RCASLPNB
Regulatory College of Audiologists & Speech-Language Pathologists of New Brunswick

OAONB
Ordre des audiologistes & orthophonistes du Nouveau-Brunswick

Mentorship – Mid-Point & Final Assessment to RCASLPNB

Mentee Name		
Mentor(s)		
Period of Mentorship	Start:	End:
Reports Due	Midpoint	Final
Total hours of patient/client care	this reporting period:	GRAND TOTAL:

Hours Mentored		
Direct – diagnostic/assessment hours		
Indirect – diagnostic/assessment hours		
Direct – intervention/counselling hours		
Indirect - intervention/counselling hours		
Other (please specify):		
TOTAL HOURS MENTORED	this reporting period:	GRAND TOTAL:

Assessment Tool

1. The mentee clinician rates their knowledge, skills and abilities for each practice area and behavioral statement; indicates if this is an area for professional development and indicates when this will be followed up on; and provides the opportunity to detail at least one example per practice area that demonstrates how the competency is integrated into their practice. Red flag indicates standards that RCASLPNB expects a mentee to meet early in their practice and they are measured by the midterm evaluation. If not met, these standards should appear in the mentor's midterm assessment for a comment from the mentor. The mentee must address these standards through a learning goal and include them on the summary sheet.
2. Assessment Summary: After discussion with mentor, the mentee indicates in which area(s) they will focus their learning.
3. Learning Goal: This template helps the mentee outline specific action steps for each skill or competency they wish to develop. Since mentees may need to complete multiple action plans, this template is available as a separate downloadable document.

Rating Scale

Please rate each competency standard using the rating scale outlined below. Be as honest and objective in your ratings as possible. When evaluating, please consider whether the mentee is meeting the standard expected *at this stage in their practice*. A rating of "needs to work to meet the standard" on one or more sub-competencies does not necessarily imply unsuccessful completion of the mentorship period. RCASLPNB will follow up with mentors where there are questions regarding mentorship.

Meets the standard (MS)	Needs to Work to Meet the Standard (NW)	Not applicable (NA)
• The mentee demonstrates independence, competence, and efficiency in most tasks within familiar or routine situations, occasionally requiring additional time. • The mentee independently identifies areas for improvement and actively seeks feedback and knowledge to enhance compliance with standards.	• The mentee does not consistently meet this indicator. • They do not independently identify areas for improvement, and efforts to improve compliance have been ineffective. • There is limited demonstrated effort to seek feedback or knowledge to enhance compliance with the indicator or standard.	• No opportunity to observe the mentee participating in these tasks during the evaluation period.

	Mentee Self-Assessment	**Mentor Assessment**
1 – Management Practices *Audiologists and speech-language pathologists manage their practice in an accountable manner.*	• **I meet the standard** • **I need work to meet the standard** • **Not applicable**	• **Meets the standard** • **Needs work to meet the standard** • **Not applicable**
1.1 I ensure equipment, materials, instruments, and devices (including clinical tools, assessments, and therapy materials) used in my practice are current, in proper working order, and calibrated as required.	☐ MS ☐ NW ☐ NA Mentee comments: (required)	☐ MS ☐ NW ☐ NA Mentor comments (optional):

	Mentee Self-Assessment	Mentor Assessment
1.2 I maintain and disseminate records in a reasonable time which accurately reflect the services provided.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
1.3 I am accountable for support personnel and communication health assistants delivering intervention or services under my direction.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
1.4 I follow health and safety procedures and practices, applying appropriate precautions, risk management and infection control measures.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
1.5 My professional judgement is not influenced by personal or financial benefits.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
1.6 I maintain patient/client financial records which accurately reflect the services provided.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
1.7 I only seek compensation for products and services that are justifiable and fair.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

2 – Clinical Practices *Audiologists and speech-language pathologists possess, continually acquire, and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.*	**Mentee Self-Assessment**	**Mentor Assessment**
2.1 I practice within the scope of my profession as defined by the RCASLPNB legislation.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.2 I practice within the limits of my competence as determined by education, training and professional experience.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.3 I use intervention procedures based on current knowledge, incorporating evidence-based practices and advancements in technology.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.4 I use intervention procedures that are appropriate to the abilities of my patients/clients.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.5 I use intervention procedures that are responsive to the diverse background, identity, culture, and experiences of my patients/clients and/or substitute decision-makers.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

2 – Clinical Practices *Audiologists and speech-language pathologists possess, continually acquire, and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.*	**Mentee Self-Assessment**	**Mentor Assessment**
2.6 I monitor, evaluate and modify my intervention procedures based on patient/client outcome.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.7 I use clinical reasoning at every phase of intervention.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.8 I provide only those services that are beneficial to my patients/clients and discontinue services when they are no longer beneficial.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
2.9 I develop and maintain a professional network for seeking feedback and guidance regarding my clinical practice.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

3 – Patient/Client-Centred Practice *Audiologists and speech-language pathologists ensure their patients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient's interests should be primary.*	**Mentee Self-Assessment**	**Mentor Assessment**
3.1 I obtain and document informed consent for all intervention plans or courses of action and any significant changes thereafter.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.2 I obtain and document informed consent to collect, use, retain, and disclose personal health information, as required.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.3 I consult with the patient/client, or substitute decision-maker when establishing intervention plans and/or courses of action.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.4 I set intervention goals that describe realistic outcomes for the patient/client.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.5 I provide equitable and inclusive care that respects the diversity, values, cultures, languages, needs, and goals of my patients/clients, ensuring fair access to services.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

3 – Patient/Client-Centred Practice *Audiologists and speech-language pathologists ensure their patients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient's interests should be primary.*	**Mentee Self-Assessment**	**Mentor Assessment**
3.6 I respect the ongoing right of the patient/client and/or substitute decision-maker to be involved in the plan of care and their decision to change or decline intervention.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.7 I fully inform my patients/clients and/or their substitute decision-maker of the nature of the service and the potential risks and benefits of the intervention.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.8 I maintain patient/client confidentiality at all times.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
3.9 I prioritize the welfare and autonomy of patients or clients, upholding principles of social justice, cultural humility, and cultural safety.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

4 – Communication *Audiologists and speech-language pathologists communicate effectively.*	**Mentee Self-Assessment**	**Mentor Assessment**
4.1 I use language that is appropriate to the age, cognitive abilities, and emotional state of the patient/client, families, and caregivers to facilitate comprehension and participation.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
4.2 I communicate in a manner that is respectful and responsive to the diverse background, identity, culture, and experiences of my patients/client and/or substitute decision-makers.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
4.3 I communicate respectfully and collaboratively with patients/clients, families, caregivers, colleagues, employees, and other professionals, particularly in challenging situations.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
4.4 I communicate information to patients/clients that is directly relevant to their clinical care, ensuring it is conveyed professionally and remains within the boundaries of the clinical relationship.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
4.5 I accurately communicate my professional credentials and scope of practice to my patients/clients and others. 	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

4 – Communication *Audiologists and speech-language pathologists communicate effectively.*	**Mentee Self-Assessment**	**Mentor Assessment**
4.6 I effectively address language barriers with patients/clients and/or substitute decision-makers by utilizing appropriate translators or interpreters as needed.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

5 – Professional Accountability *Audiologists and speech-language pathologists are accountable and comply with legislation, code of ethics, and standards of practice.*	**Mentee Self-Assessment**	**Mentor Assessment**
5.1 I avoid or manage any real, perceived, or potential conflict of interest in which my professional integrity or services could be influenced or compromised.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
5.2 I review RCASLPNB regulatory documents relevant to my current practice, including the Act, Bylaws, Rules, Code of Ethics, Standards of Practice, guidelines, position statements, advisory statements, email communications, and regulatory bulletins to ensure regulatory compliance.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
5.3 I use appropriate channels, in a timely manner, to address errors and/or issues of concern which may have an impact on the well-being of patients or clients and/or other service providers.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
5.4 I maintain appropriate professional boundaries at all times in relationships with patients/clients and/or substitute decision-makers.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

5 – Professional Accountability *Audiologists and speech-language pathologists are accountable and comply with legislation, code of ethics, and standards of practice.*	**Mentee Self-Assessment**	**Mentor Assessment**
5.5 I uphold the public's trust and the profession's reputation by providing services with integrity and maintaining its standards in all communications, advertising, and social media.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):
5.6 I manage any physical or mental health issues in which my professional competence, integrity, or services could be influenced or compromised.	☐ MS ☐ NW ☐ NA Mentee comments (required):	☐ MS ☐ NW ☐ NA Mentor comments (optional):

Summary Comments

Summative Mentor Comments (overall impressions):

Mentee Comments (response to mentor comments):

Mentor(s)	
Name (print)	
Signature	
Date	
Name (mentor 2)	
Signature	
Date	

Mentee	
Name (print)	
Signature	
Date	

Assessment Summary

In which competencies have you indicated as areas for improvement?

☐	Management Practices	
☐	Clinical Practices	
☐	Patient/Client-Centred Practice	
☐	Communication	
☐	Professional Accountability	