



National Speech-Language Pathology Competency Profile

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National Speech-Language Pathology Competency Profile

Important notes about the reading of the National Speech-Language Pathology Competency Profile.

1. The following National Speech-Language Pathology Competency Profile provides information about the minimum abilities required of a speech-language pathologist 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 Speech-Language Pathology 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 a speech-language pathologist 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 a speech-language pathologist. 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 speech-language pathologists 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 a speech-language pathologist. 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 a speech-language pathologist'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 speech-language pathologist 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 speech-language pathologist 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 a speech-language pathologist 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 a Speech-Language Pathologist

Speech-language pathologists are experts in the prevention, identification, assessment, treatment and (re)habilitation of communication and feeding and swallowing disorders. Speech-language pathologists develop, maintain and (re)habilitate communication, and feeding and swallowing abilities 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 speech-language pathology, speech-language pathologists entering practice in Canada have the knowledge, skills and judgment to provide services related, but not limited to¹:

- Developmental Language Disorders (oral and written language)
- Developmental Speech Sound Disorders
- Acquired language disorders (oral and written language)
- Motor speech disorders
- Cognitive Communication Disorders
- Feeding and swallowing disorders
- Voice and resonance disorders
- Fluency disorders
- Aural (re)habilitation

Speech-language pathologists work autonomously and in collaboration with many health and educational professionals across a variety of settings, including, but not limited to, schools, hospitals, long-term care centres, rehabilitation centres, children's centres, community sites and private practice.

Language Proficiency

Language proficiency is central to the safe and effective practice of Speech Language Pathology 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.

Informed Consent

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 speech-language pathologists 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.

Speech language pathologists provide services only when informed consent has been obtained, following provincial and territorial legislation. Typically, informed consent requires the speech-language pathologist to provide information on the proposed clinical activity or procedure, explain the risks and benefits, and alternative courses of action. Also, the speech-language pathologist 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 speech-language pathologists. This guiding principle means that speech-language pathologists:

- 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 a speech-language pathologist upon 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 speech-language pathologist. 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 presents 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 speech-language pathology services through activities that are assigned, monitored and evaluated by speech-language pathologists.

1. Role of Expert:

Speech-language pathologists apply their knowledge of the development and disorders of communication, as well as feeding and swallowing, 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 speech-language pathologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage communication disorders, and feeding and swallowing disorders across the lifespan.	<ul style="list-style-type: none">i. Apply knowledge of communication development and disorders to clinical practice.ii. Apply knowledge of feeding and swallowing development and disorders to clinical practice.iii. Apply knowledge of prevention, assessment and intervention processes to clinical practice.
b. Apply basic knowledge from relevant fields that apply to communication and feeding and swallowing across the lifespan.	<ul style="list-style-type: none">i. Apply basic knowledge from relevant fields (e.g., human physiology, psychology) to clinical practice.
c. Apply knowledge of hearing, hearing loss and disorders of the auditory system to the practice of speech-language pathology.	<ul style="list-style-type: none">i. Apply knowledge of auditory function, hearing loss and disorders of the auditory system to the service provided to clients, where applicable.ii. Effectively administer standard hearing screening protocols to clients.
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 speech-language pathology 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 a speech-language pathology assessment.ii. Manage and promote screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none">i. Collect and analyze pertinent information prior to the assessment, including: case history, previous reports and the client’s perspectives.ii. Organize the environment for an optimal interaction.iii. Plan the assessment, including the appropriate tools, strategies and resources that will address the unique needs of the client.iv. Conduct a valid, accurate and reliable assessment, modifying as necessary.v. Actively listen to and observe all components of communication and/or feeding and swallowing.vi. Provide a re-assessment as appropriate.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none">i. Analyze formal and informal assessment results.ii. Interpret the data accurately.iii. Formulate conclusions regarding the client’s diagnosis, abilities, resources and needs.
h. Develop and share recommendations based on assessment results.	<ul style="list-style-type: none">i. Develop evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings.ii. Discuss the assessment results, recommendations and implications with the client and other relevant individuals, as permitted by client.

<p>i. Develop a realistic, evidence-informed and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Establish and prioritize long-term intervention goals that reflect the client’s strengths, needs, values, expectations and constraints. ii. Develop specific, measurable, realistic, time-limited, short-term goals to reach the long-term intervention goals. iii. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to target the short-term goals. iv. Determine the resources and timelines required for the intervention. v. Develop outcome measures that align with the client’s long-term goals. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the speech-language pathologist.
<p>j. Implement an intervention plan.</p>	<ul style="list-style-type: none"> i. Organize the environment for an optimal interaction. ii. Conduct the intervention, modifying as appropriate. iii. Measure and record the client’s response to intervention. iv. Provide appropriate feedback and modelling to the client. v. Use the appropriate modalities, materials and technologies in the provision of service. vi. Provide the client and family or significant others with education, support, training and counselling, relating to communication, feeding or swallowing. vii. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign an 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 the intervention, as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Plan for discharge and/or transition to other services. v. Discontinue the intervention, as appropriate.
<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:

Speech-language pathologists 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:

Speech-language pathologists 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:

Speech-language pathologists 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:

Speech-language pathologists 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 speech-language pathology.

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 speech-language pathology 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:

Speech-language pathologists 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:

Speech-language pathologists 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.