



Risks and Supports Profile

Please select the risks that you think apply to you or could apply to you within this year. For each risk, provide a rationale for why you have identified this as a risk to your competence and explain how it impacts your competence.

Example 1: Professional Isolation

Satisfactory Response

I experience professional isolation due to my sole charge SLP role in a rural community health center. Professional isolation is a risk to my competence because I lack opportunities to consult and get support from when faced with more complex or unique cases or practice issues. As I am the only SLP in my geographic area, I am the only clinician available to take on complex cases, which includes diagnoses that I am less familiar with (e.g., children with syndromes, complex pediatric swallowing and feeding). In these cases, it would be beneficial if I were able to collaborate with another SLP and gain perspectives in the provision of care and to get feedback on my management plans. I would also appreciate being able to discuss with another professional and get feedback when a client's progress has plateaued.

Not having any colleagues around me also means that I have less opportunities for learning about how other SLP's practice, to keep up with new best practices through discussion with others, and to share resources and materials (so that I am not always reinventing the wheel).

Unsatisfactory Response

Professional isolation is a risk because I am a sole charge SLP in a rural community health center. This affects my ability to get support from other SLPs. Because I am the only SLP in my geographic area, I am not able to collaborate with other colleagues when needed.

(Gives vague description of link to competence, no specific examples included)

Example 2: Caseload/workload volume

Satisfactory Response

I cover four classrooms as a preschool SLP Consultant. In addition to direct contact with the children, other members of the multidisciplinary teams, and caregivers, I have many administrative duties, e.g., charting, completing funding applications, and participating in weekly team meetings. While my work would meet minimum standards, I know that there are areas where I could be doing more, if it were not for the constraints on my time. For example, I am not able to engage in much professional development outside of my employer mandated or supplied education, which limits how well I am able to engage in evidence-based care, in areas where I know my knowledge may not be current, like culturally responsive service provision.

Because of my workload, I am not able to provide services in the way that I know would have the most positive impact on my clients. I am only able to see most of my clients who need direct therapy once a week, and in groups, when I know that most of them would benefit from greater service intensity and frequency.

Unsatisfactory Response

As a preschool SLP Consultant, I cover four classrooms. In addition to all direct contact with the children, other members of the multidisciplinary team, and caregivers, I also have administrative duties, e.g., charting, completing funding applications, and attending regular staff and team meetings. These constraints on my time impact my ability to do my job effectively.

(Gives some detail on risk but does not link impact of risk to competence)

Example 3: Transitions

Satisfactory Response

After ten years as a stroke unit clinician, earlier this year I moved into an SLP practice lead position. This is a significant change for me as I no longer have any direct contact with clients, have new supervisory responsibilities, and am responsible for providing support and direction for the practice of SLP on the ward.

There are many aspects of the managerial role that I do not have training or experience in, like leadership, or conflict management. In addition, I am still learning about the administrative requirements of the job (e.g., the various policies and procedures and standards of practice). Because I do not yet have full competency in all the skills required for this job, decision-making is difficult, as I need to spend extra time researching and ensuring that the decisions I make are the right ones. Transitioning out of direct client care and not being 'on the ground' has also made me out of touch with the practical aspects of service provision. Losing this context for decision-making makes it more difficult for me to provide direction about the provision of quality services to the clinicians I supervise.

Unsatisfactory Response

Earlier this year I transitioned from being a frontline stroke unit SLP into a practice lead at the unit. In this role, I supervise a team of SLPs and provide overall guidance and direction for SLP services on the unit.

The most difficult part of this transition for me has been that I had to transition away from direct client care, and no longer having one to one interactions with clients and their families. I really enjoyed interacting with clients, and helping them recover after a stroke, and this is something I greatly miss in my new position.

(Does not link risk to competence)

Example 4: Lack of clinical exposure/experience

Satisfactory Response

I am a recent graduate, who graduated earlier this year and I have only been working as an Audiologist for 5 months.

Currently, I am working in a very busy practice and see a variety of adult and pediatric clients. My competence is most at risk with pediatric amplification, as I am still gaining experience on working with this population, and I don't yet feel fully comfortable with this practice area. As my knowledge and experience with this population is minimal, I still have to stop to look up information or consult with another colleague before I proceed with service delivery decisions, as I want to make sure I am doing the right thing. I find I am always in a rush to make up for my current lack of efficiency and I don't always have the time to adequately think through what it is I need to do. I am concerned that I will miss relevant information and make mistakes with my clients.

Unsatisfactory Response

I am a new graduate who has been working as an audiologist for five months. I am still learning how to do my job effectively and efficiently, and I am always in a rush. I don't yet feel completely comfortable in my new job, and I am worried I am missing important information.

(Does not link risk to competence, does not provide examples of how risk impacts competence)

Please select the supports that apply to you or could apply to you within this year. For each support identified, provide a rationale for why you have identified this as a support to your competence and explain how it impacts your competence.

Example 1: Personalized support and feedback

Satisfactory Response

I work in a busy private clinic with four other audiologists. We see a significant variety of adult and pediatric patients, including those with complex conditions who require thoughtful approaches with respect to communication, testing, and intervention. The audiologists at my clinic meet twice monthly as a group to share and discuss more involved patient cases. We collaborate on effective approaches for managing patient needs. These regular group discussions support my competency in being able to effectively apply appropriate testing techniques, interpret assessments, and make effective recommendations for treatment/intervention. These meetings also keep me up to date on new evidence and practices, as they are a time to share information on new research articles that we have read or professional development courses we have taken.

Unsatisfactory Response

I work in a busy private clinic with four other audiologists. We meet twice a month to collaborate on more difficult and complex patient cases, which I find very helpful.
(Gives vague description of link to competence, no specific examples included)

Example 2: Wellness

Satisfactory Response

I am a sole proprietor private practice SLP. In addition to clinical management of my clients, I am also in charge of all the administrative and business aspects of my practice. Since becoming very overwhelmed with all these responsibilities earlier in the year, I have taken steps to stick to a set work routine, to not work outside of my scheduled work hours, and to take time for self-care.

Taking these steps has helped to maintain my competence in my practice. For example, when I step away from 'work mode' for the evening, I find that I am more energized the next day, and I have definitely noticed a difference in my focus and concentration during sessions with clients, as well my energy and engagement levels with my clients, particularly the clients who require a more 'high energy' SLP (preschoolers).

I realized that I was experiencing some burnout before I put the wellness measures in place. Since I am no longer experiencing that level of stress and burnout, I find that I am more motivated and reflective on my service provision. For example, I now have the space to think more about service improvements that I would like to see happen in my clinic, and how to make those changes happen (e.g., rethinking my toy inventory and sourcing new and exciting toys and games).

Since sorting out a better work-life balance, I have also noticed that I am more excited to learn more about practice areas I am passionate about, and I have been taking more professional development courses on autism spectrum disorder and assessment and intervention with this population.

Unsatisfactory Response

Wellness is a support for me because I am a sole proprietor private practice clinician. I work full time hours and I am in charge of the clinical management of the clinic as well as the business side. I do not have any support staff and so I was getting very overwhelmed with all the responsibilities of running a clinic. I was very stressed and experiencing burnout and had difficulties concentrating during sessions with my clients. I found it difficult to relax even when I wasn't with clients as I was always in 'work mode.'

(Link to competence not evident/clear, inference required from reader)

Example 3: Reflection and self-assessment

Satisfactory Response

I take time to go over the outcomes for several different clients each month. I typically select cases/clients for review who have more complex diagnoses, or clients whose progressions with intervention are slower than expected. I review my observations and intervention documentation and I reflect on my choices during intervention (e.g., short-term objectives, materials and resources used/developed, and the outcome measures). Taking this time to review my files is very helpful because it allows me to look back on my decision making and make appropriate changes and adaptations to aspects of service delivery that are not working. This activity enhances my competency by helping me to identify relevant clinical information that might affect client progress that I may have missed in the day-to-day rush of program implementation.

Unsatisfactory Response

I review patient files monthly to reflect on any gaps in my provision of services or my communication. *(Vague link to competence, no examples of how support links to competence provided)*

Example 4: Continuing education/professional development

Satisfactory Response

I recently took a comprehensive practical university course on the topic of pediatric amplification. Pediatric amplification is a practice area that I felt I did not get enough training on during my audiology training program, and so did not feel as competent providing services to this population as I did with other populations. The testing and amplification technology has improved in just the last few years, so I knew it was important to get up to date with these changes. The specialized training that I undertook emphasized how to use current, evidence-based, best practice procedures for fitting amplification on infants and young children. The course enhanced my competency by supporting me in taking all necessary steps to ensure the best possible outcomes for my pediatric patients who require amplification.

Unsatisfactory Response

I recently completed a comprehensive course in pediatric amplification, which emphasized how to use current, evidence-based, best practice procedures for fitting amplification on infants and young children.

(Does not link support to competence)