

National Audiology Competency Profile

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National Audiology Competency Profile

Important notes about the reading of the National Audiology Competency Profile.

1. The following National Audiology Competency Profile provides information about the minimum abilities required of an audiologist entering practice in the regulated provinces of Canada. The document consists of a Preamble (including definitions) and seven 'roles'. Within each role is a set of essential competencies with their related sub-competencies. Together, all of the components of the National Audiology Competency Profile describe the capabilities that each clinician must be able to demonstrate upon entry-to-practice in Canada. **To comprehensively understand what is expected of an audiologist entering practice in Canada, it is imperative that the reader review each of the Preamble and all seven roles.**

2. The competency chart consists of the seven roles required of an audiologist. The seven roles in the competency document are:

Role 1: Expert,

Role 2: Communicator,

Role 3: Collaborator,

Role 4: Advocate,

Role 5: Scholar,

Role 6: Manager, and

Role 7: Professional

Each of these roles describes competencies that audiologists are required to bring to every aspect of their professional lives. The construction of the document is such that there is interplay between the competencies in the different roles. This means that essential and sub-competencies contained in one role will be demonstrated simultaneously with those from other roles, such that in a given task or act, a clinician may be demonstrating multiple essential (and therefore sub-) competencies at once. For example, as a clinician is demonstrating a sub-competency outlined in the Expert role (e.g., conducting an assessment), it is understood that the clinician will at the same time be demonstrating their competence in essential and sub-competencies from other roles, such as the Communicator and Collaborator roles.

3. The Preamble was created to provide background information on the training and areas of practice of an audiologist. Additionally, the Preamble contains two guiding principles that permeate every aspect of a clinician's work, namely, Informed Consent, and a Client-Centered approach. The information contained in the Preamble was organized outside of the competency chart for the sake of a) enhancing the focus on the information contained in the Preamble, as well as b) enhancing the clarity of the competency chart by

reducing the amount of information provided in the chart. It is important to note that locating the information in the Preamble in no way minimizes the importance of that information. **Information in the Preamble is to be considered as important to an audiologist's practice as the information provided in the competency chart.**

The definitions included in this document were provided for terms that could be considered vague. The definitions provide the usage of the terms as they are to be understood in this document.

4. It was desired that duplication of essential and sub-competencies be minimized in the document. Therefore when reading the document, the reader should assume that an essential competency (or sub-competency) in one role applies across all facets of a clinician's performance. As an example, a clinician's communicative ability does not need to be repeated in the Expert Role (Role #1), given that competencies related to their communicative ability are included in the Communicator Role (Role #2).
5. Following a similar aim to create a document that is clear and succinct, adverbs, such as those describing the 'effectiveness' or the 'appropriateness' of an ability or activity by the audiologist have generally been avoided in this document. It is assumed in this document that an individual who is competent will demonstrate an 'effective' level of skill in each of the essential and sub-competencies in this document and/or perform them in an 'appropriate' manner.
6. It should also be noted that clinicians' level of skill in these competencies should rise throughout their careers, meaning that an entry-to-practice audiologist would likely perform these competencies at a lower level compared to a more experienced clinician. It was not intended that this range of performance would be reflected in this document. Instead, for the purpose of this document, it is expected that an audiologist will demonstrate the essential and sub-competencies at a minimal competency level which is sufficient for safe and effective practice, as required by the regulatory bodies.
7. Given that legislation differs across the regulated jurisdictions in Canada, each clinician must practice in accordance with regulatory provisions of the jurisdiction in which she or he is registered and practicing.

Preamble

Roles, Background Knowledge and Professional Contexts of an Audiologist

Audiologists are experts in the prevention, identification, assessment, treatment and (re)habilitation of auditory and vestibular difficulties. Audiologists preserve and (re)habilitate auditory and vestibular functioning in individuals across the lifespan in order to improve their quality of life and maximize their participation in society.

After the completion of a professional Master's degree in Audiology, audiologists entering practice in Canada have the knowledge, skills and judgment to provide services related, but not limited, to¹:

- Auditory Function
- Vestibular Function
- Hearing Conservation
- Tinnitus, Hyperacusis and Misophonia
- Auditory Processing Disorders
- Cerumen Management
- Prescription and Dispensing of Hearing Aids
- Assistive Listening and Alerting Devices
- Implantable Hearing Devices
- Audiologic Rehabilitation

Audiologists work autonomously and in collaboration with many health and educational professionals across a variety of settings, including, but not limited to, private audiology clinics, hospitals, schools, rehabilitation centres and hearing aid manufacturers.

Language Proficiency

Language proficiency is central to the safe and effective practice of Audiology in Canada. Minimum requirements in all four domains of language (reading, writing, speaking, and listening) are necessary to perform the competencies listed. To this end, provincial regulators require proof of language proficiency (EN or FR) as a condition of licensure.

¹ Note that while clinicians entering practice in Canada must demonstrate all of the competencies included in this document, individual jurisdictions may vary in the services that registered audiologists are authorized to perform. In some jurisdictions clinicians must complete additional training to obtain advanced certificates which will allow them to provide service in a particular area of practice. Please check with the relevant regulatory body for further information.

Informed Consent

Audiologists provide services only when informed consent has been obtained, following provincial and territorial legislation.

Typically, informed consent requires the audiologist to provide information on the proposed clinical activity or procedure, explain the risks and benefits, and alternative courses of action. Also, the audiologist must ensure that the individual, or their substitute decision-maker, knows that consent to part or all of the clinical activity or procedure can be withdrawn at any time. For a more comprehensive description of informed consent, please refer to the relevant jurisdiction's policies.

Client-Centred Care

Client-centred care is central to all clinical decisions made by audiologists. This guiding principle means that audiologists:

- Engage the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires to inform assessment and intervention;
- Demonstrate respect for the client's rights, dignity, uniqueness and equal opportunity;
- Examine the client's personal, social, educational and professional contexts;
- Promote the client's participation in decision-making and self-advocacy;
- Develop relationships with the client and collaborators as appropriate, to support the needs of the client; and
- Incorporate knowledge of, and respond to, the unique needs of linguistically, sexually and culturally diverse populations into practice.

Definitions

Essential Competency

An ability required of an audiologist at entry-to-practice in Canada.

Evidence-Informed

The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make clinical and professional decisions with clients.

Client

The individual, group or corporation who receives the services of the audiologist. A client may also be the parent/legal guardian, spouse, or relative of an individual with a communication or feeding and swallowing disorder. For the purposes of this document, the notion of the 'client' may refer to the individual alone, or it may include both the individual and a parent/legal guardian or a significant other.

Sub-Competency

A key component of an essential competency. The combination of multiple sub-competencies describes in greater detail the components of an essential competency.

Substitute Decision-Maker

A person who makes decisions on a client's behalf when the client is not mentally capable of making certain decisions about their own property or personal care. Examples of a substitute decision-maker are a legal guardian, parent, family member or Public Guardian and Trustee.

Support Personnel

The individuals who work collaboratively supporting the delivery of audiology services through activities that are assigned, monitored and evaluated by audiologists.

1. Role of Expert:

Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	<ul style="list-style-type: none">i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.iii. Apply knowledge of diagnostic procedures to the services provided to the client.iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	<ul style="list-style-type: none">i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.
c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	<ul style="list-style-type: none">i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.
d. Use evidence and clinical reasoning to guide professional decisions	<ul style="list-style-type: none">i. Critically appraise research and other available evidence to inform clinical practice.ii. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert	
e. Identify individuals requiring audiology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment. ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions). ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation. iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client. iv. Conduct the assessment, modifying as necessary.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Interpret the assessment data using knowledge, skill and judgment. ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).
h. Develop and share recommendations based on the assessment results.	<ul style="list-style-type: none"> i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals. ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.

<p>i. Develop a realistic, evidence-informed, and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Develop objectives for the intervention reflecting the client’s goals, needs, values, expectations, and constraints. ii. Determine the resources and projected timelines required for the intervention. iii. Prioritize the intervention objectives. iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment. v. Consult with others, as required. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist. vii. Incorporate outcome measures into the intervention plan.
<p>j. Implement intervention plan.</p>	<ul style="list-style-type: none"> i. Prescribe technology, as appropriate to the client’s needs. ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures). iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate. iv. Manage and promote hearing conservation and hearing loss prevention programs. v. Demonstrate the appropriate use of equipment, instruments, and/or devices. vi. Refer to other health care or educational professionals as required.

<p>k. Monitor, adapt and/or redesign intervention plan based on the client's responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify, limit or discontinue an intervention as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Make referrals, and/or consult with other professionals, as required.
<p>l. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the capabilities of support personnel. iv. Provide tasks to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.

2. Role of Communicator:

Audiologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

Essential Competencies	Sub-Competencies
a. Communicate respectfully and effectively using appropriate modalities.	<ul style="list-style-type: none">i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state.ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic).iii. Mitigate language barriers by using translators/interpreters, as required.iv. Recognize and respond to the client's verbal and non-verbal communication.v. Use strategies to facilitate a mutual understanding of shared information.vi. Participate respectfully in challenging conversations.
b. Maintain client documentation.	<ul style="list-style-type: none">i. Accurately document services provided and their outcomes.ii. Document informed consent.iii. Complete and disseminate documentation in a timely manner.iv. Comply with regulatory and legislative requirements related to documentation.

3. Role of Collaborator:

Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.

Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none">i. Collaborate with the client during all stages of care.ii. Interact effectively with all team members.iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.iv. Recognize and respect the roles and perspectives of other individuals.v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.vi. Facilitate transfer of care within and across professions.

4. Role of Advocate:

Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies
a. Advocate for necessary services and resources that support an individual client.	<ul style="list-style-type: none">i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.ii. Encourage the client's societal inclusion and participation.iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
b. Provide information and support to promote a client's self-advocacy.	<ul style="list-style-type: none">i. Identify and provide information and tools to assist the client, or SDM to access services and supports.ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.

5. Role of Scholar:

Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.

Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	<ul style="list-style-type: none">i. Identify one's own professional strengths and areas for development.ii. Determine one's own goals for competency development.iii. Develop a plan and implement strategies for continued development in all seven competency roles.iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).
b. Share professional knowledge with others.	<ul style="list-style-type: none">i. Identify the need for education related to audiology services in other professionals, the client and/or caregivers and the community.ii. Identify and adapt to the appropriate level of content for the audience.iii. Provide information in an accessible manner to facilitate audience comprehension.

6. Role of Manager:

Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.

Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none">i. Balance competing demands to manage time, caseload, resources and priorities.ii. Apply appropriate precautions, risk management and infection control measures, as required.iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.iv. Identify opportunities to improve practice models within workplace settings.v. Participate in or lead quality improvement initiatives.vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.

7. Role of Professional:

Audiologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.

Essential Competencies	Sub-Competencies
a. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none">i. Maintain confidentiality.ii. Demonstrate professionalism in managing conflict.iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none">i. Adhere to professional code of ethics, as defined within one's jurisdiction.ii. Recognize and use critical judgment to respond to ethical issues encountered in practice.iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.iv. Identify one's own biases, as they relate to the care of a client.v. Actively work to mitigate one's biases, as they relate to the care of a client.vi. If unable to overcome significant biases, provide the client with alternative options.
c. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none">i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction.ii. Practice within the profession's scope of practice and one's personal capabilities.iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.