



Guideline

Mentorship Program

Supporting Professional Growth Through Mentorship

First Published: May 2024

Revised: April 2025, October 2025

Contents

Purpose.....	1	The Clinical Reasoning Tool (CRT).....	9
Why Mentorship is Important	1	Mid-point and Final Assessment.....	10
The Difference Between Mentorship and Student Supervision.....	2	Evaluation on the Standards of Practice and Code of Ethics	11
Mentorship Process	3	Learning Goals	14
Overview	3	Guidelines for Learning Goals.....	14
Navigating the Mentorship Process.....	3	Learning Activities	17
The Steps for Mentoring	4	Special Considerations	18
Responsibilities	5	Extending Your Mentorship Period	18
Mentee	5	Failing The Canadian Entry to Practice Exam (CETP) During Mentorship	18
Mentor.....	6	Changing Jobs or Mentors During Mentorship	18
RCASLPNB	8	Multiple Work Sites or Shared Mentorship Responsibilities.....	20
Conditions of Mentorship.....	8	Remote or Virtual Mentoring.....	21
Duration	8	Leave of Absence During Mentorship	22
Eligibility to Work.....	8	Resolving Conflicts During Mentorship.....	22
Mentorship Activities	8		
Patient/Client Care.....	9		
Documentation Requirements	9		

Purpose

RCASLPNB's Mentorship Program is designed to support registrants in developing safe, competent practice while protecting the public. The program applies to provisional registrants, some returning registrants, and in certain cases, practising registrants directed to participate by the College.

Goal	Who It Applies To	Key Details	Requirements / Notes
Support New Registrants 	Provisional registrants	Helps new registrants to transition safely into independent practice	Must complete mentorship before being granted <i>Practising</i> registration; CETP exam must be passed during provisional period; must adhere to relevant legislation, bylaws, rules, Code of Ethics and Standards of Practice
Support Returning or Directed Registrants 	Non-Practising or existing <i>Practising</i> registrants	Required if ordered by Registrar, Registration & Competence Committee, or Complaints/Discipline Committee	Placed under Provisional registration if needed; mentorship period completion required before returning to <i>Practising</i> registration
Public Protection 	All mentorship participants	Ensures safe, ethical practice	Mentor monitors compliance with College's professional standards; mentorship helps ensure quality care for the public

Why Mentorship is Important


 Mentorship provides you with the support of a colleague to ensure you have the knowledge, skills, and judgment to practice safely and independently. Your mentor's role should be viewed as an experienced consultant and trusted advisor who will coach you in understanding and applying the College's practice standards as well as principles for developing sound clinical judgement. If your mentor observes substandard practice, their responsibility is to guide you to learn and understand the standards and help you adjust your practice so that you meet them.

As a regulated healthcare professional, you accept responsibility for your role in maintaining the public’s confidence in the competence of the profession to provide safe, quality, and ethical care. This is the concept of professional regulation.

During your mentorship you engage in the important and career-long process of self-directed learning, reflection, and assessment of your own competence to practice. This important process helps to ensure that patients/clients are receiving their health care from skilled, knowledgeable, and competent professionals whom they can trust.

When you receive your RCASLPNB registration and become a ‘provisional’ registrant, you officially become a regulated healthcare professional who would typically use the title “audiologist”, “speech-language pathologist” or “speech therapist”, with all the responsibilities that entails. During your mentorship you are legally, ethically, and professionally accountable for your clinical decisions and services you provide.

The Difference Between Mentorship and Student Supervision

Mentorship is different from the supervised practice you had as a student. Your mentor is not accountable for your clinical decisions or the care you provide to patients/clients and their families.

During your mentorship you are legally, ethically, and professionally accountable for your clinical decisions, as the title “audiologist”, “speech-language pathologist” or “speech therapist” implies.

Mentoring	Supervising
The mentee is fully accountable for all clinical activities they provide	The supervisor is accountable for all clinical activities provided by the student
The mentee typically uses the title “audiologist”, “speech-language pathologist” or “speech therapist” in NB	The student is not legally permitted to use any title recognized by legislation as connoting an audiologist or speech-language pathologist, or registrant of RCASLPNB. The student must use a title indicating they are a student
The mentor evaluates the mentee’s practice competencies. The mentor may provide general guidance around professional practice issues and support the mentee in developing clinical decisions based on sound reasoning.	The supervisor evaluates the student’s knowledge, skill, and judgement for the areas of practice in which they are involved. The supervisor intervenes in the student’s practice to teach skills and impart knowledge to raise the student’s level of competence.
RCASLPNB determines all aspects of the requirements for mentoring.	Universities determine all aspects of the requirements for supervision.

Mentorship Process

Overview

- The mentor observes one to two clinical visits per week.
- The mentor uses the clinical reasoning tool (CRT) to guide discussions of observed clinical interactions.
- The mentee completes a self-assessment at the mid-point and end of mentorship, reviewed and discussed by both mentor and mentee as part of the overall assessment process.
- The mentee develops learning goals with mentor's guidance.

Navigating the Mentorship Process

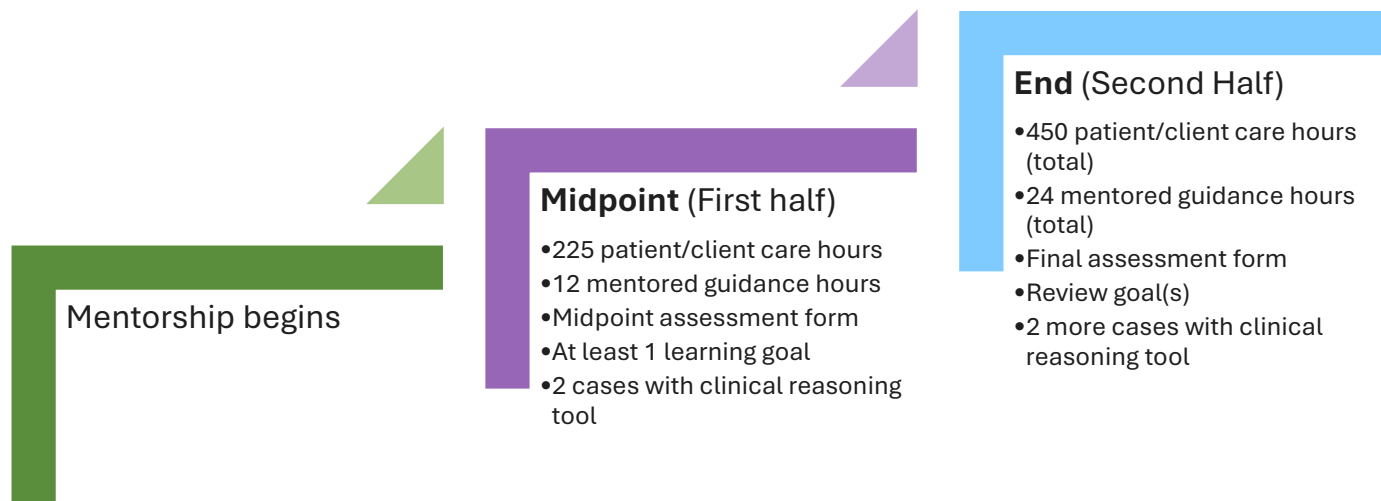
First half of mentorship

- By the halfway point, complete **at least 225 patient/client care hours** and **12 hours of mentored guidance**.
- Determine a rating for all the indicators on the assessment form.
- Discuss and determine at least one learning goal.
- Use the clinical reasoning tool with at least two patient/client cases.
- Complete the mid-point assessment form.

Second half of mentorship

- By the end of mentorship, complete **a total of at least 450 patient/client care hours** and **24 hours of mentored guidance**.
- Determine a final rating for all the indicators on the assessment form.
- Evaluate progress with learning goal(s).
- Use the clinical reasoning tool with two additional patient/client cases.
- Complete the final assessment form.

You will receive an email confirmation from RCASLPNB when your final mentorship assessment report has been received and approved.



The Steps for Mentoring

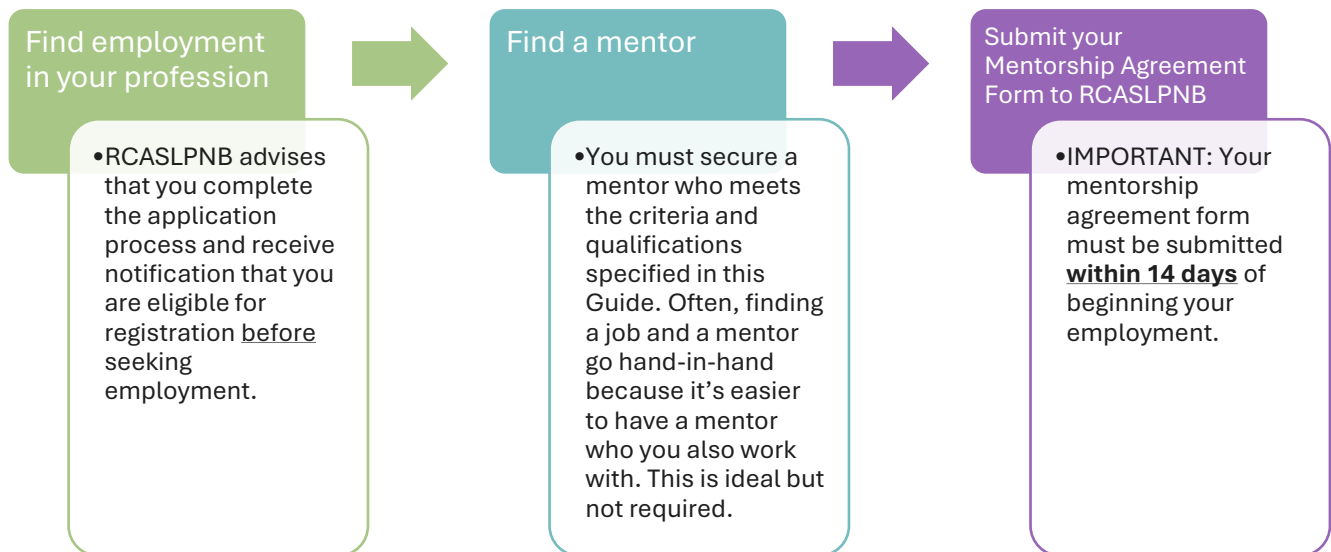
The competencies and performance indicators for each category are listed in the Mentorship Assessment Form. The mentor may guide the mentee to resources, for example on RCASLPNB's website, or to other educational opportunities to help develop skills, understand the standards, and apply them in their daily practice.

During your mentorship, your mentor's role is to:

- Provide general support and guidance to help you comply with RCASLPNB's professional practice standards and Code of Ethics.
- Provide general guidance around professional practice issues.
- Evaluate your clinical decision-making using the Clinical Reasoning Tool (CRT) to ensure that your decisions are based on sound clinical judgement.
- Encourage you to continually reflect on your practice to ensure you meet standards.
- Confirm to RCASLPNB, through the completion of the mid-point and final assessment form, that you meet the minimum standards of practice and adhere to the Code of Ethics during your mentorship period.

Responsibilities

Mentee



1. Be responsible, accountable, and liable for all health care services provided.
2. Seek a mentor, approved by RCASLPNB, with Practising registration in good standing.
 1. If you have an offer of employment where a mentor cannot be provided, the College can assist by providing a list of potential mentors. It will be up to you to contact the audiologists or speech-language pathologists on the list to determine if they are able to mentor you for your primary employment setting. (To obtain a list of potential mentors contact deputy@rcaslpnb.ca and indicate: ○ Your profession (audiology or speech-language pathology) ○ The cities/areas where you are searching for a mentor)
3. Complete the agreement form online in Alinity. Your mentor will review and confirm it, then submit it to RCASLPNB for approval within **14 days of your start date**.
4. Notify RCASLPNB of any changes to the agreement (ex., extend mentorship period to ensure 450 patient/client care hours).
5. Prepare for each mentorship activity.
 1. Obtain and document informed consent from patient/client prior to mentor observation.
 2. Introduce mentor to patients/clients when mentor is observing direct patient/client care.
 3. Obtain information about employer policies for mentor observation (in situations where the mentor is not an employee).
6. Meet with your mentor to discuss the observed sessions using the Clinical Reasoning Tool. This is an opportunity to reflect on your clinical visits.
7. At the midpoint and final stages, you will complete a self-assessment, and your mentor will assess your skills. Any indicators rated “needs work” automatically appear in the Summary

section, and you can review them together to set learning goals, prioritizing any “red flag” indicators.

8. Use the Learning Goals template to outline specific action steps for each skill or competency you plan to develop based on the Summary section.

Mentor

Mentor Qualifications

- be a 'Practising' registrant of RCASLPNB,
- have the required level of experience as determined by the Registrar,
- be in good standing with RCASLPNB and not be the subject of any complaints or investigations at the time of mentorship, and
- be approved as a mentor by RCASLPNB.

1. Mentors should aim to provide **24 hours of guidance** to the mentee, ideally 2 hours per week or 8 hours monthly, with a portion of this time dedicated to directly observing the mentee's practice.
2. Observe clinical visits periodically and review documentation for the sessions observed. Following each observation, schedule an appointment with the mentee to discuss the sessions using the Clinical Reasoning Tool (CRT) to support the mentee's development. Provide mentee with guidance, support and feedback in the following areas:
 - 2.1. Discussing expectations with mentee in advance of starting mentorship.
 - 2.2. Assuring mentees develop a firm foundation for independent professional practice and essential competencies for safe and ethical practice.
 - 2.3. Developing a process of self-assessment of essential competencies to ensure the mentee is providing ongoing safe and ethical practice to the New Brunswick public.
3. The amount of direct versus indirect guidance required will vary and will depend on patient/client complexity, site, caseload, registrant skills and experience, and should be adjusted to meet individualized mentorship needs. For the mentor to evaluate the registrant's skills and abilities, it is essential that adequate direct guidance takes place during the early stages of the mentorship period.
4. Additional requirements for direct reading and related activities may be recommended in discussion with the mentee.
5. Complete required documentation and reports and submit to RCASLPNB.
 - 5.1. **Mentorship Agreement Form** (Review information provided by mentee, submit to RCASLPNB for approval.)
 - 5.2. **Clinical Reasoning Tool** (Used by the mentor as a guide for discussion when observing sessions, does not need to be submitted to RCASLPNB.)

5.3. **Mid-point and Final Assessments** (to be completed by the mentee and mentor at the mid-point of mentorship, and again at the end of mentorship.)

6. Inform the Registrar if you have any concerns about the mentee's clinical or ethical practice.

Methods of Guidance

Observation of the mentee interacting clinically with patients/clients directly or via video is mandatory and must include discussion regarding the direct interaction.

Direct Observation

- The mentor is physically present within the environment or virtually present via real-time videoconferencing or audioconferencing.
- The mentor is able to observe the mentee carry out activities and can provide immediate feedback, as necessary.

Indirect Observation

- The mentor is not physically or virtually present when an activity is being carried out by the mentee.
- The mentor monitors and evaluates the mentee's performance of activities by reviewing audio/video recordings, written records, and/or through discussions with the mentee, patients/clients, family, team members, etc.

Guidance can be provided by:

- Direct observation of the mentee with the patients/clients
- Video conferencing
- Reviewing video or audio recordings of clinical sessions
- Directing clinical management discussions
- Reviewing written reports
- Leading administrative management discussions
- Guiding telephone conferences



1. Approve choice of mentor.
2. Provide mentors with information about the mentorship process and program documents.
3. Review documents once the Mentorship Program has been completed.
4. Provide assistance in conflict resolution.
5. Notify 'Provisional' registrant of successful completion of the Mentorship Program.
6. Conduct reviews when the 'Provisional' registrant completes the Mentorship Program but is not deemed qualified to work independently.

Conditions of Mentorship



Duration

1. The mentorship period must be a minimum of **three (3) months (equivalent to 450 hours of patient/client care)**.
 - RCASLPNB must approve the mentorship before it officially begins.
 - Mentee and Mentor(s) will be notified of the mentorship start and end dates, as well as the due dates for assessment forms, upon approval.
2. Mentees must remain in the mentorship program until they:
 - Pass the Canadian Entry-to-Practice Exam (CETP).
 - Complete the minimum required hours and duration.
 - Receive final approval from RCASLPNB.



Eligibility to Work

As a mentee, you are legally entitled to work as an audiologist or speech-language pathologist under the Mentorship Program until you pass the CETP Exam on one of three consecutive attempts.

- If you fail the first two attempts, you will remain in the Mentorship Program. You may continue with your current mentor or find a new one.
- Failing to pass within three attempts will result in the revocation of your license to practice.



Mentorship Activities

The mentorship period will include both direct and indirect mentorship, covering observation of assessment, intervention, and counselling, as well as review of written reports, charting, etc. Time spent in other profession-related activities (such as on-site research, writing,

meetings, etc.) may also contribute to the total required hours. Most of the mentorship hours should relate to patient/client care, whether direct or indirect, and will vary depending on the patient/client population served and the service delivery model.



Patient/Client Care

Direct Patient/Client Care refers to professional activities on behalf of the patient/client including:

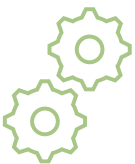
- Assessment of the hearing, communication, or swallowing abilities and needs of the patient/client.
- Recommending, developing, or implementing a treatment and/or management program based on the client's/patient's abilities and needs.
- Counseling and consulting with the families /caregivers and/or other parties or individuals directly associated with the patient/client.

Indirect Patient/Client Care includes:

- Conducting research in audiology or speech-language pathology that involves the assessment or management of patients/clients with communication disorders.
- Other patient/client management activities such as discharge, referrals, follow-up, report writing, case conferences.
- Training other professionals or performing administrative duties related to patient/client care.

Documentation Requirements

The Clinical Reasoning Tool (CRT)



The Clinical Reasoning Tool (CRT) is a required component of the mentorship process. Its purpose is to assist mentors & mentees to evaluate clinical reasoning and monitor how these skills evolve during the mentorship period. Clinical reasoning is an essential competency for audiologists and speech-language pathologists at the beginning and throughout their careers. Reflecting on how clinical reasoning guides clinical and professional decisions is an integral component of quality practice that has been established across many health care professions.

1. Mentors are asked to complete at least four Clinical Reasoning Tools with the mentee but may use more if needed. Submission to RCASLPNB is not required.
2. As a mentor you are required to:
 - a. discuss the CRT with the mentee by or at the mid-point assessment meeting, and

- b. comment on your observations of the mentee's application of clinical reasoning skills in the mid-point and final reports submitted to RCASLPNB.
3. As a mentor, you will observe the mentee demonstrating or applying clinical reasoning outside of the CRT discussions. The CRT is an additional tool to help you in your assessment of this competency.
4. There are many different models of care and clinical scenarios, consequently, not all sections of the CRT will apply to every registrant or every patient/client.
5. Before you start, inform the mentee:
 - a. You will skip questions if the registrant has already provided sufficient information.
 - b. You might return to one section on the CRT for elaboration or clarification.
6. Document the clinical reasoning processes when the mentee provides evidence in the conversation.
7. Probe for missing processes by asking additional questions.
8. Do not ask additional questions if the mentee has shown clinical reasoning in their response.
9. Substitute language according to the registrant's clinical context, for example, screening, assessment, spouse, parents, children, teacher, team etc.
10. Remind the mentee, if necessary, what is meant by intervention (screening, assessment, and management).
11. It is NOT expected that all areas of the CRT will be documented in the patient/client record.

Mid-point and Final Assessment

Mentees and mentors will meet at the mid-point to do the following:



1. After the mentee completes their self-assessment, their mentor will complete their assessment and provide comments on the mentee's progress thus far. Mentors will consider the Clinical Reasoning Tool (CRT) discussions to assign a mid-point rating.
 2. Discuss the mentee's progress. Are there any areas where the mentee needs additional guidance or has questions?
3. Mentors: when evaluating, please consider whether the mentee is meeting the standard expected ***at this stage in their practice.***
4. Competencies assessed as 'Needs Work' will be summarized and used to guide the selection of learning goals. Red flag indicators must be prioritized.
5. Based on their self-assessment and mentor's feedback, the mentee must develop **at least one learning goal** for the second half of their mentorship, outlining specific action steps for each skill or competency they need to develop.
6. Your mentor will submit your mid-point assessment to RCASLPNB by the due date.

Evaluation on the Standards of Practice and Code of Ethics

The Assessment Form outlines 5 professional practice standard categories for audiology and speech-language pathology. Below each category are several behavioural indicators that reflect the overall standard.

The 5 Professional Practice Standard Categories

1	Management Practices	Audiologists and speech-language pathologists manage their practice in an accountable manner.
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.
3	Patient/Client-Centred Practice	Audiologists and speech-language pathologists ensure their patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interests should be primary.
4	Communication	Audiologists and speech-language pathologists communicate effectively.
5	Professional Accountability	Audiologists and speech-language pathologists are accountable and comply with legislation, code of ethics, and standards of practice.



RED FLAG INDICATORS

The Assessment has a red flag beside certain practice indicators. These are standards that the mentee is expected to meet by their mid-point evaluation. Red flag indicators must be prioritized as learning goals if they still need work by the mid-point. Red flag indicators are not necessarily more important than the other indicators, however, they have been identified as presenting a higher risk of patient harm if not met early on. Therefore, mentees are expected to meet these indicators early in their practice. In some cases, RCASLPNB will reach out to you and your mentor to discuss red flag indicators that still need work.

Meeting the Standard, or Not

Mentees and mentors will each determine how well the mentee meets the overall standard category by rating the indicators.

The assessment has the following rating system:

Meets the standard	Needs to Work to Meet the Standard	Not applicable
		

As a mentee, you must assess your own knowledge, skills, and abilities for each practice area and behavioral statement. You must also indicate if an area requires professional development and specify when you will follow up on it. Additionally, you must provide at least one example per practice area that demonstrates how you integrate the competency into your practice. For example, in Practice Area 3 – **Patient/Client-Centred Practice**, Behavioral statement 3.8: **I maintain patient/client confidentiality at all times**, you might write in your comment:

During a virtual session, I ensured confidentiality by using a secure platform, conducting the session in a private space, and reminding the client about privacy. When consulting with a colleague, I shared only non-identifying details, and I securely stored all session notes in a password-protected system.

Your self-assessment is essential for developing reflective practice skills that will support your ongoing professional development throughout your career. While your assessment helps demonstrate that you meet the required standards, your mentor's ratings will be the ones reflected in the mid-point and final reports submitted to RCASLPNB.

Guidelines For Mentors on Determining Ratings

Meets the standard	Needs to Work to Meet the Standard	Not applicable
• The indicator is consistently met (i.e., the mentee meets the indicator most of, if not all, the time). • 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.

These guidelines are not a checklist that cover all aspects to consider when determining ratings. Ratings should be based on the professional judgement of the mentor, considering comments provided by the mentee in their self-assessment, as well as time spent with the mentee discussing and observing their clinical practice and providing guidance and feedback.

Mentees and mentors should be honest and transparent when determining ratings on the indicators and standards of practice, ensuring accuracy, integrity, and adherence to the *Code of Ethics*. The mentorship period is when mentees have maximum support to bring their practice up to standards. It is not unusual for a mentor to assign a “Needs Work” rating, or for a mentee to assign themselves the same rating during the mentorship period. However, by the end of mentorship, mentees must aim to meet all the indicators and, by extension, all the practice standards.

If a mentee finishes their mentorship period with a rating of “Needs Work” on an indicator, this may be a sign that they need to extend their mentorship, or it may be a matter requiring further discussion with the mentor or RCASLPNB to ensure the mentee has a plan to address the issue.

In instances where there are standards that are rated as needing work to meet at the final assessment, RCASLPNB looks closely at the comments submitted by the mentor and will reach out to determine whether there is a concern with meeting the standard that may warrant an extension to mentorship.

Learning Goals

In the second half of your mentorship period, you must formulate and complete at least one learning goal; you may choose to set additional goals if you wish.

Learning goals are finalized mid-way through your mentorship period - by this time the following will be true:

- You will be well into the mentoring process.
- You will have some work experience.
- You and your mentor will have completed a mid-point assessment.

Based on all the above, you will be better able to identify areas you wish to focus on for additional learning.

Your learning goals will relate primarily to the practice standards in the Assessment Form and your current practice as a provisional registrant of RCASLPNB (i.e., the beginning stages of your career).

If you assign yourself or receive a “needs work” rating from your mentor for any indicator, that indicator will populate in the Summary section of the online Assessment Form. You must formulate goals related to those indicators. The form also has “red flag” indicators, which must be prioritized for your learning goals if you receive a rating of “needs work” on any of them.

If you receive a rating of “meets the standard” for every indicator, you are still required to develop at least one learning goal that relates to your professional practice in general.

Guidelines for Learning Goals

RCASLPNB recommends the “SMART” goal methodology as best practice.ⁱ Instead of having vague ideas of what you would like to accomplish, you can use the SMART framework to ensure your goal has the following criteria for success.

SMART Goal Methodology	
S	Specific
M	Measurable
A	Attainable/Achievable
R	Relevant
T	Time-Limited

Specific Goals



Clearly define what is to be learned and the purpose for your learning. A specific goal is clearly defined, detailed, and focused. Everyone reading the goal should know exactly what you want to learn. For example:

- To learn more about...in order to...
- To acquire knowledge of...to provide...
- To further knowledge of...to ensure...
- To keep current with...to improve...

Vague: “To learn more about stuttering.”

Specific: “To learn about a range of stuttering treatment procedures for children by attending a case conference on April 5th in order to improve the effectiveness of stuttering intervention I use in the school setting.”

Vague: “To learn more about teaching and patient counseling.”

Specific: “To further knowledge about adult learning styles by a reading a book chapter on adult learning by September 3rd to ensure I incorporate the most effective method of conveying information to my adult patients.”

Measurable Goals



A measurable goal is quantifiable, allowing you to track progress and determine when it has been achieved. How will you track your progress, or determine when you have accomplished your goal? Devise goals that allow you to clearly judge how much progress you have made.

Vague: “To learn more about dysphagia screening.”

Measurable: “To read and summarize three research articles on dysphagia screening by March 15th and discuss the findings in a team meeting.”

Attainable/Achievable Goals



Your learning goals should be **challenging yet feasible** within your current practice setting and available resources. Consider whether the goal is realistic in terms of time, workload, and access to necessary materials or mentorship.

Ask yourself:

1. Can I reasonably accomplish this goal within my available time and resources?
2. Do I have access to the information, training, or mentorship needed to achieve it?
3. Does this goal challenge me to develop new skills while remaining achievable?

Vague: “To learn more about Autism.”

Attainable/Achievable: “To learn more about behaviour modification techniques with Autism Spectrum Disorder by reading the article by Smith & Smith by May 2nd and discussing it with my mentor to improve my therapy approach with patients who exhibit negative behaviours.”

Vague: “To learn more about single sided hearing loss.”

Attainable/Achievable: “To further knowledge in inferential statistics by watching a webinar on December 9th in order to judge the effectiveness of CROS hearing aid fitting methods that I currently use for patients with single-sided hearing loss.”

Relevant Goals



Your learning goals should align with your professional role, career stage, and area of practice. A relevant goal is one that directly enhances your knowledge, skills, or patient/client care. Ask yourself:

1. Does this goal support my professional development at this stage of my career?
2. Is it applicable to my current or future practice?
3. Will achieving this goal improve the quality of service I provide?

Vague: “To keep current with stroke research.”

Relevant: “To further my knowledge in the latest evidence-based research on dysphagia screening by reading the article by Smith et al., 2020 by the end of April to ensure that I am using the most effective dysphagia screening tool for stroke patients.”

Vague: “To keep current with research on dementia and hearing loss.”

Relevant: “To learn more about mild cognitive impairment and untreated hearing loss by reading the articles by Lin et al., 2019 and discussing the major findings with my colleagues at our meeting in Feb. in order to improve my counseling approach with patients and families”.

Time-Limited Goals



The end of your mentorship should be the time limit on selected goals. Your goals should have a clear timeframe to encourage focus and accountability. Setting a deadline prevents procrastination and ensures steady progress. If a goal is complex, break it into smaller milestones. Ask yourself:

1. Can I achieve this goal in the next 6 weeks?
2. Can I break this goal into smaller steps with their own deadlines?

Learning goals define the learning.

Learning activities provide the means to meet your learning goals.

Learning Activities

In the months leading up to your final evaluation with your mentor, you should engage in learning activities to achieve your learning goals. Examples of learning activities:



Courses Taken

- any type of workshop, distance education initiatives (such as web-based e-learning), lecture, or in-service education.



Self-Study

- any type of goal-directed self-study that involves new learning such as reading, material review, research article or chapter reviews, reading RCASLPNB documents.



Clinical Guidance Activities

- this includes study groups, discussion with colleagues about clinical practice matters.

Examples of learning activities that should not be included:



- Writing advertisements for private practice
- Sending letters to potential referral sources and patients/clients.
- Administrative staff meetings that do not involve an educational component.
- Any team building activities or social activities that do not involve clinical or professional practice (e.g. yoga courses for personal relaxation).

Final assessment

1. Discuss your overall progress during the mentorship period. What did you learn? Was the process beneficial? Are there any areas where you still have questions? Do you have a plan in place to address any remaining questions or areas of concern?
2. Your mentor will submit your final assessment to RCASLPNB by the due date.

Special Considerations

Extending Your Mentorship Period



The mentorship period is calculated to be a minimum of three (3) months (**450 hours of patient/client care**). If you work part-time, for example, you may find that you will need more time to complete the requirements for mentorship. Mentorship extensions must be requested in writing to deputy@rcaslpnb.ca.

Failing The Canadian Entry to Practice Exam (CETP) During Mentorship



Passing the CETP exam may be a condition of your 'Provisional' registration. You must continue in the Mentorship Program until you have taken the next available exam and received your exam results. This could mean that your mentorship extends beyond the required 450 hours of patient/client care.

You are legally entitled to work as an audiologist or speech-language pathologist under the Mentorship Program until you have passed one of three consecutive attempts of the CETP Exam.

- If you fail the first two attempts, you will remain in the Mentorship Program. You may ask your current mentor to continue mentorship or find a new mentor.
- Failing to pass within three attempts results in revocation of your license to practice.

When mentorship is extended in this manner, RCASLPNB recommends that the mentor and mentee continue with one or two hours of direct or indirect guidance per week that includes discussion of practice related matters, application of practice standards and case discussions with the Clinical Reasoning Tool.

Changing Jobs or Mentors During Mentorship



We recommend that you attempt to find a job that will provide a mentor and sufficient working hours to complete the mentorship requirements, preferably in one practice setting. Situations may arise where you need to change jobs or mentors during your mentorship period. This section explains what to do in both scenarios.

1. Changing Jobs

If you accept a new position during your mentorship:

1. Inform your current mentor and determine if mentorship can continue with them. Mentorship may continue with your current mentor if this is agreeable to you, your mentor, and your new employer.
2. If continuing with the same mentor is not feasible, secure a new mentor and submit a new mentorship agreement to RCASLPNB within 14 days of starting your new role. Failure to do so will require you to stop practising until a qualified mentor is secured. RCASLPNB recommends securing a new mentor *before changing jobs* during mentorship to avoid interruptions in practice or maintaining your current mentor during the transition.

3. Prior to RCASLPNB approving a new mentorship agreement, your previous mentor must provide a written statement of your mentorship progress to the College (deputy@rcaslpnb.ca) a written statement of your mentorship progress, including:
 - Months/weeks of mentorship completed
 - Total mentored hours completed
 - Patient/client care hours completed
 - A brief summary of your progress
4. If your new mentor is outside your primary employment setting, your employer must understand the mentorship requirements and allow the new mentor to view patient/client records or visit you on-site for mid-point and/or final evaluations. This requires documented patient/client informed consent.
5. When your new contract has been submitted and approved, RCASLPNB will grant your new mentor access to the online Mentorship Self-Assessment Report, and your previous mentor will no longer have access. Any new dates for mid-point and final reports will be reflected, if applicable.
6. Update your employment information in the RCASLPNB registrant portal.

2. Changing Mentors for Other Reasons

You may need to change mentors for reasons unrelated to employment, such as mentor leave or unavailability. In this case:

1. Notify RCASLPNB before changing mentors.
2. Follow the same steps for securing a new mentor, submitting a new mentorship agreement, and ensuring access for evaluations.
3. **Prior to RCASLPNB approving a new mentorship agreement**, your previous mentor must provide a written statement of your mentorship progress to the College (deputy@rcaslpnb.ca).
4. Your new mentor must meet RCASLPNB's mentor criteria. Once approved, they will gain access to your online Mentorship Self-Assessment Report, and your previous mentor will no longer have access. Any new dates for mid-point and final reports will be reflected, if applicable.

Tips to Avoid Interruptions in Mentorship:

- Secure a new mentor before changing jobs whenever possible.
- Maintain regular communication with your mentor during any transition to ensure continuity of guidance.
- If your employer cannot provide a new mentor, contact RCASLPNB for assistance.

Multiple Work Sites or Shared Mentorship Responsibilities

1. Mentees Working at Multiple Locations

- If a mentee works in two part-time positions at different locations, they are not required to complete separate mentorships at each site. Instead, they should have one Primary Mentor, ideally at their main employment site where they spend the majority of their time. This Primary Mentor oversees the mentee's progress, considering practice across both settings.
- 
- At the secondary location, the mentee should have a Secondary Mentor who can provide site-specific support and feedback.
 - To count hours from both positions toward the 450-hour patient/client care requirement, the mentee should:
 - a. **Inform the Primary Mentor:** Notify their Primary Mentor about the additional patient/client care hours being completed at a secondary site.
 - b. **Document Patient/Client Care Hours:** The mentee will record these hours on the assessment form, noting any specific to the secondary site. A fillable Patient/Client Care Tracking Form is available on the RCASLPNB website and may be requested by the primary mentor for verification.
 - c. **Verify Secondary Site Hours:** The mentee is responsible for obtaining the name and contact information of the Secondary Mentor (an audiologist or SLP) who can confirm the hours worked at the secondary location.
 - d. **Submit to Primary Mentor for review:** The mentee will complete their portion of the assessment form, documenting hours and any relevant details, before submitting it to the Primary Mentor. The Primary Mentor will consult with the Secondary Mentor as needed to ensure comprehensive assessment.

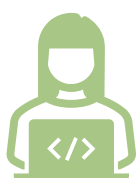
2. Mentees with a Shared Mentorship Structure at a Single Work Site

- In some cases, a mentee may work at a single site where multiple mentors share responsibility for mentorship. In this situation:
- 
- a. The **Primary Mentor** remains responsible for completing all required mentorship assessment forms and overseeing the mentee's progress.
 - b. A **Secondary Mentor** at the same site may assist by providing additional observations, feedback, and guidance, particularly in specific practice areas or clinical settings.
 - c. Both mentors should clearly define their roles to ensure consistency and avoid gaps or duplication in mentorship responsibilities.

3. Roles of Mentors

Primary Mentor	Secondary Mentor (Optional, at Same or Different Site)
○ Completes all mentorship assessment forms after the mentee's self-assessment. ○ Verifies the patient/client care hours entered by the mentee. ○ Consults with the Secondary Mentor (whether at the same or a different site) to gather observations and feedback as needed.	○ Provides additional observations and feedback to the Primary Mentor. ○ Reviews the mentee's recorded patient/client care hours to support verification. ○ Helps ensure a well-rounded mentorship experience while distributing mentorship responsibilities.

Remote or Virtual Mentoring



Your mentor must agree to mentor you in your primary employment setting; however, you and your mentor do not have to be in the same physical location for all your interactions. The interaction required between mentor and mentee for effective mentoring can occur remotely through virtual means (telephone, video, e-mail etc.) and using the Mentorship Self-Assessment Report. However, it is important to consider that this may be more

feasible for some practice areas compared with others. For example, this might work well for speech and language disorders or aural rehabilitation-based appointments but might not work as well for other areas of practice that involve practical skills and a higher level of risk, for example intervention for swallowing or vestibular disorders. Based on this, **you are encouraged to determine with your mentor when remote mentoring will be an effective option.**

Mentors can be external to an employing organization, assuming the employer will allow this kind of arrangement. In all cases, **involvement of the employer to facilitate a remote mentorship arrangement is important.**

For remote or virtual mentorship, determine how you will meet the following requirements with your mentor and discuss your proposed plan with your employer:

- The mentorship process includes reviewing patient/client records. You will need to discuss how this can be facilitated remotely and in a secure manner with your mentor. Your employer must be informed that this is required.
- **Your mentor needs to directly observe your practice.** Mentors can observe in real time over a secure video platform as you see a patient/client, or they can review recordings of a patient/client session.
- **Patient/client consent for the mentor to observe is always required.** Your employer must be informed that direct observation of your practice from the mentor is required.
- You will need to discuss how the overall mentorship process will occur remotely in terms of connecting with your mentor on a regular basis for guidance, feedback, clinical reasoning tool (CRT) discussions, general discussion of your practice and completion of the Mentorship Assessment Report.

Leave of Absence During Mentorship



RCASLPNB will consider mentorship extensions related to a leave of absence on a case-by-case basis. If for any reason you must take a leave of absence while you are in your mentorship period, you should notify your mentor, your employer, and RCASLPNB by emailing deputy@rcaslpnb.ca. For extended leaves of absence (e.g., medical, parental), inform the office as soon as possible, including the anticipated duration of the leave.

There is a 24-month time limit for provisional registration status. RCASLPNB cannot extend your mentorship period beyond this date. If you are unable to complete your mentorship within this time frame, your provisional certificate of registration will expire, and you will be required to re-apply to RCASLPNB.

Resolving Conflicts During Mentorship



If a significant conflict occurs between you and your mentor, RCASLPNB advises that you immediately attempt to resolve the conflict directly.

Suggested Steps to Attempt to Resolve Conflict:

1. Identify and define the issues.
2. Identify common goals
3. Generate workable solutions.
4. Choose and implement the best solution.
5. Evaluate by follow-up.



If a direct attempt to resolve a conflict is ineffective and there is still no possible resolution, you and your mentor should contact RCASLPNB together, as it may be necessary to discontinue the mentorship contract. If the mentorship contract is discontinued and your employment will continue, it will be necessary for you to find a new mentor. If your employment situation changes then contact RCASLPNB to discuss the next steps.

ⁱ [How to Write Well-Defined Learning Objectives](#), J Educ Perioper Med. 2017 Oct 1;19(4):E610. eCollection 2017 Oct-Dec.

Acknowledgments

RCASLPNB acknowledges and thanks the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) for allowing RCASLPNB to adopt and adapt their Supervised Practice Plan and Evaluation Forms.

RCASLPNB acknowledges and thanks the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) for allowing RCASLPNB to adopt/adapt their Clinical Reasoning Tool, Mentorship Guidelines, Mentorship Contract, and content from the Mentorship Self-Assessment Tool.