



Competency-Based Occupational Standards (CBOS) for Speech Pathologists

Entry Level

Revised 2001

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Introduction

This document aims to set out the competency-based occupational standards (CBOS) for speech pathologists in Australia at the level of entry to the profession.

The CBOS statement was initially developed in May 1994 and due to changes in the practice of the profession in Australia and in the use of the CBOS document, was revised in 2001.

The CBOS outlines the minimum skill, knowledge base and attitudes required for entry-level practice of the profession.

Entry Level

Entry level for speech pathologists in Australia is determined to be at the point equivalent to graduation with a degree from a course in speech pathology which has been accepted by Speech Pathology Australia from an Australian university or before any employment as a speech pathologist in Australia.

Purpose of Standards Development

The main purpose of developing occupational standards is to define the level and areas of competence the public has a right to expect of an entry-level speech pathologist.

Other aims of the CBOS are:

- To inform candidates for entry to the profession (both Australian and overseas) of the standards and range of competencies that they must achieve prior to recognition as a member of the profession.
- To inform and guide the assessment and re-education of those wishing to re-enter the profession.
- To inform the profession of areas of relevant professional development.
- To inform the institutions responsible for the education of speech pathologists of the competency demanded of an entry-level speech pathologist in Australia.
- To inform employers of the range and standard of practice they can demand of an entry-level speech pathologist in Australia.

Components of the Speech Pathology Profession

The profession of speech pathology is composed of three inter-related components. These are:

The knowledge or theoretical bases established through education and study for a speech pathology qualification and maintained through ongoing professional development.

The integration and application of knowledge and occupational skills in context as described in this document.

The ethical conduct of professional practice as articulated in Speech Pathology Australia's *Code of Ethics*.

The Structure of the CBOS Statement

The CBOS statement consists of:

- The glossary for interpretation of vocabulary used in the standards.
- The Key Purpose Statement.
- The Range Indicator Statement that sets out the contexts in which an entry-level speech pathologist must achieve competency.
- The Units of Competency.
- The Elements within Units of Competency.
- Performance Criteria.
- Cues.

The Range Indicator Statement gives the range of ages and areas of practice it is demanded a speech pathologist cover. It also states the level of independence that is required for competent performance at entry level.

To be considered competent as a speech pathologist at entry level in Australia, the practitioner must be able to function in all contexts outlined in the range indicators in the CBOS statement.

The Units are broad areas of professional activity. They are not sequentially ordered and do not imply any stages or isolated steps in the process of practice. The practice of the profession is multidimensional and the numbering of the Units is for reference only.

The Elements are more specific activities carried out within the unit.

Performance Criteria have been developed in order to be able to infer whether the elements of competency are being carried out to an acceptable standard.

Cues illustrate the knowledge base, practical considerations, actions, attitudes, and some contextual features that are required as evidence that performance criteria have been achieved.

The standards have been written with the intention that assessment would be carried out by senior speech pathologists or speech pathology educators.

Use of the CBOS Statement

Developing competency standards for entry-level speech pathologists entails capturing the specificity and breadth of the profession and interpreting it in terms of performance. If only the component parts of the performance are examined, there is a danger that the complexity and subtlety of a speech pathologist's work may be lost. The standards must be taken and used as a whole.

No single unit is valid on its own. It is in the integration and application of the knowledge base, skills and attitudes outlined in all of the units that the professional performance becomes competent.

It is also inappropriate to isolate functions based solely on the units and elements of competency without regard for the performance criteria, cues and range indicators that elucidate the required performance. It is the range indicators, performance criteria and cues that truly

distinguish the activities of the speech pathologist from those of other health professionals.

Entry-Level Considerations

It is appropriate and expected that an entry-level speech pathologist will have professional supervision or mentoring as well as in-line managerial supervision. Beyond this, some areas in particular will require more direct access to more senior speech pathology input.

It is unrealistic to expect that an entry-level speech pathologist will be competent in all areas of speech pathology without access to supervision, guidance and support from a senior. This is important particularly for entry-level speech pathologists employed in isolated or remote contexts.

It is recommended that employers study the expected competency of entry-level speech pathologists carefully and consider how they provide the professional support necessary to enable newly-recognised speech pathologists to perform competently.

Glossary

This document contains words that require a definition more specific than that given in a general dictionary. Within complex professions such as speech pathology specific meanings tend to be attached to words and/or phrases that may denote something either more specific or more inclusive than the general meaning. Similarly, different sections of a profession may use a term in different ways.

Client

The term “client” includes both the singular and plural meanings of the word. It also includes client group, being group(s) of people with communication and/or swallowing issues that are to be addressed en masse or a group of people working with people with communication and/or swallowing disorders (e.g. teachers, nursing staff) and service providers.

Communication

The term “communication” is used in this document to refer as broadly as possible to human communication but excludes long distance electronic communication. It covers the specific systems of cognitive, semantic, syntactic, phonological, pragmatic, sensory (e.g. auditory), motor (e.g. articulatory) and physiological organisation used for conveying ideas from one mind to another. It includes the alternative and/or augmentative communication systems, such as electronic communication aids and sign language. It also includes all of the socialising, educational and psychological techniques and systems used by people to stay in touch with one another, including the techniques of reading, spelling and written expression.

Current literature and research

This term refers to and includes current speech pathology, educational, medical, psychological, linguistic, cultural and sociological literature and evidence-based research.

Diagnosis

The word is used here to mean the process of determining the nature of the condition and is not limited to labelling the disorder or condition. The process of diagnosis may be a continuing one throughout a period of intervention with the client or may be carried out in one session. It includes description of the status of the client’s communication and/or swallowing, and may or may not result in assigning a cause.

Goals

The term “goal” is used for the immediate and longer-term aims of the speech pathologist determined in conjunction with the client and significant others for speech pathology progress.

Negotiation

The philosophy within Australian health care and education recognises the rights of the client and/or significant other to determine the decisions that affect the client. Negotiation is the process through which this is carried out. It involves the speech pathologist clinician discussing and sharing with the client and/or significant other, the decisions that impinge on the client. It may also involve education of the client to ensure that informed decisions are made.

Rationale

A rationale is an explanation of the reasoning behind decisions made. It may involve reference to evidence from research, literature, experience, limitations and goals of the client, availability of the service, among others.

Service Provider

A service provider may be the employer, the agency or the organisation requiring the speech pathology service for the benefit of the clients.

Significant Others

The term “significant others” includes partner, parent, guardian, family, advocate, carer and any support network relevant to the client.

Swallowing

The term is to be understood in its broadest possible sense, where all parts of oral functioning are considered prerequisite for the act of swallowing and swallowing central to feeding, i.e. the intake of both food and drink. Thus saliva control, oro-facial muscle tone stimulation, feeding techniques, etc. are all considered part of swallowing as used in this document.

Key Purpose Statement

The speech pathology profession recognises the rights of individuals to possess an effective form of communication and swallowing and the need for efficient and effective service provision.

Speech pathologists undertake to provide a high quality service to individuals, service providers and the community and to maximise these functions through assessment and identification, intervention, appropriate liaison, management, advocacy, community education and research.

Range Indicator Statement

1. At any time, an entry-level speech pathologist in Australia must be able to demonstrate competence in any unit in:
 - paediatric speech pathology practice, and
 - adult speech pathology practicein the areas of:
 - speech
 - language
 - swallowing
 - voice, and
 - fluencywith both developmental and acquired speech pathology disorders.
2. Speech pathologists at entry level are not required to demonstrate full competence in areas involving clients in whom a number of features combine to create complexity. These features may involve, for example:
 - the client's age, cultural background, disorder type, and/or its aetiology
 - the workplace setting.
3. Where a client presents with multiple features that combine to require specialist speech pathology intervention, it is essential to have supervision by a senior speech pathologist. Some examples of such combinations of features are:
 - neonatal feeding problems
 - dysphagia in an intensive care ward involving tracheostomy management
 - an organisational service model in conflict with the client's culture
 - multiple impairment
 - rare aetiologies
 - a paediatric client involved in a medico-legal claim
 - designing, setting up or redesigning services.

General Practice Principles

In all work practices and decision making, the speech pathologist must consider such features as the:

- cultural and social background of the client
- educational status
- linguistic status
- impairment/activity limitations/participation restrictions (see current version of World Health Organisation, International Committee on Impairment, Disability and Handicap definitions)
- cognitive status
- physical status
- emotional status
- client's significant others
- preferred form of communication (e.g. alternative and/or augmentative communication)
- other professionals involved
- context of the provision of service.

The behaviour and decisions of the speech pathologist must be adapted to facilitate and in no way prejudice the maximisation of the client's communication and swallowing functions and must strictly adhere to Speech Pathology Australia's *Code of Ethics*.

Unit 1

Assessment

In assessment, the speech pathologist establishes the communication and/or swallowing condition and issues of the client.

The speech pathologist must take into consideration all factors relevant to the client such as:

- the client's significant others
- the speech pathology service provider and its context for practice
- team colleagues and professional networks
- referral sources
- the relevant legislation e.g. anti-discrimination, occupational health and safety, privacy and freedom of information.

As far as practicable, the speech pathologist must involve the client in any decision-making processes.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 1.1

Establishes and documents the presenting communication and/or swallowing condition and issues; identifies the significant other people in the client's life and collates information on the client.

Performance Criteria

- a) The client's perceptions and description of the communication and/or swallowing issues are obtained.
- b) The impact of the communication and/or swallowing condition is established in relation to the client and significant others.
- c) The referring agency's desired outcome is established in relation to the nature of the communication and/or swallowing condition to be addressed with the client.
- d) The client's communication and/or swallowing condition is discussed in a sensitive and empathic manner with the client and the client's significant others using appropriate interview techniques.

Cues:

Examples of appropriate interviewing processes are:

- *development of rapport*
- *direct questioning*
- *reflective questioning*
- *responsive questioning*
- *questionnaire*
- *response to verbal and non-verbal indicators*
- *interactive, dynamic listening and attending.*

- e) Information required for the speech pathology clinical reasoning, decision-making and management is obtained through data collection and interpretation.
Examples of types of information which may be required are:
 - *biographical*
 - *social, cultural, religious and linguistic (obtained from client or significant other)*
 - *medical*
 - *psychological (including cognitive and psycho-emotional)*
 - *behavioural, developmental, activity limitations/participation restrictions*
 - *educational and vocational*
 - *contextual e.g. service provider's context such as pre-school, aged care facilities*
 - *legislative (e.g. anti-discrimination, food handling, child abuse, aged care facilities, occupational health and safety).*

In addition to reported information, other information may be obtained such as:

- *pragmatic skills of the interviewee*
- *the value placed on communication and/or swallowing skills*
- *cultural attitudes towards language disability, healing or remediation held by the client, or their support system.*

- f) The client's goals and life circumstances are obtained and documented. Speech pathology service options for achieving the goals are discussed with the client, their nominated significant other and where necessary, the service provider.

Cues:

Examples of situations where consultation with the service provider are appropriate are:

- *new service delivery option being considered*
 - *consideration of an option which has resource implications.*
- g) Any requirement or potential need for other support for the client, such as counselling or respite, is noted and steps are taken toward fulfilling the need.
 - h) The client's consent is obtained to carry out the speech pathology intervention.
 - i) Information gathered is not released without the informed consent of the client, guardian or support person, and every effort is made to maintain confidentiality at all times in accordance with Speech Pathology Australia's *Code of Ethics* and freedom of information and privacy legislation.
 - j) Information is recorded accurately, relevantly, systematically, in the English language, and according to speech pathology and the service provider's requirements.

Element 1.2

Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.

Performance Criteria

a) The need for the assessment of the client's communication and/or swallowing is established in relation to the referral.

Cues:

Examples of referral are:

- *an individual referral from a client, parent, teacher or doctor*
- *a consultative referral concerning a broad client group, e.g. teachers, nurses.*

b) Priorities for assessment are set in conjunction with the client. Referral to other agencies is made in accordance with the interpretation of the client's needs, with due regard for the client's priorities and circumstances.

Cues:

The speech pathologist is able to justify the priorities with reference to:

- *the client's communication and/or swallowing condition, cultural background and life circumstances*
- *service delivery models and quality processes used by the service provider*
- *critical evaluation of current literature and research.*

c) Communication and/or swallowing assessment procedures and tools selected are appropriate to the client's needs, abilities and cultural background.

Cues:

Examples of assessment procedures and tools are:

- *standardised tests*
- *augmentative communication protocols*
- *self report scales*
- *hearing screening*
- *language samples*
- *phonological samples*
- *voice, video and digital recordings*
- *audiometric testings*
- *fluency ratings*
- *physical and functional examination of oral, pharyngeal, laryngeal, oesophageal, aural and/or nasal areas*
- *examination of respiratory, auditory, phonatory and articulatory systems.*

d) The speech pathologist is able to justify the choice of assessment procedures and tools with reference to:

- *the client's communication and/or swallowing history*

- *critical evaluation of current literature and research*
- *availability of procedures and tools.*

e) Discussion of the client and their issues is held with relevant members of the professional team where appropriate.

Cues:

Examples of professional team members are:

- *teachers*
- *general medical practitioners*
- *social workers*
- *occupational therapists.*

f) Referral is made to speech pathologists and other professionals with additional expertise to undertake those procedures for which the clinician is untrained or for which the clinic is not resourced.

Cues:

Examples of procedures for which referral may be made are:

- *videofluoroscopy*
- *manometry*
- *nasendoscopy*
- *audiometric testing*
- *sizing a voice prosthesis*
- *electronic alternative and/or augmentative communication.*

Element 1.3

Administers speech pathology assessment relevant to the communication and/or swallowing information required.

Performance Criteria

a) The speech pathology assessments are conducted in a manner that is sensitive to the client's cultural and social background, and in accordance with speech pathology standard practices and the requirements of the service provider.

Cues:

The speech pathologist shows awareness and understanding of the:

- *client's use of languages other than English*
- *client's use of English as a second language*
- *background and culture of the client*
- *cultural appropriateness (or otherwise) of the test. (This is recognised and accounted for in the administration and interpretation of results.)*
- *behavioural or disability barriers to the client's capacity to articulate their needs*
- *full range of nonverbal communication behaviours that clients may use*
- *possible need for a client advocate*
- *the possible need for counselling and support for the client.*

The speech pathologist offers and, if required and

possible, arranges:

- a qualified interpreter service
- a client advocate
- counselling for the client, their family and/or significant other
- full diagnostic hearing evaluation.

- b) Steps are taken to ensure the safety and/or comfort of the client.
- c) The speech pathologist shows an understanding of, and ability to carry out, formal administration of both normed tests and non-normed assessment procedures.

Cues:

Examples of non-normed assessment procedures are:

- language sample discourse analyses
- speech sample phonological analyses
- hearing screening and scales.

Examples of standard procedures for formal test administration are:

- selecting the appropriate sections of tests
- using the specified speed, method and order of presentation of items
- using the specified method of recording responses
- providing the specified form of feedback during the test administration
- using the specified stimulus for the items
- restricting the repeats to the specified number.

- d) The speech pathologist recognises when standard procedures have been used and can justify any nonstandard use of procedures or materials.
- e) The speech pathologist ensures that information obtained is recorded objectively, effectively, accurately, and as required by the service provider.

Reference to a supervising or senior speech pathologist for guidance is appropriate.

- b) When requested by the service provider, documentation of the client's speech pathology and therapy history are supplied for legal purposes.
- c) Consent is obtained from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's *Code of Ethics* and any applicable freedom of information and/or privacy legislation.

Element 1.4

Undertakes assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

- a) Ethical guidelines are understood as outlined in Speech Pathology Australia's *Code of Ethics*, and there is an awareness of current and relevant legislation impacting on speech pathology assessment.

Cues:

Examples of relevant legislation are:

- freedom of information
- equal opportunity and anti-discrimination
- laws of negligence
- power of attorney
- disability services
- notification of child abuse
- occupational health and safety
- copyright laws.

Unit 2

Analysis and Interpretation

The interpretation and analysis of clients' communication and/or swallowing issues must demonstrate current clinical reasoning approaches and relevant evidence based analysis. Causal and maintenance factors related to the communication and/or swallowing issues must be identified for diagnosis and projected outcomes.

All current assessment methodologies must be used in an exact and professional manner to identify gaps in the information of the communication and swallowing condition of the client.

The client must be involved in the decision making process and in the planning and formulation of the strategies concerning the communication and/or swallowing issues.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 2.1

Analyses and interprets speech pathology assessment data.

Performance Criteria

- a) Assessment data are analysed and results are collated and recorded and interpreted in the light of normative or other research-based data and/or test or analysis guidelines.

Cues:

The speech pathologist is able to give the rationale for interpretation based on:

- critical appraisal of current literature and research and demonstrated knowledge of research principles and statistics
 - test information
 - consideration of the environmental factors that may have influenced the results of testing.
- b) An understanding of the client's communication and/or swallowing condition is established.
- c) The results of the speech pathology assessments are integrated into, and used to inform, the planning and development of intervention strategies concerning the communication and/or swallowing.

Element 2.2

Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill those gaps.

Performance Criteria

- a) Gaps are identified through careful perusal of existing data, and methods for seeking further information are determined, taking into consideration all confidentiality guidelines and obtaining permission (where necessary).

Cues:

Examples of methods for augmenting information are:

- further speech pathology assessment (using knowledge and skills outlined in Unit 1)
- reference to the original referral source
- literature review
- communication and/or swallowing conferences
- reference to a supervising or senior speech pathologist
- referral to other professionals
- consultation with the client and their significant others
- seeking professional advice on cultural and language issues.

Element 2.3

Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.

Performance Criteria

- a) Communication and/or swallowing history data are integrated with analysed assessment results and an interpretation of the client's communication and swallowing issues is made.
- b) The diagnosis and/or basis of the client's communication and/or swallowing condition is established through integration of case history and assessment data using the initial assessment and, if necessary, ongoing collection of data during intervention.
- c) A projection of the possible outcomes of the communication and/or swallowing condition is made.
- d) The speech pathologist is able to justify the interpretation of the issues, the diagnosis and/or basis of the communication and/or swallowing condition of the client, the strategies for intervention and the projected outcomes for the client.
- e) The interpretation of the issues, the diagnosis and/or basis of the communication and/or swallowing condition of the client, the strategies for intervention and the projected outcomes for the client are documented in accordance with the service provider's

policies.

Element 2.4

Reports on analysis and interpretation.

Performance Criteria

- a) Reports on the analysed and interpreted assessment are written. Clinical reasoning, diagnosis and/or interpretation of the issues, integration and interpretation of assessment results, intervention planning and projected outcomes are evident in the report.

Cue:

In an educational setting this may involve an interpretation of the potential educational outcomes for the client.

- b) Evidence to support the report recommendations and conclusions are presented.
- c) Input and advice of other team members and colleagues associated with the client are integrated in the report.
- d) A style of report writing that is reader-friendly and in accordance with the service provider's policies and quality management guidelines is used.
- e) Consent is obtained from the client and/or significant other, facility or service provider for reports to be sent to any other person or service provider.
- f) The report is legible, written in English, signed and dated, and in the format required by the service provider's policies. Qualified sign and language interpreters are used to interpret, translate and/or present the report when necessary.

Cue:

Computer technology is used to produce the report.

- g) Confidentiality guidelines are applied and, with consent, the reports are sent to appropriate personnel involved with the client.

Cues:

Examples of appropriate personnel are:

- *the referral source*
- *those to whom the client is being referred*
- *others agreed upon with the client, e.g. other professional team members, teacher, school principal, employer.*

Element 2.5

Provides feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discusses management.

Performance Criteria

- a) The participants to be included in feedback are determined; feedback is given in a written and/or oral form, using all means to enhance communication, and using language modified according to the client's background.
- b) In consultation with the client and/or significant others and the original referral source, referrals are made for further assessment or intervention.
- c) With the necessary consent, the results of the assessment are conveyed to the referral source.
- d) Intervention options presented take into account the client's assessed communication and swallowing condition and general situation. The decision as to the most appropriate option is taken in consultation with the client and/or significant other.

Cues:

Examples of management options are:

- *education of parents, carers and/or significant others in prevention and/or treatment of communication and/or swallowing problems*
- *a home program of speech pathology intervention*
- *a speech pathology program within an educational or institutional (e.g. nursing home) setting*
- *speech pathology intervention contracts*
- *individual or group speech pathology intervention carried out by the speech pathologist*
- *individual or group speech pathology intervention planned and supervised by the speech pathologist and carried out by a speech pathology assistant*
- *curriculum adaptation involving adjustment of levels of language used*
- *referral of the client's family or carers to a support group*
- *monitoring "at-risk" clients through review*
- *no further action.*

The speech pathologist is able to justify the choice of options with reference to:

- *critical evaluation of current literature and research*
- *the client's status and background.*

Unit 3

Planning of Speech Pathology Intervention

Clinical reasoning and the development of evidence to support all recommendations and decisions made by the speech pathologist are fundamental to the practice of speech pathology.

The client's motivations and goals are paramount and the participation of both the client and significant others in the planning and management of the outcomes of the intervention is essential.

The speech pathologist negotiates intervention strategies with the client that will lead to the best outcomes for the client in relation to the assessed communication and/or swallowing issues.

The core business of the service provider or employing organisation will have an impact on the type of intervention used by the speech pathologist.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 3.1

Uses integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing issues, and/or the service provider's goals to plan speech pathology intervention.

Performance Criteria

- a) Reports and information from other relevant fields are sought, and understood by the speech pathologist in terms of their relevance to the client.

Cues:

Examples of relevant fields are:

- *alternative and/or augmentative communication*
- *audiology*
- *literacy*
- *genetics*
- *neurology*
- *psychology*
- *medicine*
- *pharmacy*
- *psychiatry*
- *gerontology*
- *autistic spectrum disorder*
- *intellectual impairment.*

- b) Qualitative and quantitative information about the client and the communication and/or swallowing status is integrated with the speech pathology knowledge base to choose a range of possible

intervention strategies.

Cues:

The speech pathologist is able to give a rationale for decisions made with reference to:

- *the client's communication/swallowing history*
- *the critical appraisal of evidence in current literature and research*
- *clinical reasoning.*

Examples of the information that may be included:

- *the client's communication and/or swallowing history*
- *the results of the assessment of the client's communication and/or swallowing issues (as determined using skills and knowledge outlined in Units 1 and 2)*
- *reports from other professionals, e.g. audiological, neuropsychological, radiological and/or medical results*
- *reports from speech pathologists with additional expertise in the area, e.g. videofluoroscopy results*
- *reports from family or significant others*
- *results of observation of the client in relevant environments*
- *the stated needs and goals of support personnel e.g. teachers and nursing staff*
- *identification and evaluation of the functioning of devices or equipment such as electronic communication aids, hearing aids and cochlear implants.*

- c) The need for augmentative and/or alternative systems of communication is identified and the choice of system is determined after consultation with the client and/or significant other and with speech pathologists or other professionals experienced in the provision of such systems.

Cues:

The speech pathologist is able to justify decisions through clinical reasoning made with reference to:

- *the results of the assessment of the client's communication and/or swallowing condition (as determined using skills and knowledge outlined in Units 1 and 2)*
- *the current range, levels and types of augmentative and/or alternative communication systems*
- *critical evaluation of current literature and research*
- *the service provider's policies and quality management processes*
- *issues of access and equity.*

- d) The need for an alternative or supplementary method of feeding is identified, and a collaborative decision as to the type of feeding method is made after consultation with the client and/or their significant other, the relevant medical, allied health and other professional staff, and speech pathologists experienced in swallowing disorders.

Cues:

Oro-motor issues and mealtime management strategies are taken into consideration in decision making.

The speech pathologist is able to justify decisions made with reference to:

- *the results of the assessment and identification of the client's communication and swallowing status (as determined using skills and knowledge outlined in Units 1 and 2)*
- *the critical evaluation of evidence in current literature and research*
- *the service provider's policies and quality management guidelines*
- *Speech Pathology Australia's Code of Ethics*
- *any relevant legislation.*

Element 3.2

Seeks additional information required to plan speech pathology intervention.

Performance Criteria

- a) Gaps in the information are identified and methods for seeking further information are determined, taking into consideration privacy guidelines.

Cues:

Examples of methods for augmenting information are:

- *further speech pathology assessment (using skills and information acquired and as outlined in Units 1 and 2)*
- *critical appraisal of current literature and research*
- *investigation of cultural issues*
- *case conferences/school meetings*
- *reference to a senior or supervising speech pathologist and/or experienced speech pathology colleagues*
- *referral to other professionals*
- *consultation with client and/or family or significant other.*

- b) Communication and/or swallowing history information and assessment data are augmented and integrated using the knowledge and skills outlined in Units 1 and 2.

Element 3.3

Discusses long-term outcomes and decides, in consultation with client, whether or not speech pathology strategies are appropriate and/or required.

Performance Criteria

- a) When possible, a meeting of key people involved with the client is attended or convened, to provide feedback on the speech pathology interpretation and intervention options (see Unit 2, Element 2.5) taking into consideration the client's communication status

and the need for qualified interpreters and/or client advocates.

Cues:

Examples of people who may be involved are:

- *the client and/or carer, guardian, family or partner*
- *other professionals or specialists*
- *members of the speech pathologists professional team involved with the client*
- *qualified interpreter*
- *client advocate.*

- b) Consent is obtained from the client and/or significant other to share information about the client with other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's *Code of Ethics* and any applicable freedom of information and privacy legislation.
- c) Collaborative decisions are made between the speech pathologist and the client to determine the need for speech pathology intervention. When speech pathology intervention is required, the level and nature of support required and available is determined in consultation with the client's significant others.

Cues:

Examples of the client's significant others may be:

- *parents or guardians*
- *partner and/or other family*
- *friends and/or neighbours*
- *other professionals, agencies or schools*
- *service provider*
- *support groups*
- *employers and/or educators*
- *advocates.*

Examples of intervention strategies or options are:

- *education of parents, carers and/or significant others in prevention and/or treatment of communication and/or swallowing status*
- *a home program of speech pathology intervention*
- *a speech pathology program within an educational or institutional (e.g. nursing home) setting*
- *speech pathology engagement contracts*
- *individual or group speech pathology intervention carried out by the speech pathologist*
- *individual or group speech pathology intervention planned and supervised by the speech pathologist and carried out by a speech pathology assistant*
- *process adaptation involving adjustment of levels of language used*
- *referral of family or carers to a support group*
- *monitoring at-risk clients through review*
- *shared classroom program with teacher*
- *no further action.*

- d) When speech pathology intervention is not required, the service provider's policies and quality management guidelines for discharge are followed.

Cues:

Examples of procedures for discharge are:

- discharge reports
- notification of decision to referral source
- documentation of discharge on client's and statistical records.

The speech pathologist is able to justify decisions in accordance with:

- the critical evaluation of current literature and research
- demonstrating the clinical reasoning that led to the conclusion
- the service provider's policies and quality management guidelines.

Element 3.4

Selects speech pathology program or intervention in conjunction with the client and significant others.

Performance Criteria

- a) A variety of speech pathology programs is considered using clinical and theoretical knowledge to decide on efficient and effective intervention.
- b) The speech pathology program is designed and selected on the basis of the assessment and identification of the client's communication and/or swallowing status (as determined using Units 1 and 2). The age and interests, communication environment of the client, financial constraints, and the organisational budget constraints and staff availability are considered. Equipment and resources are selected according to their availability, the client's background, life circumstances, abilities, needs and goals.

Cue:

Sources of equipment and resources are known. Reference to a senior or other experienced speech pathologist for assistance is appropriate.

- c) The speech pathologist is able to justify the choice of intervention according to:
 - the results of the assessment and interpretation of the client's communication and/or swallowing status (as determined in Units 1 and 2)
 - critical appraisal of current literature and research
 - the client's culture, goals, motivations, abilities, capacities
 - the service provider's goals, policies and quality management processes
 - the context of service delivery.

Element 3.5

Establishes goals for intervention.

Performance Criteria

- a) The identified communication and/or swallowing condition, the projected outcomes, client motivation and intervention of other professionals are integrated to come to an agreement with the client and/or significant other on the goals of intervention.

Cue:

Reference to a senior or supervising speech pathologist for assistance is appropriate.

- b) Methods for measuring for outcomes are established and used.

Cue:

Evidence of the method of measurement is recorded and the speech pathologist can justify use of the method with reference to the current literature and research.

- c) Goals or procedures used are regularly reviewed or adjusted in the light of expected and measured outcomes.

Element 3.6

Defines roles and responsibilities for the management of the client's swallowing and/or communication condition and issues.

Performance Criteria

- a) An agreement on roles and responsibilities is negotiated between the speech pathologist, client, significant others and/or other relevant service providers. Options to renegotiate the terms of the agreement are maintained.

Cues:

Examples of significant others involved may be:

- relatives, partners or guardians
- team members or other professionals
- qualified interpreters
- teachers
- advocates and speech pathology assistants.

- b) The extent and limitations of the negotiated roles of the speech pathologist, client and other professionals are recognised and acknowledged.

Cue:

Requesting guidance from a senior or supervising speech pathologist is appropriate.

- c) Referral is made to senior or supervising speech pathologists to undertake those approaches and procedures with which the clinician is unfamiliar.

Cues:

Examples of approaches and procedures that may require specific training are:

- specific speech and language programs
- an alternative and/or augmentative communication system
- a specific sign system
- videofluoroscopy
- nasometry
- tracheo-oesophageal puncture management
- tracheostomy management.

- d) Every effort is made to ensure patient’s safety and wellbeing, including arranging the presence of the necessary support personnel and equipment.

Cues:

Examples of support personnel are:

- an employee trained in suctioning a patient
- an employee trained in resuscitation techniques
- an employee trained in lifting or physically supporting the client
- a senior or supervising speech pathologist
- medical personnel
- a classroom teacher.

Element 3.7

Documents speech pathology intervention plans, goals, outcomes, decisions and discharge.

Performance Criteria

- a) Plans for intervention, therapy goals, measurement of outcomes and the rationale for decisions are documented in speech pathology client records and/or the service provider’s general records, in English, and in accordance with the service provider’s policy and quality management guidelines.
- b) On discharge, or when speech pathology intervention is not indicated, the service provider’s policies and quality management guidelines for documenting discharge are followed.
- c) Consent is obtained from the client or guardian for information to be released to any person, in accordance with Speech Pathology Australia’s *Code of Ethics*.

Unit 4

Speech Pathology Intervention

The implementation of the speech pathology strategies shall be in accordance with:

- critical appraisal of current literature and research
- demonstrated evidence or recommended guidelines
- Speech Pathology Australia’s *Code of Ethics*
- the service provider’s quality management processes
- any legal and/or professional “duty of care” responsibility relevant to the client.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 4.1

Establishes rapport and facilitates participation in the speech pathology intervention program.

Performance Criteria

- a) Awareness of the total functioning of the client is evident. Activities are adapted in line with the client’s functional limitations, the availability of resources, and the service providers’ policies to ensure maximum progress. Every endeavour is made to ensure that the language of intervention is culturally appropriate.

Cues:

Examples of the features involved in the total functioning of the client are:

- the physical, emotional, cognitive and psychological status at the time of direct contact
 - the social, cultural, medical, economic and educational history and status
 - the environment in which the client participates and is situated.
- b) A working relationship with the client is developed, based on respect and recognition of salient abilities and limitations of the individuals involved. Assistance with the behaviour management of clients is sought where necessary.
 - c) The client’s and/or partner’s and/or family’s need for counselling is identified, and responded to and referral to specialist professionals is provided when necessary.

Element 4.2

Implements speech pathology intervention program based on speech pathology assessment, interpretation and planning (see Units 1, 2, and 3).

Performance Criteria

- a) Negotiated and planned speech pathology intervention, agreed goals and appropriate service delivery models are used.
- b) Effective therapy skills and techniques that are contingent upon the context of the service delivery are used. Service delivery contexts will vary considerably and may determine the mode of intervention.

Cues:

The speech pathologist is able to justify decisions in accordance with:

- *the critical appraisal of current literature and research demonstrating the clinical reasoning that led to the conclusion*
 - *the service provider's policies and quality management guidelines.*
- c) Continuous monitoring is evident, and flexibility and adaptability are shown by the use of modifications that are dependent upon the performance of the client.
 - d) When working directly with a client, the following are demonstrated by the speech pathologist:
 - recognised behaviour-change techniques, e.g. effective timing, reinforcement
 - modification of the intervention according to the client's success or failure
 - clear explanations of tasks
 - use of feedback and reinforcement that are specific to the client and address the client's learning needs
 - obtaining, selecting and the use of materials appropriate to the client's age, disorder, learning style, interests and focus
 - monitoring and measurement of outcomes
 - planning for future intervention (independently or as part of a team), e.g. prioritising, time planning, resolving interpersonal conflict.
 - e) Whenever possible, speech pathology intervention is integrated as part of the total team management of the client.
 - f) Consultation with significant others and other professionals involved in the speech pathology program is developed and initiated where necessary. Additional information, feedback and support are sought and obtained from community support groups and other professionals.

Cues:

Examples of community support groups are:

- *Speakeasy*
- *Lost Cord Clubs and laryngectomy associations*
- *Headway*

- *Cleft Pals*
- *Down syndrome associations.*

- g) The speech pathologist is able to justify decisions made about the speech pathology intervention program with reference to the client's case history and background and critical appraisal of the evidence in current literature and research.
- h) Every effort is made to ensure the client's safety and comfort at all times.

Element 4.3

Undertakes continuing evaluation of speech pathology intervention and modifies intervention program as necessary.

Performance Criteria

- a) A continuing review process and timeframe for maintenance of high-quality speech pathology intervention through evaluation of outcomes is selected and implemented.

Cues:

The speech pathologist is able to demonstrate that consideration has been given to such things as:

- *the speech pathology knowledge base*
 - *critical appraisal of the evidence in current literature and research*
 - *data on the client*
 - *caseload demands*
 - *expected and measured outcomes*
 - *availability of speech pathology personnel*
 - *the service provider's policies.*
- b) The speech pathologist is able to demonstrate that the intervention program has been examined to decide whether or not the previously negotiated program has been followed.
 - c) The outcome of any reviews and recommendations are communicated to the client, their significant other, and to other professionals, within the constraints of client confidentiality.
 - d) The speech pathology intervention goals and program are modified according to the outcomes measured.

Cues:

The speech pathologist is able to demonstrate modification of intervention and justify the decisions made with reference to:

- *critical appraisal of current literature and research*
 - *the needs of the client, service provider, and/or caseload*
 - *consideration of cultural, linguistic, ability, age, and lifestyle of the client.*
- e) New goals are negotiated with the client and significant others, and recommendations and requests for program adjustments are made to other professionals involved with the client.

Cues:

Refer to Unit 3, Element 3.6

Element 4.4

Documents progress and changes in speech pathology intervention.

Performance Criteria

- a) Objective qualitative and quantitative progress notes, including reviews, recommendations and measured outcomes, are kept, and any variation from the negotiated speech pathology program and the rationale for change is documented.
- b) Reports on progress in speech pathology intervention are written and sent in accordance with the service provider's policies and quality management guidelines.

Element 4.5

Undertakes management and implementation within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

- a) Ethical guidelines are understood as outlined in Speech Pathology Australia's *Code of Ethics*, and there is an awareness of current and relevant legislation impacting on speech pathology practice.

Cues:

Examples of relevant legislation are:

- *freedom of information*
- *privacy legislation*
- *equal opportunity and anti-discrimination*
- *laws of negligence*
- *power of attorney*
- *disability services*
- *notification of child abuse*
- *occupational health and safety*
- *copyright laws.*

Reference to a supervising or senior speech pathologist for guidance is appropriate.

- b) When requested by the service provider, documentation of the client's speech pathology and therapy history are supplied for legal purposes.
- c) Consent is obtained from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's *Code of Ethics* and any applicable freedom of information legislation.

Unit 5

Planning, Maintaining and Delivering Speech Pathology Services

It is recognised that a proportion of the entry-level speech pathologist's time may be spent in the management aspects of the service. Basic managerial skills are therefore expected of the entry-level speech pathologist. Support from a senior or supervising speech pathologist and the service provider's managerial staff will be required.

It is not considered appropriate for an entry-level speech pathologist to manage a speech pathology service single-handedly. Employers need to be aware of the need to provide managerial as well as professional support for entry-level speech pathologists.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 5.1

Responds to service provider's policies.

Performance Criteria

- a) A supervising or senior speech pathologist is consulted for interpretation of relevant government legislation and workplace policies, and their implications for speech pathology.

Cues:

Examples of policies and procedures are:

- *policies on internet use*
- *equity and equal opportunity policies*
- *occupational health and safety regulations*
- *freedom of information legislation*
- *procedures related to confidentiality and privacy*
- *quality management policy*
- *caseload management policy*
- *procedures for dealing with medical and/or educational records*
- *incident reports*
- *funding policies*
- *client's entitlements*
- *grievance policies*
- *appeals and review mechanisms.*

- b) Perceived discrepancies between workplace policies and procedures and ethical behaviour are referred to a supervising or senior speech pathologist for discussion.

- c) Awareness is shown of the role, duties and responsibilities of the speech pathologist within the service provider's organisation.

Element 5.2

Uses and maintains an efficient information management system.

Performance Criteria

- a) Efficient systems of records are maintained, consistent with organisational requirements, for the purposes of service delivery, planning, accountability, monitoring client status, and ensuring a high quality of service.

Cues:

Examples of records are:

- client information databases
- service statistics
- equipment inventories
- interactive data systems.

- b) Quality management and continuous improvement principles are applied.

- the existing caseload
- the potential caseload
- resources
- the service provider's policies
- critical evaluation of current literature and research and evidence based practice.

Examples of service delivery models are:

- curriculum adaptation
- individual one-to-one therapy with a speech pathologist on a specified regime for a specified period
- group therapy programs with a speech pathologist, with or without a speech pathology assistant
- specific programs for other professionals or speech pathology assistants to carry out
- shared therapy sessions with other professionals
- education programs for significant others to enable them to carry out a speech pathology therapy program
- education of community, e.g. support group members
- education programs on preventative measures.

The speech pathologist accesses documentation on:

- policies and strategies of caseload management
- service objectives
- review and evaluation of the service model
- explicit admission, review and discharge criteria.

Element 5.3

Uses service provider's electronic systems.

Performance Criteria

- a) A capacity to use electronic data collection, record-keeping, the internet and other relevant programs is demonstrated.

Element 5.5

Updates, acquires and/or develops resources.

Performance Criteria

- a) Resources are selected and critically reviewed, using current speech pathology knowledge and showing awareness of current and potential caseload demands. Copyright is observed, and sensitivity to cultural issues is demonstrated.
- b) Local procedures to access resources are identified. Knowledge of where or with whom resources are held on site is developed.

Cues:

Local procedures and knowledge may include:

- budgetary processes
- service and product suppliers
- mechanisms for obtaining resources or funding
- awareness of service groups that are willing to assist
- use of communication and information technologies
- knowledge in new instrumentation technologies
- library access.

- c) The need for an inventory of resources and for the maintenance of resources in good working order is recognised.

Element 5.4

Manages workload.

Performance Criteria

- a) Current information about client needs (as obtained in accordance with Units 1, 2, 3 and 4), the speech pathology service, and research findings are integrated with the knowledge of the objectives and context of the speech pathology service.
- b) Prioritisation of work tasks is carried out on the basis of the needs of the service provider, client and professional team and Speech Pathology Australia's *Code of Ethics*.
- c) Time is managed effectively. This is demonstrated by efficient organisation of caseload, an understanding of the timeframe required for administration and client-related tasks, and adherence to negotiated timetables. Timetables are reviewed regularly.
- d) Awareness of a variety of service delivery models is evident, and selection and implementation of specific models is undertaken. This must be done under the guidance of the supervising speech pathologist. Models are regularly reviewed and evaluated.

Cues:

The speech pathologist is able to justify the choice of delivery model with reference to, for example:

Element 5.6

Consults and coordinates with professional groups and services.

Performance Criteria

- a) Communication is sought with the service provider's professional and managerial sections. Information on client population and/or service is shared within the guidelines of confidentiality.

Cue:

The speech pathologist knows how to access senior members or the contact person within each section.

- b) Coordination between speech pathology services and those of other professionals is sought. If any problems are identified, these are addressed with the assistance of the supervisor or senior speech pathologist, using consultation, cooperation and consensus.
- c) Professional networks are identified and used for support in establishing and maintaining service delivery.

Cues:

Examples of professional networks are:

- on-site professional colleagues
- Speech Pathology Australia Mentoring Program
- external professional contacts with colleagues.

Element 5.7

Demonstrates adherence to professionally accepted scientific principles in work practices.

Performance Criteria

- a) Scientific principles are used routinely in case assessment and evaluation of intervention.

Cues:

Examples of scientific principles are:

- determining and testing hypothesis
- collecting data systematically and thoroughly (e.g. measuring outcomes)
- using action research.

- b) Evidence from literature and research is evaluated critically using knowledge of research methods and statistics.

Element 5.8

Collaborates in research initiated and/or supported by others.

Performance Criteria

- a) Use of accepted research principles is demonstrated in research initiated and/or supported by others, within the guidelines of the service provider's policy.
- b) An understanding of a range of research methods relevant to speech pathology is demonstrated in appraisal of literature and others' research.

Element 5.9

Participates in evaluation of speech pathology services.

Performance Criteria

- a) Participation in evaluation procedures is demonstrated in accordance with service provider's policies and procedures.

Cues:

Examples of evaluation procedures are:

- organisational review
- external reviews such as accreditation procedures
- quality programs.

Unit 6

Professional, Group and Community Education

The speech pathology profession has an important role and responsibility in taking speech pathology issues into a wider societal and practice framework.

This involves the positioning of the profession within population-based prevention, educational and promotion frameworks, developing integrated models for professional practice, and formulating cross-professional relationships and team-based approaches within these frameworks for addressing issues with a broader impact.

The profession acknowledges that these frameworks apply to many different and growing community contexts for practice including health, disability, education and aged care.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 6.1

Identifies the practice of speech pathology in a range of community contexts.

Performance Criteria

- a) An understanding of the relationship of speech pathology to a variety of community contexts is demonstrated.

Cues:

For example the speech pathologist is aware of:

- *the necessity for a focus on educational outcomes in educational contexts*
- *specific disability legislation and its relation to speech pathology in disability contexts*
- *the impact of medications on the communication and swallowing disorders of the client whether in an educational, medical or other context*
- *the role of auxiliary staff in mealtime management in nursing homes and other institutions.*

Element 6.2

Develops, contributes to, and maintains professional and team based relationships in practice contexts.

Performance Criteria

- a) Professional relationships are developed with colleagues, supervisors and support staff relevant to the context and the issues being addressed.
- b) Team networking skills are used to develop an understanding of the broader contextual issues in relationship to speech pathology practice.

Element 6.3

Undertakes preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.

Performance Criteria

- a) Preventative, educational and/or promotional issues are investigated and identified.

Cues:

Target groups are identified. Examples of target groups and needs are:

- *professionals and clients requiring specific information about speech pathology issues for different populations*
- *professionals requiring general speech pathology information*
- *community and/or consumer groups e.g.:*
 - *parents within a school or district community*
 - *aged care facilities or elderly people within a community or district*
 - *disability organisations within a community*
 - *hospitals or district hospitals requiring current information on speech pathology issues and management*
 - *different social, cultural and/or ethnic groups*
 - *the general public.*

- b) Consultation with service providers and target groups is undertaken.

- c) The goals, form and range of the preventative, educational and/or promotional projects or programs are negotiated, priorities are set, and projected outcomes and evaluation methods are determined.

- d) Projects or programs are designed, taking into account a variety of strategies, media, information and communication technologies and materials, and the requirements of the target population.

Cues:

Examples of the requirements of the target population are:

- *differing learning styles and abilities*
- *geographic, cultural, linguistic and religious backgrounds*
- *age, interests, relationships and responsibilities*
- *access to communication infrastructures and systems.*

Examples of strategies, media and materials are:

- *lecture or formal address*
- *seminar, tutorial, or workshop presentation*
- *informal talk*
- *distribution of culturally appropriate information materials*
- *use of ethnic media*
- *use of electronic communication technologies*
- *public displays of materials and information*
- *co-working with other staff or professionals in presentation.*

- e) Negotiated programs or projects are implemented.

Cues:

- *the speech pathologist trials or rehearses presentation, program and/or materials and equipment*
- *high quality resources are used*
- *evaluation is conducted as negotiated*
- *outcomes are measured against the goals, using predetermined evaluation instruments.*

- f) Results are analysed and documented and reports are provided to relevant parties.

Element 6.4

Demonstrates an understanding of principles and practices of clinical education.

Performance Criteria

- a) Students are provided with an appropriate role model by the speech pathologist, who may discuss client observations, intervention, caseload management, theoretical and broader speech pathology issues with them (taking into account issues of confidentiality), and guide them in their search for further knowledge.

Cues:

Examples of students are:

- *speech pathology student*
- *other allied health students*
- *work experience students.*

Note: Supervision and evaluation of speech pathology students in clinical practice is not expected at entry level unless under the on-site guidance of a supervising or senior speech pathologist.

Unit 7 Professional Development

All practising speech pathologists have a responsibility to:

- uphold the profession's *Code of Ethics*
- undertake continuing professional development
- participate in professional speech pathology networks
- promote the purpose and a positive image of the profession to other professions, employers, clients and the wider community
- manage personal and professional stress levels.

Range Indicators

The Range Indicator Statement applies to this Unit.

Element 7.1

Upholds the Speech Pathology Australia Code of Ethics.

Performance Criteria

- a) The speech pathologist's thorough knowledge and understanding of Speech Pathology Australia's *Code of Ethics* is evident.

Element 7.2

Continues professional development.

Performance Criteria

- a) Current research trends, concepts and theories in speech pathology as reported in the literature are known, and the extent and limitations of the knowledge base are understood. Information is actively sought and new research is analysed for implications for practice.
- b) An awareness of the range, value of, and commitment to professional development activities is demonstrated.

Cues:

Examples of professional development activities are:

- *participation in the Professional Self Regulation program of Speech Pathology Australia*
- *independent study*
- *attendance at conferences, workshops, seminars, short courses, special interest groups*
- *teaching or presenting at, e.g. a conference or to community groups*
- *participation in research activities and quality improvement activities*
- *participation in Speech Pathology Australia activities*
- *external study*
- *mastering technology.*

- c) A continuing and increasing awareness of professional research and a willingness and ability to be involved in research is demonstrated.

Element 7.3

Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them.

Performance Criteria

- a) Knowledge of how and when to access and to participate in professional support and development networks is demonstrated.

Cues:

Examples of potential professional networks are:

- *Speech Pathology Australia*
- *private practitioners' associations • other speech pathology services in the geographical area*
- *other professional colleagues and professional team members*
- *special interest groups.*

- b) The need for continuing professional supervision and/or mentoring is acknowledged

Element 7.4

Develops personal growth and professional identity as a speech pathologist.

Performance Criteria

- a) Identification and acknowledgment of professional and personal strengths and weaknesses is evident.
- b) An awareness of professional and personal stress levels is evident. Excessive stress is identified, and support and strategies to reduce its impact are sought.
- c) A range of interpersonal and communicative skills is developed and used.

Cues:

Examples of interpersonal and communicative skills are:

- *assertiveness*
- *empathy*
- *negotiation*
- *consultation and collaboration*
- *counselling*
- *cross-cultural communication*
- *organisational liaison and planning*
- *adaptation to formal and informal styles as appropriate*
- *effective interpretation of non-verbal cues*
- *technology-assisted communication.*