



Risks and Supports Profile – Background Information

The *Health Professions Act* (HPA) defines competence as “the combined knowledge, skills, attitudes, and judgement required to provide professional services”. Competence therefore applies to the range of settings regulated members where provide services, including clinical, academic, or administrative settings.

Austin and Gregory (2019) describe competence as a process, on a continuum rather than as a binary construct (i.e., competent or not competent). You are more likely to ‘drift’ away from competence with influence from risk factors in the absence of supports.

Risks are factors that negatively impact some aspect of your competence. Every professional has risks to their competence. Risks may be associated with individual (e.g., your personal health and wellness) or environmental or contextual (e.g., your practice setting features) factors. Risks change during the life cycle of a career, and not all risks may apply in your career. There is no downside or negative consequence to you identifying risks to your competence to practice. Being aware of risks demonstrates that you are engaging in reflective practice and are able to potentially prevent errors or unsafe practice by putting plans or contingencies in place.

Supports are factors that enhance competence and mitigate risk to competence. All professionals need supports to be in place to avoid a decline in competence over time. By being aware of both the risks to your competence and those factors that can promote or maintain your professional competence, you can be proactive in ensuring your competence throughout your career.

The risks and supports that are listed have been compiled from the literature on the topic of risks and are provided to assist your self-reflection.

Risks and Supports Definitions

The following are common **risks** that can affect performance/competence:

Risk to Performance	Definition	Example
Adequacy of practice preparation or education	Inadequate preparation from previous education program.	No/little coursework in specialized clinical area, e.g., pediatric feeding and swallowing, cochlear implant assessment and management.
Caseload/Workload volume	The risks to competence associated with high caseload or workload volumes (inclusive of service provision, administrative tasks, and all other tasks associated with SLP or Audiologist role).	Constrains on performance due to decreased time for engagement in evidence-informed care, continuing education, and/or collaborative service delivery. Or, constrains on the intensity or mode of service delivery which affect client ability to progress during treatment.

Equity & inclusion	The barriers to providing culturally and linguistically appropriate service provision.	Lack of adequate resources (e.g., interpreters, assessment tools in other languages), lack of information (e.g., developmental, or cultural norms), lack of training (e.g., cultural awareness, responsiveness).
Lack of clinical exposure/experience	Gaps in knowledge in specific clinical areas due to insufficient opportunity to gain experience in these areas.	Lack of clinical exposure/ experience with special populations on caseload (e.g., videoflourosocopy, pediatric diagnostic hearing testing and amplification, tinnitus assessment and treatment).
Limited specialized training/certification	The absence of formal training when working with special populations or when engaging in specialized areas of clinical practice.	Training or certification for Childhood Apraxia of Speech treatment programs, AAC specialist certifications, cerumen management, tinnitus and hyperacusis treatment, etc.
Practice environment	Organizational features that may constrain practice.	Ineffective team communication and collaboration, lack of autonomy to practice, lack of peer/colleague support network, instability due to high staff turnover.
Previous disciplinary action	Previous complaint or disciplinary action against the regulated member by regulatory body or employing organization.	Previous complaint or disciplinary action associated with competence deficiencies that may affect the regulated member's confidence to practice or place them at a higher risk of further complaints or disciplinary action.
Professional isolation	Lack of opportunity for regular interactions with colleagues and peers (i.e., consultation, collaboration, giving and receiving feedback and support, mentorship, etc.).	Professional isolation or lack of professional network due to solo practice, geographic location, and/or other practice features.
Psychological disengagement or lack of investment in profession	Disconnection from colleagues, clients, and/or the profession.	Loss of interest or disengagement towards service provision occurring when individual skills are not aligned with the work environment's stimulation levels and/or challenges, being 'stuck in a rut'.

Resources	Supply of money, materials, and other assets used to function effectively.	Insufficient human resources to cover caseload), insufficient financial resources, insufficient equipment, materials, time, etc.
Transitions	Any change in work status such as a change of setting or position, or scope of practice.	Transitioning into the workforce as a new graduate, new scope of practice in existing job, transitioning to new setting (e.g., from providing clinical services to academia), transition due to inter-provincial or international move, etc.
Wellness	Physical or mental health and well-being conditions, or any personal circumstance that can affect service delivery.	Illness, chronic conditions, anxiety, stress, depression, burn out, fatigue/chronic lack of sleep, poor work-life balance, limited access to supports, etc.
Other	Any other risks to practice.	Competence drift due to entrenched habits, currency of knowledge base, fatigue, etc.

The following are common **supports** that can promote performance/competence:

Supports to Performance	Definition	Example
Assessment and feedback	Use of professional practice competency specific tools to measure specific competencies to provide information for professional and clinical practice growth and development.	Self-reported or peer, or supervisor feedback on specific competencies using checklists, observation forms, etc.
Clinical exposure/experience	Knowledge in a specific clinical area as a consequence of opportunity.	Regular clinical exposure/experience with special populations on caseload (e.g., Down Syndrome, pediatric diagnostic hearing assessment).
Continuing education/professional development	Involvement in an educational activity during the practice year.	Courses, workshops, conferences, virtual interest groups, communities of practice, personal study, specialized training, etc.
Educational information/program	Previous education/foundational knowledge was adequate in providing skills or knowledge in specific practice area.	Adequate coursework in specialized clinical area, e.g., videofluoroscopy, pediatric ABR assessment.
Personalized support and feedback	Mentorship, coaching, or feedback accessed to improve knowledge and/or skills.	Peer feedback/discussion, professional practice group feedback/discussion, etc.

Professional organization participation	Participation in formal activities with a regulatory body, employer, or association.	Committee work with ACSLPA, ASAPP, CAA, SAC, etc.
Quality assurance activities	Participation in formal and structured workplace quality assurance program(s) or quality improvement initiative(s).	Workplace quality assurance programs, quality improvement projects, etc.
Reflection and self-assessment	Introspection, personal analysis, and consideration of adequacy of competence or demonstration of competence.	Personal reflection logs or journals.
Support through organization	Employer or site-specific structures/processes that develop or maintain competence.	Clinical practice supervision; Workplace clinical practice structures (e.g., orientation to new areas of practice; standardized education requirements for specific areas of practice, etc.).
Technology	Mechanical or electronic means to develop or maintain competence via simulation, electronic decision support rules (algorithms).	Online scoring of speech and language standardized assessments, advances in amplification devices, opportunities for simulated case studies.
Wellness	Any actions that promote personal health and well-being.	Maintaining work-life balance, good sleep hygiene, accessing mental health supports as needed, etc.
Other	Any other supports to practice.	

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