the client's perceptions and address differences with the aim of reaching a common understanding.
3. In consultation with the client and/or significant others and the original referral source, make referrals for further assessment or intervention.
4. With the consent of the client, convey the results of the assessment back to the referral source via verbal and/or written report.
5. Present intervention options, taking into account the client's assessed communication and swallowing abilities, and goals with respect to quality of life and participation (ICF). Choose the most appropriate option in collaboration with the client and/or significant other.

### Cues for this element

See Element 2.4: Individual context of the client and interpretation.  
Reporting.

## Unit 3: Planning evidence-based speech pathology practices

Fundamental to the practice of speech pathology is the set of generic professional competencies (refer to [COMPASS®](#)) – reasoning, communication, lifelong learning and professionalism.

In particular, the speech pathologist's clinical reasoning abilities and use of **evidence-based practices** are critical to competence in Unit 3 – the planning of speech pathology practice. Speech pathology practice is always informed by the best available evidence (refer to [speechBITE™](#)).

Evidence-based speech pathology practice is designed to include the components of the International Classification of Functioning, Disability and Health (ICF), (WHO 2001):

- by working with the strengths and weaknesses of the client's underlying *body functions and structures* to improve communication and swallowing abilities
- by focussing on improving those aspects of communication and/or swallowing that will facilitate the client's ability to *participate* in daily life activities
- by working with the *contextual factors*, both within the client and those in their environment, to enhance participation in successful communication interactions and support swallowing abilities.

The client's motivations and goals are paramount in planning speech pathology practice. The participation of both the client and significant others in the planning and management of the outcomes of the intervention is essential. For clients from some cultural groups, collaborative goal setting is not a commonly accepted approach.

### Element 3.1

**Use integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing condition, and/or the service provider's policies and priorities to plan evidence-based speech pathology practice.**

#### Performance Criteria

1. Seek reports and information from other relevant professionals and incorporate these, in terms of their relevance, within planning speech pathology services for the client.
2. Integrate qualitative and quantitative information about the client and the communication and/or swallowing status with the best available evidence to choose from a range of possible intervention strategies.
3. Consider the clients and/or family's priorities and needs when determining the plan for speech pathology intervention, particularly in relation to any other current ongoing intervention plans.
4. Identify the need for augmentative and/or alternative systems of communication and choose a system in collaboration with the client and/or significant other and with speech pathologists or other professionals experienced in providing such systems.
5. Identify the need for an alternative or supplementary method of feeding and make a collaborative decision about the type of feeding and mealtime management method in consultation with the client and/or their significant other, the relevant medical, allied health and other professional staff, as well as speech pathologists experienced in swallowing disorders.
6. Consider the service providers' policies, priorities and budgetary constraints when determining the plan for speech pathology intervention.

### Cues for this element

Relevant fields from which to obtain additional information:

- audiology
- genetics
- neurology
- psychology
- medicine
- pharmacy
- psychiatry
- gerontology.

A rationale for decisions made with reference to:

- the client's communication and swallowing history
- the client's current preferred communication system (e.g. AAC)
- best available evidence from the current literature
- background and culture of the client
- the client's expressed goals for participation in community, educational or work activities
- issues of access and equity.

Information that influences choice of intervention strategies:

- the client's communication and swallowing history
- the results of the assessment of the client's communication and/or swallowing issues
- reports from other professionals (e.g. audiological, neuropsychological, radiological and/or medical)
- reports from speech pathologists with additional expertise in the area (e.g. videofluoroscopy results)
- reports from family or significant others
- observation of the client in other environments (e.g. preschool or aged care facility)
- the client's expressed goals for participation in community, educational or work
- the goals of support personnel (e.g. teachers and nursing staff)
- devices or equipment such as electronic communication aids, hearing aids and cochlear implants
- core areas of practice of the service provider may have an impact on the type and quantity of intervention chosen
- the client's and/or significant others wishes with respect to mealtime management and/or feeding
- Speech Pathology Australia's [Code of Ethics](#) or other relevant legislation.

## Element 3.2

**Seek additional information required to plan evidence-based speech pathology practice.**

### Performance Criteria

1. Identify gaps in the information and determine methods for seeking further information, taking into consideration privacy guidelines.
2. Augment and integrate information about the client's communication and/or swallowing history and assessment data (using the knowledge and skills outlined in Units 1 and 2).

Refer to [Code of Ethics](#).

### Cues for this element

See Element 2.2:       Methods for augmenting information.

## Element 3.3

**Discuss long-term outcomes and collaborate with the client and/or significant others to decide whether or not speech pathology strategies are suitable and/or required.**

### Performance Criteria

1. When possible, attend or convene a meeting of key people involved with the client to provide feedback on the speech pathology interpretation and intervention options (see Unit 2, Element 2.5). This should take into consideration the client's communication status, need for AAC or other strategies, qualified interpreters and/or client advocates.
2. Obtain consent from the client and/or significant other to share information about the client with other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's [Code of Ethics](#) and any applicable freedom of information and privacy legislation.
3. Make collaborative decisions between the speech pathologist and the client and/or significant others to determine the need for speech pathology intervention. When speech pathology intervention is required, determine the level and nature of support required and available in consultation with the client and their significant others.
4. Discuss the availability of speech pathology support with the client, with respect to the policies and priorities of the service provider and/or employing organisation.
5. When speech pathology intervention is not required, follow the service provider's policies and quality management guidelines for discharge.

### Cues for this element

People who may be involved in decision making with the client's consent:

- partner/significant other, carer, guardian and/or family
- other professionals or specialists
- qualified interpreter
- client advocate
- preschool or school staff
- aged care facility staff
- employers.

Procedures for discharge:

- take into account patient's medical diagnosis, current level of functioning and prognosis when discussing discharge
- discharge reports in keeping with service providers protocols
- notification of decision to referral source
- documentation of discharge on client's and statistical records.

## Element 3.4

**Establish goals for intervention in collaboration with the client and significant others.**

### Performance Criteria

1. Integrate information regarding the communication and/or swallowing condition, the projected outcomes, client motivation and intervention of other professionals, in order for the speech pathologist and client and/or significant other to agree on the goals of intervention.
2. Establish and use methods for measuring outcomes of the intervention.
3. Regularly review or adjust goals or procedures in the light of expected and measured outcomes in conjunction with the client or family.

### Cues for this element

Methods for measuring outcomes:

- service providers protocols are followed with respect to common data collection and clinical pathways
- best available evidence from the current literature.

## Element 3.5

**Select an evidence-based speech pathology approach or intervention in collaboration with the client and significant others.**

### Performance Criteria

1. Consider a variety of evidence-based speech pathology approaches using clinical and theoretical knowledge to decide on the most suitable intervention.
2. Design and select the speech pathology intervention on the basis of the assessment information and the identification of the client's communication and/or swallowing status (as determined using Units 1 and 2). Consider the age, cultural background and interests, communication environment of the client, financial constraints, and the organisational budget constraints, priorities and staff availability. Select equipment and resources according to their availability, the client's background, life circumstances, abilities, needs and goals.
3. Be able to justify the choice of intervention according to:
  - the results of the assessment and interpretation of the client's communication and/or swallowing status (as determined in Units 1 and 2)
  - the best available evidence from the current literature and research (for further information refer [speechBITE™](#))
  - the client's culture, goals, motivations, abilities, and capacities (with reference to the ICF)
  - the service provider's goals, policies and quality management processes
  - the context of service delivery.

### Cues for this element

Examples of speech pathology interventions:

- individual or group speech pathology intervention carried out by the speech pathologist
- individual or group speech pathology intervention planned and supervised by the speech pathologist and carried out by a speech pathology assistant (e.g. allied health or teacher)
- curriculum adaptation for students at school with speech, language and/or literacy difficulties
- the education of parents, carers and/or significant others to deliver an intervention for communication disorders
- providing a program targeting speech and/or language difficulties to be implemented in the home
- a speech pathology program implemented within an educational or aged care facility
- referral of the client's family or carers to a support group
- monitoring 'at-risk' clients through review
- collaborative program delivered within the classroom with a teacher.

## Element 3.6

### Define roles and responsibilities for the management of the client's swallowing and/ or communication condition.

#### Performance Criteria

1. Negotiate an agreement on roles and responsibilities between the speech pathologist, client, significant others, allied health assistant, teacher assistant and/or other relevant service providers. Determine options to renegotiate the terms of the agreement.
2. Recognise and acknowledge the extent and limitations of the negotiated roles of the speech pathologist, client and other professionals.
3. Seek advice from a senior or supervising speech pathologist to undertake approaches and procedures in intervention with which the clinician is unfamiliar or that are beyond the scope of entry-level practice. If required, refer to an alternative speech pathology service.
4. Make every effort to ensure the client's safety and wellbeing, including arranging the presence of the necessary support personnel and equipment.

#### Cues for this element

See Element 3.3: People who may be involved with the client's consent.

Support personnel:

- team members trained to suction a patient
- team members trained in resuscitation techniques
- medical personnel
- educational staff
- aged care facility staff.

Approaches and procedures that may require specific training (refer to Range of practice principles):

- specific speech and/or language programs requiring certification (e.g. Hanen Programs)
- an alternative and/or augmentative communication system
- a specific sign system
- videofluoroscopy
- laryngectomy: with training may be expected to change the voice prosthesis
- tracheostomy management.

## Element 3.7

### Document speech pathology intervention plans, goals and outcome measurement.

#### Performance Criteria

1. Document plans for intervention, therapy goals, measurement of outcomes and the rationale for decisions in speech pathology client records and/or the service provider's general records, in plain English, and in accordance with the service provider's policy and quality management guidelines.
2. On discharge, or when speech pathology intervention is not indicated, follow the service provider's policies and quality management guidelines for documentation.
3. Obtain consent from the client or guardian for information to be released to any person, in accordance with Speech Pathology Australia's [Code of Ethics](#) and any applicable freedom of information and privacy legislation.

#### Cues for this element

See Element 3.5: Methods for measuring outcomes.

## Unit 4: Implementation of speech pathology practice

All domains of speech pathology practice - advocacy, clinical services, consultation, education, prevention and research for communication and swallowing disorders across the lifespan – require consideration of the following:

- best available evidence from the current literature and research
- recommended clinical practice guidelines
- Speech Pathology Australia's [Code of Ethics](#)
- the service provider's quality management processes
- any legal and/or professional "duty of care" responsibility relevant to the client.
- the speech pathology role within public health initiatives (e.g., population-based prevention, educational and promotion frameworks, developing integrated models for professional practice) for addressing issues with a broader impact.

### Element 4.1

**Establish rapport and facilitate participation in speech pathology intervention.**

#### Performance Criteria

1. Base intervention on a holistic understanding of the client and relevant aspects of their life (refer to the ICF). Show awareness of the total functioning of the client. Adapt activities in line with the client's functional abilities, the availability of resources, and the service providers' policies to ensure maximum progress. Select an intervention that is culturally appropriate and support the development of both (or all) languages and communication systems of the client.
2. Develop a working relationship with the client that is based on respect and recognition of the strengths and weaknesses of the individuals involved.
3. Identify and respond to the client's, significant other's and/or family's need for counselling. Provide referral to specialist professionals when necessary.
4. Seek assistance with the behaviour management/support of clients where necessary.

#### Cues for this element

The holistic understanding of the client:

- consideration of cultural, behavioural, and/or environmental factors
- the physical, emotional, cognitive and psychological status at the time of contact
- the social, medical, economic and educational history and status
- cultural attitudes towards disability, intervention and community support
- the client's expressed goals for participation in community, educational or work activities.

## Element 4.2

**Implement an evidence-based speech pathology intervention according to the information obtained from speech pathology assessment, interpretation and planning (see Units 1, 2, and 3).**

### Performance Criteria

1. Choose a speech pathology intervention that represents best practice with respect to the range of service delivery models available, client need and preferences, workplace policy and priority. Evidence-based speech pathology programs may involve one-to-one intervention, group intervention, classroom based intervention, training others, consultation and/or education, depending on each unique set of clinical circumstances.
2. Use effective therapy skills and techniques in accordance with the context of the service. Service and workplace contexts will vary considerably and may determine the mode of intervention.
3. Show continuous monitoring of goals and outcomes. Show flexibility and adaptability by the use of modifications that are dependent upon the performance of the client.
4. When working directly with a client, demonstrate the following:
  - obtaining, selecting and using materials that are appropriate to the client's age, culture, abilities, learning style, interests and focus
  - clear explanations of tasks
  - use of feedback and reinforcement that are specific to the client/group and address the client's learning needs
  - modification of the intervention according to the client's success or failure
  - recognised behaviour-change techniques, e.g. effective timing, reinforcement
  - monitoring and measurement of outcomes
  - planning for future intervention (independently or as part of a team), e.g. prioritising, time planning
  - resolving interpersonal conflict.
5. Whenever possible, integrate the speech pathology program as part of the total team management of the client.
6. Show regular feedback and collaboration with the client.
7. Develop and initiate consultation with significant others and other professionals involved in the speech pathology program where necessary. Seek and obtain additional information, feedback and support from community support groups and other professionals.
8. Be able to justify decisions made about the speech pathology intervention program with reference to the client's case history and background and critical appraisal of the evidence in current literature and research.
9. Make every effort to ensure the client's safety and comfort at all times.

### Cues for this element

A rationale for decisions made with reference to:

- the client's communication and swallowing assessment results
- the client's current preferred communication system (e.g. AAC)
- best available evidence from the current literature
- background and culture of the client
- the client's expressed goals for participation in community, educational or work activities
- issues of access and equity
- the service provider's policies and quality management guidelines
- core areas of practice of the service provider which may have an impact on the type and quantity of intervention chosen.

See Element 3.3: Approaches and procedures.

Community support groups and professional networks:

- Speakeasy Association
- Headway Australia
- Autism Associations in each state
- Down syndrome Associations
- Alzheimer's Australia
- Cleft Pals Connect Groups.

## Element 4.3

**Undertake continuing evaluation of speech pathology intervention and modify as necessary.**

### Performance Criteria

1. Implement a continuing review process and timeframe for maintaining high-quality speech pathology programs through monitoring and evaluation of outcomes. This review process is applicable to all domains of speech pathology practice, including:
  - recording of client responses in sessions
  - teacher evaluations of education sessions
  - monitoring of developmental changes in the children of parents who have been trained to implement intervention goals.
2. Demonstrate that the intervention program has been implemented and documented accurately.
3. Communicate the outcome of any reviews and recommendations to the client, their significant other, and to other professionals, within the constraints of client confidentiality.
4. Modify the speech pathology program goals and intervention according to the outcomes measured.
5. Negotiate new goals with the client and significant others, and make recommendations and requests for program adjustments to other professionals involved with the client.

### Cues for this element

Evaluation of intervention that considers:

- best available evidence from the current literature
- critical appraisal of individual client's progress with evidence from the research literature
- intervention data collected on the client
- comparison of the expected outcomes to the progress measured
- the client's expressed goals for participation in community, educational or work activities and any changes to them
- the overall caseload demands of the service
- availability of speech pathology personnel within the service
- the service provider's policies regarding intervention type and quantity.

See Element 3.1: Relevant fields to obtain additional information from.  
A rationale for decisions.  
The information that influences choice of intervention strategies.

## Element 4.4

**Document progress and changes in the speech pathology intervention, including outcomes, decisions and discharge plans.**

### Performance Criteria

1. Complete qualitative and quantitative evaluation of the speech pathology intervention in a timely and efficient manner.
2. Where the speech pathology approach involves specific intervention sessions (for a client, parent or allied health/teaching assistant implementing the program), keep progress notes including reviews, recommendations and measured outcomes, and document any variation from the negotiated speech pathology program and the rationale for change.
3. Write and send reports on progress in speech pathology intervention in accordance with the service provider's policies and quality management guidelines.
4. Develop discharge plans in conjunction with the client, significant others, other professionals and in accordance with the work place policies and quality management procedures.
5. Where the speech pathology intervention involves consultation and/or education sessions, ensure these are documented and evaluated by participants.

### Cues for this element

Documentation of progress:

- service providers protocols are followed with respect to common data collection and clinical pathways.

See Element 3.1: Relevant fields from which to obtain additional information.  
A rationale for decisions.  
The information that influences choice of intervention strategies.

See Element 4.3: Evaluation of intervention considers.

## Element 4.5

**Identify the scope and nature of speech pathology practice in a range of community and work place contexts.**

### Performance Criteria

1. Demonstrate an understanding of the relationship of speech pathology to a variety of community contexts.
2. Choose intervention that reflects the social, financial and environmental vulnerabilities that communities and individual clients may face in their lives.
3. Show an appreciation of the different workplace contexts in the choice of the most appropriate and evidence-based speech pathology intervention.

### Cues for this element

An awareness of:

- the necessity for a focus on educational outcomes and curriculum focussed interventions in educational contexts
- specific disability legislation and its relation to speech pathology in disability services
- a focus on screening programs and/or community based prevention packages in the delivery of community services
- the role of auxiliary staff in mealtime management in aged care facilities and disability services.

## Element 4.6

**Undertake preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.**

### Performance Criteria

1. Identify preventative, educational and/or promotional issues regarding communication and swallowing abilities within the community context.
2. Design projects or programs taking into account a variety of strategies, media, information and communication technologies and materials, and the requirements of the target population. (In such projects or programs the 'client' is often the general public and/or professional groups).
3. Negotiate the goals, form and range of the preventative, educational and/or promotional projects or programs. Set priorities, and determine projected outcomes and evaluation methods.
4. Implement negotiated programs or projects.
5. Analyse and document results. Provide reports to relevant parties.

### Cues for this element

Identification of target groups:

- professionals and clients requiring specific information about speech pathology issues for different populations
- professionals requiring speech pathology information and/or professional development (e.g. maternal & child health nurses, teachers)
- community and/or consumer groups:
  - parents within a school or local community
  - aged care facilities or elderly people within a local community
  - disability organisations within a community
  - hospitals or district hospitals requiring current information on speech pathology issues and management
  - different social, cultural and/or ethnic groups
- the general public more broadly.

Projects or programs that take into consideration the needs of the target population:

- geographic, cultural, linguistic and religious backgrounds
- age, interests, relationships and responsibilities
- differing learning styles and abilities
- access to communication infrastructure and system (e.g. video conferencing facilities for remote communities).

Strategies, media and materials:

- lecture or informal talk
- seminar, tutorial, or workshop presentation
- distribution of culturally and linguistically appropriate information materials
- use of ethnic media
- use of up to date communication technologies
- public displays of materials and information (e.g. speech pathology awareness activities).

## Unit 5: Planning, providing and managing speech pathology services

A proportion of the entry-level speech pathologist's time may be spent in the management aspects of the service. Basic managerial skills are therefore expected of the entry-level speech pathologist. Support from a senior or supervising speech pathologist and the service provider's managerial staff will be required.

It is not considered appropriate for an entry-level speech pathologist to manage a speech pathology service without assistance from a line manager. Employers need to be aware of the need to provide managerial as well as professional support for entry-level speech pathologists.

### Element 5.1

#### Respond to service provider's policies.

##### Performance Criteria

1. Consult a supervising or senior speech pathologist for interpretation of relevant government legislation and workplace policies, and their implications for speech pathology.
2. Refer perceived discrepancies between workplace policies and procedures and ethical behaviour to a supervising or senior speech pathologist for discussion.
3. Show awareness of the role, duties and responsibilities of the speech pathologist within the service provider's organisation.

##### Cues for this element

Relevant policies and procedures:

- equity and equal opportunity policies
- occupational health and safety regulations
- freedom of information legislation
- confidentiality and privacy policies
- quality management policy
- clinical pathway procedures
- procedures for dealing with medical and/or educational records
- policies on internet use
- incident reports
- funding policies
- client's entitlements
- grievance policies
- performance appraisal mechanisms.

### Element 5.2

#### Use and maintain an efficient information management system.

##### Performance Criteria

1. Maintain efficient systems of records, consistent with organisational requirements, for the purposes of service delivery, planning, accountability, monitoring client status and ensuring a high quality of service.
2. Consistently apply quality management and continuous improvement principles.
3. Show ability to comply with workplace requirements for electronic record keeping, data collection and video conferencing. Demonstrate a capacity to use or learn other relevant programs as required. Information management system education must be provided by the employer in a timely manner to ensure ethical delivery of services.

### Cues for this element

Clinical and service records:

- client information databases are maintained
- service statistics are up to date
- equipment inventories are complete and updated regularly
- training is provided for electronic information management systems.

## Element 5.3

### Manage own provision of speech pathology services and workload.

#### Performance Criteria

1. Integrate current information about client needs (as obtained in accordance with Units 1, 2, 3 and 4), the speech pathology service, and evidence-based practice (refer to [Evidence-Based Practice in Speech Pathology Position Statement](#)) with the knowledge of the objectives and context of the speech pathology service.
2. Prioritise work tasks on the basis of the needs of the service provider, client and professional team and in accordance with Speech Pathology Australia's [Code of Ethics](#).
3. Manage time effectively. This is demonstrated by efficient organisation of caseload, an understanding of the timeframe required for administration and client-related tasks, and adherence to negotiated timetables. Regularly review timetables.
4. Show awareness of a variety of service delivery models, and undertake selection and implementation of specific models as appropriate to client or client group needs. This must be done under the guidance of the supervising speech pathologist.
5. Regularly review and evaluate speech pathology interventions.

#### Cues for this element

See Element 3.5: Examples of speech pathology interventions.

See Element 4.3: Evaluation of intervention.

Rationale for choice of delivery model makes reference to:

- the existing and potential caseload
- caseload management strategies
- services speech pathology personnel and resources
- the service provider's policies regarding type and quantity of intervention
- best available evidence from the current research literature.

Accesses policies regarding:

- service objectives
- type and quantity of intervention provided
- caseload management strategies including review and evaluation
- admission, review and discharge criteria
- clinical pathway management.

## Element 5.4

### Update, acquire and/or develop resources.

#### Performance Criteria

1. Select and critically review resources (software and hard copy) using current speech pathology knowledge and in accordance with current and potential caseload demands. Observe copyright and demonstrate sensitivity to cultural issues.
2. Identify local procedures to access resources. Develop knowledge of where or with whom resources are held on site.
3. Recognise the need for an inventory of resources and the maintenance of resources in good working orders.

#### Cues for this element

Procedures regarding:

- budgetary processes
- service and product suppliers
- opportunities for obtaining resources or small equipment grants
- awareness of service groups that are willing to assist
- communication and information technologies
- knowledge in new instrumentation technologies
- library access.

## Element 5.5

### Consult and coordinate with professional groups and services.

#### Performance Criteria

1. Seek communication with the service provider's professional and managerial sections. Share information on client population and/or service within the guidelines of confidentiality.
2. Seek coordination between speech pathology services and those of other professionals. If any problems are identified, address these with the assistance of the supervisor or senior speech pathologist using consultation, cooperation and consensus.
3. Identify and use professional networks for support in establishing and maintaining service delivery.

#### Cues for this element

Knowledge of professional networks:

- existing support networks within the service
- clinical and professional supervision from a senior speech pathologist within the service
- Speech Pathology Australia Mentoring Program
- special interest groups
- professional development activities
- external professional contacts with colleagues.

## Element 5.6

**Adhere to professionally accepted scientific principles in work practices.**

### Performance Criteria

1. Routinely use scientific principles in clinical assessment, planning and evaluation of intervention and in the development of educational materials.
2. Critically evaluate evidence from literature and research using knowledge of research methods and statistics.

### Cues for this element

Knowledge of scientific principles:

- using available evidence-based practice resources to determine efficacy of work practices (e.g. [speechBITE™](#) or [The Cochrane Library](#))
- accessing through library the electronic databases relevant to speech pathology work practices
- collecting data systematically and thoroughly in accordance with service protocols for measuring outcomes
- participating in collaborative clinical research with senior speech pathologists (e.g. single case designs; clinical pathway mapping).

## Element 5.7

**Collaborate in research initiated and/or supported by others.**

### Performance Criteria

1. Demonstrate use of accepted research principles in research initiated and/or supported by others, within the guidelines of the service provider's policy.
2. Demonstrate an understanding of a range of research methods relevant to speech pathology in appraisal of literature and others' research.
3. Be involved in speech pathology department research projects (where opportunities exist) by following client group protocols, contributing to common data sets and adhering to clinical pathway practices.

### Cues for this element

See Element 5.6: Knowledge of scientific principles.

## **Element 5.8**

### **Participate in and collaborate on the evaluation of speech pathology services.**

#### **Performance Criteria**

1. Demonstrate participation in service evaluation procedures in accordance with service provider's policies and procedures.

#### **Cues for this element**

See Element 4.3: Evaluation of intervention.

Knowledge of evaluation procedures with respect to:

- organisational reviews
- accreditation procedures
- quality programs
- performance appraisal procedures
- strategic planning processes.

## Unit 6: Professional and supervisory practice

The speech pathology profession acknowledges the need of entry-level practitioners to receive professional supervision and acknowledges their need to develop skills in the supervision of others. Awareness of teaching and learning practices ensures the best possible outcomes during clinical supervision and beyond.

As the numbers of allied health and teaching assistants employed by service providers increases so does the need for entry-level speech pathologists to have fundamental supervisory skills. Equally, the advent of speech pathology programs that use a 'train the trainer' philosophy require the speech pathologist to understand the supervisory process as it applies to client groups.

All speech pathologists have an important role to play in clinical education and the support of students. Full responsibility for the supervision and evaluation of speech pathology students in clinical practice is not expected at entry level. However, under the on-site guidance of a supervising or senior speech pathologist an entry-level speech pathologist may participate in the supervision of students.

Refer to [The Role and Value of Professional Support Position Statement](#) and [Clinical Education – The Importance and Value for the Speech Pathology Profession Position Statement](#).

### Element 6.1

**Develop, contribute to, and maintain professional and team based relationships in practice contexts.**

#### Performance Criteria

1. Develop professional relationships with colleagues, supervisors and support staff relevant to the context and the issues being addressed.
2. Undertake work within multidisciplinary and interdisciplinary teams with adequate supervision. It is not an entry-level expectation that a speech pathologist will work in a transdisciplinary team (refer to [Transdisciplinary Practice Position Statement](#)).
3. Use team networking skills to develop an understanding of the broader contextual issues in relationship to speech pathology practice.

#### Cues for this element

Participation in professional teams:

- multidisciplinary teams in hospitals, aged care facilities and schools
- interdisciplinary teams in early intervention settings and disability services
- attends speech pathology departmental meetings or network meetings depending on work context
- demonstrates suitable communication skills during case conferences or team meetings
- demonstrates an understanding of different professional views (interprofessional practice).

See Element 5.5: Knowledge of professional networks.

## Element 6.2

**Demonstrate an understanding of the principles and practices of supervision applied to allied health/teaching assistants and in parent/caregiver education programs.**

### Performance Criteria

1. Adapt practice to accommodate adult learning styles and different supervisory styles.
2. Recognise the need to apply different supervisory styles to varying work contexts and individuals (e.g. an allied health assistant versus the parent of a toddler with language delay).
3. Be aware of the importance of critical reflection to the development of learning and improved skills.
4. Provide clear and achievable goals with detailed instructions to the 'supervisee' and provide accurate and constructive feedback in order for goals to be achieved.
5. Show an awareness of the Parameters of Practice framework which delineates those tasks that a speech pathologist may delegate to allied health/teaching assistants and, in so doing, the level of supervision and monitoring required (refer to [Parameters of Practice: Guidelines for delegation, collaboration and teamwork in speech pathology practice](#)).
6. Show an ability to provide clear and achievable goals to the 'supervisor' and provide accurate and constructive feedback in supervision sessions.

### Cues for this element

Knowledge of supervisory practice:

- adapting teaching/supervisory style and materials to the needs of the target population (e.g., parents, allied health or teaching assistants)
- manages the successful implementation of an intervention program by an allied health or teaching assistant
- recognises that different target populations have different levels of literacy and understanding of health and/or educational concepts
- understands that every supervisory relationship will be different.

## Element 6.3

**Demonstrate an understanding of the principles and practices of clinical education.**

### Performance Criteria

1. Be an appropriate role model to students and discuss client observations, intervention, caseload management, theoretical and broader speech pathology issues with them (taking into account issues of confidentiality) and guide them in their search for further knowledge.

### Cues for this element

Clinical education of:

- speech pathology students
- other allied health students
- work experience students.

See Element 6.2: Knowledge of supervisory practice.

## Unit 7: Lifelong learning and reflective practice

Speech pathology knowledge and skills are improved through clinical experience, problem solving, reflection and interaction with colleagues in the workplace along with more formal educational experiences.

Lifelong learning is acknowledged by the speech pathology profession to be a fundamental component of the ongoing professional development of the speech pathologist. Lifelong learning refers to the self-motivated pursuit of knowledge and skills through both formal (continuing professional development) and informal learning activities.

Reflective practice enables the entry-level speech pathologist to consider the adequacy of their knowledge and skills in different work place and clinical contexts. Reflective practice requires the individual to take their clinical experiences and observe and reflect on them in order to modify and enhance speech pathology programs and their own clinical skills.

Refer to Generic Professional Competencies in [COMPASS®](#).

All practising speech pathologists have a responsibility to:

- uphold the Association's Code of Ethics
- undertake continuing professional development
- participate in professional speech pathology networks
- promote the purpose and a positive image of the profession to other professions, employers, clients and the wider community.

### Element 7.1

**Uphold the Speech Pathology Australia Code of Ethics and work within all the relevant legislation and legal constraints, including medico-legal responsibilities.**

#### Performance Criteria

1. Show thorough knowledge and understanding of Speech Pathology Australia's [Code of Ethics](#).
2. Follow ethical guidelines as outlined in Speech Pathology Australia's *Code of Ethics*, and show an awareness of current and relevant legislation impacting on speech pathology practice.
3. When requested by the service provider, supply documentation for legal purposes of the client's speech pathology and therapy history. (Providing expert opinion for legal purposes is not considered within the range of practice of an entry-level speech pathologist).
4. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's [Code of Ethics](#) and any applicable freedom of information legislation.

#### Cues for this element

Values and principles expressed in the Association's Code of Ethics:

- by seeking to benefit others through our activities
- by providing accurate and truthful information at all times to the public and our individual client's
- by acting in a respectful and professional manner at all times
- by maintaining quality standards and continuing competence in speech pathology practice.

See Element 1.4: Relevant legislation.

## Element 7.2

### **Participate in professional development and continually reflect on practice.**

Continuing professional development refers to a range of learning activities through which professionals maintain and develop knowledge and skills throughout their career to ensure that they retain their capacity to practice safely and effectively....within the evolving scope of practice (Communicating Quality 3, RCSLT, 2006).

#### **Performance Criteria**

1. Know current research trends, concepts and theories in speech pathology practice as reported in the literature. Understand the extent and limitations of the evidence base. Actively seek information and analyse new research for implications for practice.
2. Demonstrate a commitment to a range of professional development activities.
3. Demonstrate a continuing and increasing awareness of professional research and a willingness and ability to be involved in research.
4. Reflect on speech pathology practice: evaluate assessment and intervention efficacy and assess one's own clinical skills in a variety of practice contexts.

#### **Cues for this element**

Professional development activities:

- independent study
- attendance at conferences, workshops, seminars, short courses, special interest groups
- teaching or presenting at a conference or to community groups
- participation in research activities and quality improvement activities
- participation in Speech Pathology Australia activities
- updating skills with the latest technology (e.g. tele-health applications)
- participation in the [Professional Self Regulation \(PSR\)](#) program of Speech Pathology Australia which recognises all the above activities
- participation in the [Mentoring Program](#) of Speech Pathology Australia.

## Element 7.3

### **Demonstrate an awareness of formal and informal networks for professional development and support.**

At entry-level the speech pathologist may have begun developing networks and/or demonstrate the capacity to do so.

#### **Performance Criteria**

1. Develop, access and participate in professional support and development networks, special interest groups and develop networks with professional colleagues.
2. Acknowledge the need for continuing professional supervision and/ or mentoring and make efforts to organise it.

#### **Cues for this element**

See Element 5.5: Knowledge of professional networks.

## Element 7.4

### Advocate for self, client and the speech pathology profession.

#### Performance Criteria

1. Advocate for self, client and the profession with respect to workload, resource allocation within the workplace or at a government level, policy decisions affecting people with communication and swallowing difficulties, and professional and/or ethical issues.
2. Show identification and acknowledgment of professional and personal strengths and weaknesses.
3. Show an awareness of professional and personal stress levels. Identify excessive stress and seek support and strategies to reduce its impact.
4. Develop and use a range of interpersonal and communicative skills.

#### Cues for this element

Interpersonal and communicative skills:

- assertiveness
- empathy
- mediation and negotiation
- consultation and collaboration
- counselling
- cultural competence in communication skills
- organisational liaison and planning
- adaptation to formal and informal styles as appropriate
- effective interpretation of non-verbal cues
- use of communication technologies.

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