



ACAud inc. HAASA

# Supervisor Training Handbook

Working together for better hearing health for all Australians

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# 1. Introduction

## 1.1. Purpose of the Manual

This Supervisor Training Manual has been developed to provide a clear, consistent framework to support effective clinical supervision of audiologists and audiometrists in Australia who wish to be members of ACAud inc. HAASA. It outlines the roles, responsibilities, and expectations of supervisors, and provides practical guidance to ensure supervision is delivered in a safe, ethical, and professionally accountable manner.

The ACI Pathway was developed to enable employers to identify, at an early stage of employment, any clinical areas in which a candidate may require additional development. By conducting competency examinations at the commencement of the supervision period, areas of concern can be identified promptly and targeted within subsequent supervision. This approach also allows candidates who demonstrate competency to progress to independent practice sooner, while retaining access to supervisor support and guidance as required through remote availability.

The manual is intended for use by supervisors working within programs endorsed or recognised by professional and industry bodies, including ACAud Inc. and HAASA. It supports supervisors in fostering clinical competence, professional development, and confidence in supervisees, while ensuring high standards of care and compliance with relevant professional, organisational, and regulatory requirements. The supporting documents and forms made available by the Secretariat are meant to be used as guidelines and checklists for supervisors to gauge the development and progress of the supervisees.

This document may also serve as a reference for supervisees, employers, and training providers to promote a shared understanding of supervision standards and processes.

## 1.2. Importance of Supervision in Audiology and Audiometry

Clinical supervision is a critical component of professional practice in audiology and audiometry. Effective supervision ensures that practitioners develop and maintain the clinical skills, professional judgement, and ethical standards required to deliver safe, high-quality hearing healthcare. More important than just adhering to policies and requirements, is cultivating competent, confident clinicians who will provide excellent care to their clients and not only have the knowledge, but also the understanding of why their everyday tasks is important.

Supervision plays a key role in:

- Supporting the transition from student or provisional practice to independent clinical practice
- Supporting the transition from overseas qualified clinicians to understanding the Australian processes and regulations
- Ensuring client safety and quality of care
- Promoting reflective practice, clinical reasoning, and evidence-based decision-making
- Identifying learning needs and areas for skill development
- Supporting professional wellbeing and confidence
- Upholding the standards and expectations of the profession

In the Australian context, structured supervision is essential for meeting the requirements of professional bodies, employers, and training pathways, and for maintaining public trust in the professions of audiology and audiometry.

### 1.3. ACI Pathways

There are several pathways to follow, depending on the candidate's level of experience and where studies were completed. The candidate will contact the ACAud inc. HAASA Secretariat and start the vetting process. It will then be determined which pathway will be applicable to the candidate. These pathways include the following:

- Domestic Qualified Candidates (minimum 12 months)
- Domestic Qualified Candidates 5+ years' experience (Accelerated – minimum 4 months)
- Overseas Qualified Candidates (minimum 12 months)
- Overseas Qualified Candidates 5+ years' experience (Accelerated – minimum 4 months)

These pathways will be attached available on the ACAud inc. HAASA portal and the selected pathway flowchart will be sent to the candidate. The details of the different pathways will not be discussed in during this training session.

### 1.4. Stages of Supervision

The flowcharts of all the stages will be available on the ACAud inc. HAASA website and will depend on the years' experience and whether the supervisee will be working as an audiometrist or audiologist. Seeing that there are several options (including

accelerated pathways) We will only show the flowchart of one of the most common pathway, namely the domestic qualified audiometrist.

**Important:**

**Seeing that Stage 1 requires 100% at elbow supervision, a supervisor is only allowed to have one intern/supervisee in Stage 1. Once Stage 1 has been completed, a supervisor may have more than one intern/supervisee in Stage 2.**

## Domestic-Qualified Audiometrist Flowchart

### Membership

1. Apply online
2. Pay membership fees and submit certified documents
3. Application review and approval
4. Receive ACI Internship Handbook and exam fee invoice
5. Pay exam fees (access Practice Exams)
6. Book CAPE and KIT Examinations

**\*\*Note:** Interns have the option to begin Internship - Stage 1 if in Australia while they are booking and/or preparing for the CAPE and KIT Examinations.

Alternatively, Interns may complete both CAPE and KIT examinations before commencing Internship - Stage 1.

### Internship - Stage 1

1. Secure employment as a Provisional Audiometrist
2. Submit Supervisory Plan to Secretariat
3. **\*\*Begin Internship - Stage 1 (after review and approval from Secretariat)**

**\*\*No clinical work or training can begin until the Supervisory Plan has been approved by the Secretariat.**

Details about the Supervisory Plan, including supervisor conditions, can be found in the ACI Internship Handbook.

Intern to complete the minimum:

- 30 hours at elbow supervision per week
- 120 hours at elbow supervision in total
- 100% file review (Supervisor to review)
- Daily Logbook (Intern and Supervisor to sign off)
- Supervisor Report (Intern and Supervisor to sign off)

### Exam Stage

1. \*Sit CAPE and KIT Exams

The Exam Stage consists of two exam components:

- CAPE – Clinical Application Performance Exam via Audiology Simulator
- KIT – Knowledge Interview Test via Microsoft Teams

Exam results are provided by email with examiner feedback. All exam rules and conditions are provided in the ACI Internship Handbook.

To complete the Exam Stage the Intern is required to obtain a competent (C) result. A minimum mark of 80% is required in both the CAPE and KIT Examinations.

After the Intern has obtained a Competent result in the Exam Stage and completed Internship - Stage 1, they will be able to progress to Internship - Stage 2.

### Internship - Stage 2

Intern to complete the minimum:

- 30 hours at general supervision per week
- 300 hours at general supervision in total
- 2 webinars and quizzes
- Portfolio part 1

Supervisor and Intern to complete:

- Daily Logbook
- Supervisor Report
- 50% file review
- Clinical Competency Journal part 1

### Internship - Stage 3

Intern to complete the minimum:

- 30 hours general supervision per week
- 780 hours general supervision in total
- 3 webinar and quizzes
- Portfolio part 2

Supervisor and Intern to complete:

- Daily Logbook
- Supervisor Report
- 25% file review
- Clinical Competency Journal part 2

### Internship - Stage 4

Intern to complete the minimum:

- 30 hours general supervision per week
- 360 hours general supervision in total
- 2 webinar and quizzes
- Portfolio part 3

Supervisor and Intern to complete:

- Daily Logbook
- Supervisor Report
- 10% file review
- Clinical Competency Journal part 3

### Clinical Certificate of Practice

After the Intern has successfully completed all Internship stages, they are eligible to upgrade to Full Member with the Clinical Certificate of Practice and apply for a Qualified Practitioner number (QP) from Hearing Services Program (HSP).

The 12-month supervision pathway consists of four stages as depicted in the flowchart above.

What needs to be done at a glance:

	<b>STAGE 1</b>	<b>STAGE 2</b>	<b>STAGE 3</b>	<b>STAGE 4</b>
Hours @Elbow	120			
Hours General Supervision		300	780	380
Daily Logbook	✓	✓	✓	✓
Supervisor Report	✓	✓	✓	✓
Webinars	✓	✓	✓	✓
File Review	100%	50%	25%	10%
Clinical Competency Journal		✓	✓	✓
Portfolio		✓	✓	✓

All the documents needed for the process will be available, in order, as soon as the supervision process starts.

## 2. Clinical Assessment within the ACI Process

### 2.1. Clinical Competencies to be Supervised and Assessed (CAPE & KIT)

The new ACI Process include two competency examinations at the beginning of the supervision process. Having these examinations at the first stage of supervision, the supervisor can establish if the candidate has any shortcomings or needs attention in certain competency areas. The two examinations consist of a practical element and a case study element. The practical element is called the CAPE (Clinical Application Performance Examination). The case study element is called the KIT (Knowledge and Interpretation Test).

- The CAPE is an online interactive audiological assessment performed by the candidate with one supervisor present monitoring the exam
- The KIT is a TEAMS case study examination with one examiner asking questions about audiological results and hearing aids fitting and rehabilitation.

Supervisors are responsible for ensuring that interns are competent in the following clinical areas, all of which are formally assessed during the **CAPE** and **KIT**:

- **Case history taking and client communication**  
Accurate and comprehensive case history collection, effective communication, and client-centred interaction.
- **Otoscopy and ear health assessment**  
Safe and effective otoscopic examination, identification of ear pathology, and appropriate referral where indicated.
- **Audiometry**  
Air conduction and bone conduction testing, appropriate use of masking, and speech audiometry in line with best-practice standards.
- **Tympanometry and acoustic reflex testing** (where applicable)  
Correct test selection, execution, interpretation, and clinical application of results.
- **Hearing aid fitting and verification**  
Appropriate device selection, fitting, and verification using Real Ear Measurements (REM) and verification procedures.
- **Rehabilitation and counselling**  
Development and delivery of rehabilitation plans, realistic expectation setting, and ongoing counselling.

- **Ethical sales practices and client consent**  
Adherence to ethical guidelines, transparent communication, and informed client consent.
- **Infection control and workplace safety**  
Compliance with infection control protocols, equipment hygiene, and workplace safety standards.

Supervisors should provide direct observation, feedback, and guided practice in these areas to ensure interns are examination ready.

**The supervisory report discussed in a later section will outline all the areas in detail that the candidate should be competent in. These areas outlined in that report are the ones that will be covered in the CAPE and KIT.**

## 2.2. CAPE & KIT – More Detail

The CAPE and KIT examinations assess both practical clinical skills and theoretical knowledge integration, directly aligned with the competencies outlined in Section 6.1. Assessments are marked against standardised criteria, evaluating clinical accuracy, procedural safety, professional communication, clinical reasoning, and ethical practice.

- To be deemed competent, the candidate needs to score at least 80% in the CAPE and 80% in the KIT.
- If the candidate is deemed not yet competent in one module, they only have to retake that module.
- The candidate can only proceed to the second stage of supervision once they have passed both modules.
- At elbow supervision will continue until they can proceed to Stage 2.

### 2.2.1 CAPE – What to Expect

- The candidate will gain access to the Theta Audiology Simulator once they have registered for the examination. This will allow them to do practice case studies set up by ACAud inc. HAASA as well as a daily audiogram set up by the Theta creators.
- It is strongly recommended that the candidates take enough time to get used to the CAPE system by doing as many practice exams as possible. This will make them comfortable with the process and will reduce the stress of the examination process.

- As always, the ACAud inc. HAASA Secretariat will ensure before the examination, that the candidate has access to TEAMS, knows the procedure during the examination, and the requirements for the examination.
- During the examination, the examiner will allow the candidate entrance to the TEAMS meeting.
- The candidate will start by sharing their screen with the examiner.
- The examiner will make the exam case available to the candidate and instruct the candidate to start the exam.
- The candidate will have 60 minutes to complete the exam. If the candidate completes the exam before the 60-minute time limit, they can submit the case and leave the exam.
- If the candidate has not completed the exam by the time the 60-minute time limit has been reached, the exam will submit automatically, and the candidate will be scored on the incomplete exam.
- One part of the CAPE is marked automatically by the online testing system and is aligned with best clinical practice for air and bone conduction.

**During the CAPE, candidates should follow the suggested ACAud inc. HAASA clinical protocol when performing air and bone conduction testing as well as masking, rather than relying on shortcuts. While the use of shortcuts will not automatically result in a “not yet competent” outcome, it may reduce the marks awarded through the automatic scoring system.**

- The second part of the CAPE is marked by the examiner. This part entails the interpretation of the results as well as description of the expected speech testing results for the specific case.
- The CAPE marks will be added up by the examiner, and the results will be sent to the Secretariat. The Secretariat will let the candidate know of their results.
- The examiner will aim to give detailed, constructive feedback.

### 2.2.2. The KIT – What to Expect

Some of you may be familiar with the case study presentation of the HRS exams. With the previous process, the candidates had to compile a case study, and three examiners could ask questions about the case study. With the KIT, the candidate does not have to prepare a case study, but the case study will be presented to them. The KIT will be presented in two separate sections. The first will be the case history, audiogram and COSI goals. The second will be the hearing aid settings, and verification results.

- The examination will be conducted over Microsoft teams, and the Secretariat will ensure that the candidate knows the procedure during the examination, and the requirements for the examination.
- As with the HRS, the candidate will be allowed into the teams meeting and the examiner will give them all the instructions regarding the procedure. There will be one examiner during this examination.
- The examiner will have a set of questions to ask about each section and will have a memorandum to mark the answers. There is the possibility to ask clarifying questions and to make clear notes and suggestions.
- The examiner will proceed to share the first section of the exam. The candidate will have time to read through the case study.
- The examiner will ask specific, predetermined questions about the case.
- The process will be repeated for the second section.
- The KIT marks will be added up by the examiner, and the results will be sent to the Secretariat. The Secretariat will let the candidate know of their results.
- The examiner will aim to give detailed, constructive feedback.

### **Intern Preparation**

Supervisors play a key role in preparing interns by:

- Providing supervised clinical exposure across all assessed competencies
- Offering formative feedback and remediation where required
- Confirming readiness prior to examination sitting
- Ensuring that the candidate does audiology testing without using shortcuts to obtain the maximum amount of points during the CAPE
- It is advisable for the candidate to do watch as many of the webinars ACAud inc. HAASA website as possible before sitting the KIT. Although it is not compulsory, it will give them valuable information regarding testing, fitting hearing aids, verification etc.
- Should the candidate be deemed not yet competent, the feedback from the examiner should give areas of concern or suggestions to focus on before the exam is attempted again.

## 2.3. Portfolios

### 2.3.1. Aim of the Portfolio Assignment

As the competency examinations occur at the beginning of the supervision period, portfolio submissions support ongoing monitoring of clinical progression and ensure continued guidance across all stages of supervision.

During your ACAud inc. HAASA internship, you are required to compile and submit a portfolio of three (3) clinical cases, with submissions at Stage 2, Stage 3, and Stage 4. The portfolio is an essential component of completing your internship, as it demonstrates your ability to assess, rehabilitate, and manage clients independently, applying clinical knowledge, problem-solving, and client-centred care.

The portfolio is designed to showcase your clinical reasoning, decision-making, and ability to provide holistic care, and is a task for which you will receive structured feedback from an approved examiner at each stage. Submitting your portfolio at each stage ensures supervisors can provide timely guidance, track your progression, and support your development throughout the internship.

You can choose to submit the portfolio case study at any point during each stage.

### 2.3.2. Key Requirements for each Portfolio:

- Active participation is essential – the intern must personally conduct all testing and rehabilitation for each case. Observing part or all of a case is not acceptable.
- Case diversity – During each stage the focus should be on a different pathology.
  - Stage 2: Sensorineural hearing loss
  - Stage 3: Conductive hearing loss
  - Stage 4: Complex case or mixed hearing loss
- Comprehensive documentation – for each case, include:

#### Portfolio Case Framework (All 3 Cases)

<b>1. Case History</b>
Background + full medical history
COSI goals (≥3 SMART goals)
<b>2. Test Results</b>
Otoscopy (canal + tympanic membrane condition)

Tympanometry (Type, ECV, compliance, pressure + normal ME statement)
Acoustic reflexes (ipsilateral 500–4000 Hz; explain if contra not done)
Pure tone audiometry
Interpretation (degree, type, configuration, asymmetry, NIHL/ENT clearance)
LDL (results + justification if not done)
Speech audiometry
Additional tests (e.g. tinnitus measures)
GP/medical report letter
Hearing aid recommendation
Referrals/clearances (ENT, CI, BAHA, NDIS, WorkCover, complex cases)
<b>3. Results, Management &amp; Outcomes</b>
Results Discussion
Explanation to client (tools, comparisons)
Client understanding + attitude
Ear impressions + mould choice
Device discussion with client
Final choice justified (COSI, lifestyle, dexterity, finances)
Order Details
Ear impressions + coupling choice + reasoning
Hearing Aid Fitting & Verification
Device specs + all programs
Client responses (own voice, sound quality, balance, MPO, feedback, fit)
Client education regarding hearing aids
Follow-up & maintenance
Client feedback: Comfort, usage (data logging), fatigue, handling
Adjustments made

Satisfaction + additional accessories
Validation
Any further referrals (NDIS, CI, BAHA, WorkCover, complex)
Final outcome statement
COSI post-fitting scores (compare improvement)
Further maintenance appointment (if applicable)

\* An example of a Portfolio Case Study will be included in the Supervisory documents.

### 2.3.4. Submission and Review of Portfolio:

Each portfolio should be submitted during or before the end of each supervision stage (stages 2, 3 and 4). Portfolios can be sent to the ACAud Inc. HAASA Secretariat – [acaud@acaud.org](mailto:acaud@acaud.org)

The portfolios will not be marked on a 'Competent' or 'Not Yet Competent' basis but will only serve as touchpoints throughout the supervision journey where portfolio reviewers (examiners) will give constructive feedback regarding the case studies. The feedback will be constructive and detailed and will be sent to both the candidate and the supervisor.

## 3. Assessment & Evaluation

### 3.1. Competency Domains and Areas Evaluated

All assessment, evaluation and competency areas will be evaluated according to the following competency domains:

1. Audiological Clinical Practice
2. Professional Communications and Collaborations
3. Education and Lifelong Learning
4. Quality, Safety and Compliance
5. Ethical and Professional Behaviour
6. Advocacy

Domain	Section	Competency Details
<b>Domain 1: Audiological Clinical Practice</b>	1.1 Identification & Referral	Promotes screening & referral guidelines; collects/reviews info (referrals, reports, consults); recognises needs of Aboriginal & Torres Strait Islander peoples and at-risk groups
	1.2 Assessment Planning & Conduct	Collects case history, goals, expectations; analyses referral info; obtains consent; conducts valid assessments with appropriate tools; practices person- & family-centred care
	1.3 Analysis & Interpretation	Analyses data; determines reliability, site of lesion & function; communicates results to client/carers
	1.4 Recommendations	Sets goals collaboratively; develops intervention plans (therapy, tech, environment, referrals); supports informed decision-making

<b>Domain</b>	<b>Section</b>	<b>Competency Details</b>
	1.5 Intervention & Evaluation	Implements & modifies plans; evaluates outcomes using objective & subjective measures
	1.6 Reflective Practice	Reflects on performance; improves strategies; seeks support after challenges
	1.7 Standards	Aligns with ACAud HAASA Professional Competency Standards
<b>Domain 2: Professional Communication &amp; Collaboration</b>	2.1 Communication Skills	Uses verbal/non-verbal communication; adapts to health literacy; inclusive language; empathetic, professional communication; handles difficult conversations
	2.2 Communication Environment	Uses interpreters; optimises environment (noise, lighting); responsible social media use
	2.3 Confidentiality & Privacy	Obtains consent; shares relevant info appropriately; protects personal data
	2.4 Documentation	Maintains records (referrals, notes, reports); documents consent; ensures accuracy, completeness, secure storage
	2.5 Collaboration	Works with clients, carers, professionals; resolves conflict; respects roles; builds organisational relationships
<b>Domain 3: Education &amp; Lifelong Learning</b>	3.1 Professional Development	Identifies strengths/weaknesses; engages in CPD, mentorship, learning; maintains knowledge, tech skills, digital literacy
	3.2 Knowledge Contribution	Participates in research; reviews evidence; updates practice; identifies knowledge gaps

<b>Domain</b>	<b>Section</b>	<b>Competency Details</b>
<b>Domain 4: Quality, Safety &amp; Compliance</b>	4.1 Compliance	Follows policies, legal & professional standards
	4.2 Quality Assurance	Engages in continuous improvement; ensures high-quality care; manages complaints
	4.3 Safe Environment	Follows WHS; ensures infection control, equipment maintenance, safe testing environment
	4.4 Workplace Wellbeing	Maintains wellbeing; manages workload; recognises workplace stressors
<b>Domain 5: Ethical &amp; Professional Behaviour</b>	5.1 Ethics	Practices with equity, dignity, cultural safety; works within scope; manages bias; prioritises client rights; addresses unethical behaviour
	5.2 Professional Integrity	Follows ACAud code; maintains respect in all interactions
	5.3 Professionalism	Maintains boundaries, appearance; manages conflicts of interest; works respectfully with others
<b>Domain 6: Advocacy</b>	6.1 Client Advocacy	Works with organisations & government; raises awareness; removes barriers; empowers clients
	6.2 Indigenous Advocacy	Supports culturally safe care; advocates for Aboriginal & Torres Strait Islander hearing health needs
	6.3 Workplace Advocacy	Promotes fair, safe work environment; supports best practice standards
	6.4 Professional Advocacy	Promotes hearing professions; engages in advocacy opportunities; shares knowledge

Within the domains lay the detailed areas of clinical skills and competencies that will be assessed during the CAPE and KIT, Portfolio reviews, as well as discussed in the Supervisory Report. The table below expands on Domain 1, which is the domain where most of the clinical skills lay. These areas illustrate the day-to-day areas in which the candidates need to prove their clinical skills. The areas of competency will guide marking the CAPE, KIT and Portfolio reviews.

<b>Audiology Clinical Skills &amp; Competencies Table</b>		
<b>Area</b>	<b>Section</b>	<b>Competency Details</b>
<b>1. Conduct Assessment</b>	1.1 Foundation Principles	Demonstrates understanding of acoustics, psychoacoustics, and anatomy, physiology, and pathology of the auditory system
	1.2 Otosopic Inspection	Follows safety procedures; identifies external ear anatomy and abnormalities; applies referral criteria and contraindications
	1.3 Audiometric Testing	Ensures proper environment and calibrated equipment; performs pure tone (air/bone), speech audiometry, masking, and immittance testing including acoustic reflexes
<b>2. Interpret &amp; Apply Results for Rehabilitation</b>	2.1 Interpretation of Results	Understands referral criteria; interprets pure tone and speech results; identifies need for further testing; determines degree, type, and configuration of hearing loss; ensures data consistency
	2.2 Aural Rehabilitation & Counselling	Uses person/family-centred communication; understands psychology of hearing loss; manages expectations;

		provides communication strategies
	2.3 Candidacy & Recommendations	Reviews medical history and contraindications; assesses communication needs; evaluates motivation; develops treatment plan including devices and accessories
<b>3. Select Hearing Aids</b>	3.1 Device Selection	Selects device style, type, and features based on test results, communication needs, lifestyle, and preferences
	3.2 Earmould & Coupling Selection	Assesses outer ear; takes ear impressions safely; evaluates impression quality; selects coupling and acoustic requirements
<b>4. Fit &amp; Evaluate Hearing Devices</b>	4.1 Fitting	Confirms device integrity; programs using prescription; ensures comfort and fit; educates client/family; assesses handling ability
	4.2 Verification	Uses recognised verification (real ear where possible); assesses performance; explains results; adjusts device parameters
	4.3 Validation	Selects validation method; measures outcomes; interprets results; develops strategies for optimal benefit
	4.4 Electroacoustic Analysis	Identifies need for analysis; compares results with manufacturer specifications

	4.5 Maintenance & Troubleshooting	Performs cleaning, listening checks; identifies repair needs; troubleshoots device issues; adjusts for changes in hearing needs
<b>5. Professional Work Practices</b>	5.1 Infection Control	Applies infection control procedures; uses PPE; understands sanitisation, disinfection, sterilisation
	5.2 Legal & Ethical Practice	Complies with laws and regulations; follows professional codes; works within scope of practice
	5.3 Records & Relationships	Manages records per legal requirements; shares information per privacy/FOI laws; maintains professional relationships

### 3.2. Supervisory Documents

As stated before, the CAPE and KIT examinations occur at the beginning of the supervisory journey to determine competency to practice. There are ongoing assessment procedures to provide ongoing support and touchpoints with the candidate to ensure clinical competency when dealing with clients. This includes the portfolio case studies.

Assessment & Evaluation from ACAud inc. HAASA:

- CAPE
- KIT
- Portfolio Review

While assessment and review of these 3 components rest with the examiners of ACAud inc. HAASA, there are ongoing assessment and evaluation tools to be used by the supervisors to review the progress and level of competency of the supervisees. The following Competency Assessment Tools will be the responsibility of the supervisors and/or supervisees:

- Supervisor plan and responsibilities form (to be completed before supervision starts)
- Daily logbook (for intern to complete daily)
- Competency journal (for intern to complete daily/weekly)
- Competency journal feedback form (for supervisor to complete daily/weekly)
- Supervisor report (for supervisor to complete)

### 3.3. Competency Assessment Tools (Competency journals and feedback forms).

#### 3.3.1. Daily logbook

The daily logbook helps the candidate and supervisor to keep track of the supervision type (at elbow or general), the amount of hours supervised, as well as the duties performed each day. It is advisable to complete this at the end of each day.

#### 3.3.2. Clinical Competency journal

The competency journal is a daily/weekly journal to be completed by the candidate and reviewed by the supervisor. The logbook is a development tool and using it to facilitate meaningful discussions and feedback are more important than simply completing entries.

##### **Your Role as Supervisor:**

- Guide clinician learning and professional growth
- Monitor competency development and clinical safety
- Encourage reflection and clinical reasoning
- Ensure documentation meets professional standards

##### **When Reviewing Entries:**

- Confirm the activity aligns with a competency domain
- Check the description is accurate and professional
- Look for evidence of insight and learning in reflections
- Identify gaps in experience or knowledge
- Ensure confidentiality is maintained

Examples of how to complete the journal will be provided in the initial documents sent through by the Secretariat.

## 3.4. Clinical Competency Journal Domains

The logbook will support clinician development through review, feedback, and discussion of logbook entries across the six competency domains:

1. Audiological Clinical Practice
2. Professional Communications and Collaborations
3. Education and Lifelong Learning
4. Quality, Safety and Compliance
5. Ethical and Professional Behaviour
6. Advocacy

### 3.4.1. Competency journal feedback form

- **Providing Feedback**

A competency journal feedback form will be completed by the supervisor daily/weekly.

- Acknowledge strengths and good practice
- Identify areas for improvement
- Offer clear, practical suggestions
- Link feedback to professional standards

- **Encouraging Reflection**

- Ask clinicians to explain their reasoning
- Discuss alternative approaches where relevant
- Help them set clear learning goals

- **Compliance Checks**

- Entries should be complete and factual
- Practice must meet safety, ethical, and legal requirements
- Address concerns early and support improvement

- **Sign-Off**

- Review and acknowledge completed entries
- Provide guidance on next development steps
- Use logbook discussions to support supervision meetings and performance reviews

### 3.4.2. Supervisory report

The aim of the supervisory report is to provide a structured, evidence-based evaluation of whether the audiometrist or audiologist has demonstrated the knowledge, clinical skills, professional behaviour, and judgement required for safe and independent practice.

The report should document the clinician's progress over the supervision period, confirm areas of demonstrated competence, identify any remaining learning needs, and provide a clear recommendation regarding readiness for independent practice or the need for continued development.

**Take note: The areas in the Supervisory Report, are the same areas the candidate will be tested on during the CAPE and the KIT and during the Portfolio Review**

The competency level will be determined by the Supervisor, namely Novice, Developing, Consolidating or Independent. The Supervisor will then add areas of focus for the next report and their comments. The following areas will be reviewed by the supervisor which will be available in detail in the Supervisory Report documents:

1. Conduct hearing assessment
2. Interpret and apply assessment results with a view to rehabilitation
3. Select hearing aids
4. Fit and evaluate hearing devices
5. Professional work practices

### 3.4.3 Sign-off processes and accountability

The supervisor has to make sure of the following:

- The candidate is adequately prepared for the CAPE and KIT
- The number of required hours of supervision in each level are adhered to
- The required client file reviews have been completed
- The daily logbook is completed and reviewed regularly
- The supervisor report is completed regularly
- The clinical competency journal is completed and reviewed regularly
- Assure that the portfolios are completed and submitted by the candidate
- Assure that webinars and quizzes are completed by the candidate
- The feedback given to the candidate must be constructive and detailed
- Refer candidate for further support by available Mentors provided by ACAud inc. HAASA

## 4. Regulatory & Professional Context

All available forms regarding supervision and feedback will be sent to the supervisors in the order they will need to be completed. To reduce the length of this document, the forms will not be included here but will be available as soon as supervision process begins.

### 4.1. Overview of Australian Audiology/Audiometry Scope of Practice

### 4.2. Standards and Requirements by ACAud inc. HAASA

Primary & Secondary Supervisors:

- Full accredited membership with a PPB for a minimum of 3 years\*
- Must be a member of ACAud inc. HAASA (**All supervisors who are not members of ACAud inc. HAASA will be granted membership free of charge for the duration of the supervision). Even if you get free access to ACAud membership, you have to be a paid member at your PPB. If you choose to be a member of ACAud inc. HAASA alone, the free membership offer falls away and you have to become a paid member.**)
- Continuing Professional Development (CPD) requirements need to be up to date
- Completed the ACAud inc. HAASA Supervisor Training Course
- Declaration of acceptance of supervisory responsibilities
- Agree to supervise under ACAud inc. HAASA rules
- Commit to training intern in all required competencies
- Ensure clinic has proper audiometric equipment
- Follow Code of Conduct & ACAud inc. HAASA supervision guidelines
- Supervise strictly per guidelines & subject to peer review
- Provide suitable clinical environment & resources
- Give structured, supervised exposure to all clinical skills
- Ensure adequate guidance, experience, and competency development
- Notify & assist if terminating supervision (incl. replacement)
- Can terminate if intern underperforms (with written reasons)
- Complete/sign all documentation on time (no delays)
- Primary supervisor oversees overall progress & signs assessments

*\*Attachment of PPB Certificates is not required if the supervisor is a member with ACAud inc HAASA.*

## 5. Supervisor Roles & Responsibilities

The supervisor's role is multifaceted: you act as a clinical leader, educator, mentor, advocate, and safety steward. Your primary purpose is to enable safe, effective Audiology practice while supporting the professional development of your supervisee.

### 5.1. Core Responsibilities

- **Clinical Oversight**

Ensure supervisees deliver safe, evidence-based care. This includes reviewing case management, diagnostic decisions, and treatment plans, and intervening promptly when practice falls below required standards.

- **Education and Mentoring**

Teach clinical skills, critical thinking, and professional reasoning. Provide access to learning resources, demonstrate best practice, and support the supervisee to build confidence and competence.

- **Assessment and Feedback**

Regularly assess competence against ACAud inc. HAASA standards. Provide timely formative and summative feedback and maintain clear documentation of progress throughout each stage. All feedback forms are standardised by ACAud inc. HAASA and available via the provided link.

- **Risk Management and Governance**

Identify and mitigate clinical risks. Ensure compliance with relevant regulations, policies, and infection control standards. Escalate concerns appropriately and promptly.

- **Workforce Support**

Manage workload expectations and escalation pathways. Support the supervisee's wellbeing and resilience, especially during challenging stages of training.

- **Professional Development Planning**

Co-create continuing professional development (CPD) plans with supervisees. Identify learning opportunities and support career progression beyond minimum requirements.

- **Record Keeping and Reporting**

Maintain accurate supervision records, incident reports, and competency signoffs. Records must be securely stored and accessible to relevant parties as required.

## 5.2 Professional Conduct and Ethics

- Uphold the codes of conduct of ACAud inc. HAASA and your employer.
- Protect client and staff confidentiality; share information only on a need-to-know basis.
- Maintain professional boundaries with supervisees and clients.
- Ensure clients are fully informed and their autonomy is always respected.
- Provide culturally safe care and develop supervisees' cultural competence, including with Aboriginal and Torres Strait Islander clients.

## 5.3 Duty of Care and Clinical Governance

- Prioritise client safety above all else. Intervene immediately if supervisee practice may cause harm.
- Implement audit, incident review, and quality improvement processes.
- Ensure supervisees follow established protocols and escalation pathways.
- Know when and how to escalate concerns to managers, regulatory bodies, or multidisciplinary teams.

## 5.4 Modelling Best Practice and Professional Behaviour

- Demonstrate clinical excellence through up-to-date evidence-based practice, clear documentation, and patient-centred communication.
- Model professionalism through punctuality, respectful communication, and transparent decision-making.
- Share your own reflective practice with supervisees, including how you learn from errors.

## 5.5 Supporting your Supervisee with Professional Growth

- Tailor goals to the individual's competence gaps and career aspirations.
- Gradually increase supervisee autonomy as competence is demonstrated.
- Recommend relevant courses, journals, case conferences, and simulation opportunities.
- Advocate for supervisees in performance reviews and when adjustments are needed.

### Appendix A – Scaffolding Teaching Method (referenced)

## 5.6 Accountability for Client Outcomes and Supervisee Actions

- Supervisors are accountable for all delegated clinical tasks — ensure supervisees are competent before assigning any duty.
- Document the scope of delegation, the level of supervision provided, and the rationale.
- Act promptly on adverse outcomes or unsafe practice. Implement remediation plans and notify relevant authorities where required.

# 6. Supervision Structure & Models

## 6.1. Types of Supervision

- **Clinical Supervision**

Focused on case review, clinical decision-making, and skill development. This is the primary model for supervising interns and candidates.

- **Educational Supervision**

Focused on learning plans, formal assessments, and career development. It often overlaps with clinical supervision in the ACAud inc. HAASA context.

- **One-on-One Supervision**

Provides individualised attention for skill development, competency assessment, and confidential discussion. Sessions should have a clear agenda, include case review and/or observation of practice, and conclude with agreed action points.

- **Peer Supervision**

Colleagues of similar grade share cases and learning. It is useful for reflective practice and CPD but does not replace formal supervision by a credentialed supervisor.

- **Group Supervision**

Small group sessions for case discussion, CPD, and shared learning. It can supplement one-on-one supervision where appropriate.

## 6.2 Direct vs. Indirect Supervision

- **Direct Supervision**

The supervisor is physically present or actively observing clinical tasks (e.g., during a hearing aid fitting or audiometric assessment). Direct supervision is required for high-risk procedures and with novice supervisees. Stage 1 of the ACI process is considered Direct Supervision and is also required for overseas clinicians starting their occupational journey in Australia.

- **Indirect Supervision**

The supervisee practises independently with agreed escalation pathways in place. The supervisor provides oversight through case discussion, chart review, or remote check-ins. This is appropriate only for experienced supervisees with demonstrated competence. Stages 2–4 of the ACI pathway are considered Indirect Supervision.

## 6.3 Mode and Frequency / Duration

- **Mode**

**Stage 1 At-elbow Supervision:** In-person supervision is most effective for hands-on clinical skills. It allows immediate feedback, direct observation, and real-time correction of techniques. This mode is especially valuable when nuanced physical demonstrations or development of practical competencies are required.

**Stages 2 -4 Supervision:** Remote or hybrid modes are appropriate for case review and reflective supervision. They provide flexibility in scheduling, reduce travel time, and allow broader participation. These are particularly effective for discussing case notes, developing treatment plans, or conducting debriefs where physical demonstration is not necessary.

Ensure that any remote platforms used are secure and privacy-compliant, including meeting regulatory standards for data protection. Supervisors should confirm that participants are in private, distraction-free environments and that all digital communications are encrypted to protect client confidentiality.

## 6.4 Frequency

### **Stage 1 At-elbow Supervision:**

The supervisor will be with the supervisee 100% of the time until both the CAPE and KIT have been passed.

### **Stage 2 Remote Supervision:**

- The supervisor must be available to the supervisee 100% of the time, but it does not have to be in person.

### **Remote Supervision Frequency Suggestions:**

- Supervision sessions should be scheduled as necessary. It can be scheduled regularly to ensure consistent support and oversight.

- For early-career practitioners or those developing new skills: weekly feedback sessions of approximately 60–90 minutes are recommended.
- As practitioners become more experienced: frequency can shift to fortnightly or monthly sessions, depending on case complexity and individual development needs.
- Brief check-ins of 15–30 minutes may also be scheduled between formal sessions to address urgent matters or provide additional guidance.

## 6.5 Supervision Agreements and Contracts

A formal supervision agreement must be established at the outset of the supervisory relationship. Key elements include:

# 7. Practical Suggestions Regarding the Supervision Process

## 7.1. Orientation and Induction of Supervisees

- A structured orientation sets the tone for the supervisory relationship and helps the supervisee hit the ground running. This should include:
- A welcome package including the supervisee's role description, supervision agreement template, clinical protocols, escalation contacts and learning resources.
- An initial meeting to clarify expectations, establish baseline competencies, identify immediate learning needs and confirm the supervision schedule.
- A brief observed baseline clinical session to identify the supervisee's existing strengths and areas for development.

## 7.2. Setting Learning Goals and Objectives

Goals should be developed collaboratively and documented in a learning plan. Use the SMART framework:

- **Specific** — clearly defined and focused.
- **Measurable** — with observable criteria for success.
- **Achievable** — realistic given the supervisee's current level.
- **Relevant** — aligned to ACAud inc. HAASA competency standards and the supervisee's career aims.
- **Time-bound** — with agreed review dates.

Each learning plan should include: the goal; the actions to achieve it; required resources; success criteria; and signatures from both supervisor and supervisee.

## 7.3. Monitoring Progress Against Competency Standards

- Use session notes to track progress against each competency at every meeting.
- Use direct observation tools, case logs, and mini-clinical evaluation exercises for objective assessment.
- Encourage supervisee to maintain a learning portfolio including reflections, case studies and CPD evidence.
- Conduct formal competency sign-off at agreed milestones (e.g., at 3, 6, and 12 months, or at portfolio submission stages).

## 7.4. Providing Structured Feedback

Effective feedback is timely, specific, and actionable. Use evidence-based frameworks such as SBI (Situation, Behaviour, Impact) or Pendleton's Rule.

### Appendix B - SBI and Pendleton's Rules

## 7.5. Managing Underperformance and Remediation Plans

Early identification of underperformance allows for timely and supportive intervention. Use objective data, repeated observations and multi-source feedback to identify concerns.

- **Structured Remediation Process**
  - Clarify concerns — document specific behaviours and the evidence base.
  - Set expectations — define the required standard and the timeframe for improvement.
  - Create a remediation plan — with SMART objectives, supervised practice, targeted training and measurable outcomes.
  - Provide support — increase direct supervision frequency and connect the supervisee with appropriate resources.
  - Review regularly — hold documented progress meetings at agreed intervals.
  - Escalate if needed — if insufficient progress is made, follow employer disciplinary procedures and relevant regulatory reporting requirements.

**Throughout the process, ensure fairness and transparency. Keep the supervisee informed, allow them to respond to concerns and document every step.**

## 7.6. Record Keeping and Reporting

Supervisors are responsible for maintaining accurate and complete records.

Essential records include:

- Supervision agreements.
- Session notes (date, attendees, agenda, cases, feedback, actions, follow-up).
- Competency assessments and signoffs as laid out in Section 3.2
  - Supervisor plan and responsibilities form (to be completed before supervision starts)
  - Daily logbook (for intern to complete daily)

- Competency journal (for intern to complete daily/weekly)
- Competency journal feedback form (for supervisor to complete daily/weekly)
- Supervisor report (for supervisor to complete)
- Incident reports and remediation plans.

Records must be stored securely in accordance with employer policy and applicable legal retention schedules. Clarify with your employer who may access records (e.g., line managers, HR, regulatory bodies). Report serious incidents, fitness-to-practice concerns, or repeated unsafe practice to the appropriate governance body.

## 8. Professional & Ethical Considerations

### 8.1. Confidentiality and Privacy

Supervisors and supervisees must comply with the Privacy Act and applicable health records legislation. Client information should only be shared on a need-to-know basis and within the bounds of professional duty.

### 8.2. Informed Consent and Client Autonomy

Clients must be fully informed about assessments, options, and any associated risks. Shared decision-making should be embedded in practice from the outset of the supervisee's training. If Artificial Intelligence tools are used to record clinical notes, clients must provide verbal or written consent for the clinician to do so.

### 8.3. Managing Conflicts of Interest

Supervisors should be alert to and transparent about any conflict of interest — whether in the supervisory relationship, clinical decision-making, or commercial contexts (e.g., hearing aid sales).

### 8.4. Cultural Safety and Inclusivity

Supervisors must model and actively develop culturally safe practice. This includes particular attention to working respectfully and effectively with Aboriginal and Torres Strait Islander clients, and with people from culturally and linguistically diverse backgrounds.

### 8.5. Boundaries in Supervisory and Clinical Relationships

Maintain clear professional boundaries with supervisees and clients alike. Dual relationships that could impair judgement or create a power imbalance should be identified and managed proactively.

## 9. Communication & Feedback Skills

Effective communication is foundational to high-quality clinical supervision in audiology. Supervision is not simply the transfer of technical knowledge; it is a structured developmental relationship that fosters clinical competence, ethical judgement, professional identity formation and reflective capacity. Within the expectations of ACAud Inc. HAASA, supervision must promote safe, client-centred, evidence-based practice while aligning with Australian clinical standards and governance frameworks.

Communication within supervision serves multiple purposes:

- Facilitating clinical reasoning development
- Ensuring client safety and ethical compliance
- Supporting reflective learning
- Strengthening supervisee confidence and autonomy
- Maintaining accountability to professional standards

A structured, evidence-based approach to communication ensures consistency, fairness and transparency in supervision practice.

### 9.1. Coaching and Mentoring Approaches

ACAud Inc. HAASA supervision expectations emphasise progression from dependent learner to autonomous practitioner. Effective supervisors therefore move fluidly between directive, coaching and mentoring roles depending on supervisee competence and case complexity.

### 9.2. Developmental Supervision Approach

Early-stage supervisees may require more directive instruction and modelling. As competence increases, supervision should progressively shift toward guided reflection and independent decision-making. This graduated autonomy reflects competency-based education principles embedded in university clinical frameworks.

### 9.3. Core Coaching Strategies

- **Socratic questioning** Encourages analytical thinking by prompting supervisees to articulate reasoning, identify assumptions and evaluate

alternatives. This approach strengthens diagnostic accuracy and ethical awareness.

- **Role-playing** Simulated scenarios allow practice of complex interpersonal and ethical situations in a psychologically safe environment. Mistakes can be explored without risk to clients.
- **Joint consultations** Real-time modelling of professional behaviour, clinical reasoning, and client-centred communication. Post-session debrief consolidates learning.

## 9.4. Clinical Examples & Feedback Suggestions

Clinical Scenario	Instead of...	Try Asking...	Competency Developed
Inconsistent audiogram	“Retest that frequency.”	“What does this threshold pattern suggest? How confident are you in its reliability? What steps would improve accuracy?”	Diagnostic reasoning
Client refuses amplification	“You didn’t explore concerns properly.”	“What beliefs might influence their decision? How could you reframe benefits without pressure?”	Counselling & ethics
Excessive cerumen before testing	“You can’t test like that.”	“How does cerumen impact your results? What are your management options?”	Clinical judgement
Unrealistic device expectations	“Explain it better next time.”	“How would you balance optimism with realistic counselling?”	Client-centred communication
Time management issue	“You ran over time again.”	“Which parts of the consultation took longer? How might you structure it differently?”	Efficiency & planning

The aim is not to catch errors, but to cultivate independent analytical thinking consistent with professional standards.

## 9.5. Goal-oriented mentoring

Structured goal setting ensures alignment with competency standards. Goals should map to clearly defined clinical skill domains (assessment, interpretation, device selection, counselling, documentation, infection control).

## 9.6. Role-Playing: Advanced Applications

Role-play is particularly valuable for developing:

- Delivering difficult news (e.g., significant sensorineural loss in a child)
- Managing emotionally distressed clients
- Addressing commercial pressures ethically
- Responding to complaints
- Discussing financial limitations respectfully
- Navigating culturally sensitive conversations

Following role-play, structured debrief should explore:

- What felt challenging?
- What language was effective?
- Where did ethical tensions arise?
- How did the supervisee regulate emotions?

This reinforces emotional intelligence alongside clinical competence.

## 9.7. Giving Constructive Feedback

As outlined in previous sections, feedback should be timely, specific, and framed around observable behaviour and its impact. Use structured frameworks such as SBI or Pendleton's Rules consistently. Feedback directly influences learning outcomes and supervisee confidence. Ineffective feedback can undermine psychological safety, whereas structured, evidence-based feedback promotes reflective growth and professional accountability.

Research across health professions education indicates that feedback is most effective when it is:

- Immediate or close to the event

- Linked to clearly defined standards
- Specific and behaviour-focused
- Balanced and solution-oriented
- Delivered within a trusting supervisory relationship

## 9.8. Principles of Effective Feedback

- **Timely:** Delays reduce learning impact and allow incorrect behaviours to become habitual.
- **Specific:** Instead of: “Your counselling needs work.” Use: “When the client expressed concern about cost, you changed the topic. Exploring that concern directly may improve trust.”
- **Behavioural:** Focus on observable actions, not personality traits.
- **Impact-focused:** Link behaviour to clinical consequences (e.g., “When masking wasn’t applied appropriately, the thresholds may not reflect true hearing levels.”)
- **Forward-looking:** Effective feedback includes a clear “next step.”

## 9.9. Pendleton Model: Deeper Application

The Pendleton Model enhances psychological safety by beginning with supervisee self-reflection. This reduces defensiveness and increases engagement.

### Example (Hearing Aid Fitting Session):

1. Supervisee: “I think I explained REM results clearly.”
2. Supervisor: “Yes, your explanation was structured and easy to follow.”
3. Supervisee: “I rushed through discussing adaptation expectations.”
4. Supervisor: “That’s insightful. Adding a brief discussion on neuroplastic adjustment may improve long-term satisfaction.”

This approach reinforces strengths while promoting ownership of development.

## 9.10. Managing Difficult Conversations

Difficult conversations are unavoidable in clinical supervision. Avoidance increases risk; structured engagement promotes professional accountability. Supervisors may need to address underperformance, unprofessional behaviour, or personal difficulties affecting practice. Prepare in advance: document specific concerns, choose a private setting, and focus on behaviour rather than character. Follow up in writing.

### **Common Difficult Conversation Themes**

- Repeated infection control breaches
- Ethical concerns in device sales
- Poor documentation
- Communication complaints
- Professional boundary concerns
- Resistance to feedback

Use a structured conversation model to navigate difficult conversations.

- State observations clearly “I’ve observed that probe tips were not changed between clients on two occasions.”
- Explain impact “This increases infection risk and breaches clinical standards.”
- Invite response “Can you help me understand what happened?”
- Collaboratively develop action steps “What system could help ensure compliance every time?”

This balances firmness with collaboration.

## 9.11. Encouraging Reflective Practice

Encourage supervisees to develop the habit of reflection — both in-session and through their portfolio. Model your own reflective practice openly. Reflective practitioners are more adaptive and safer clinicians.

## 9.12. Active Listening and Empathy

Create an environment where supervisees feel heard and supported. Active listening — summarising, asking clarifying questions and acknowledging emotions — builds trust and makes feedback more likely to be received and acted upon.

# 10. Assessment & Evaluation

## 10.1. Competency Assessment Tools

Use validated, structured tools aligned with ACAud Inc. HAASA competency domains and the clinical skills and competency areas.

## 10.2. Workplace-Based Assessment Methods

- Direct observation of clinical practice.
- Case discussion and clinical reasoning review.
- File audits and documentation review.
- Mini-clinical evaluation exercises (Mini-CEX).

## 10.3. Formative vs. Summative Assessment

Formative = ongoing, developmental, no pass/fail.

Summative = milestone-based, may lead to sign-off or further support.

## 10.4. Supervisor Reports

Submit objective, evidence-based reports aligned to competency domains.

## 10.5. Sign-Off Processes and Accountability

Only sign off competencies with direct observation or sufficient evidence; document justification.

# 11. Dealing with Challenges

Supervision must ensure public safety while supporting development; focus on patterns, not isolated incidents.

## 11.1. Identifying Red Flags in Supervisee Practice

Recognise early warning signs (e.g., repeated errors, avoidance, poor documentation, feedback resistance, interpersonal concerns). Act early and document patterns across:

- Technical skill
- Clinical reasoning
- Communication
- Professional behaviour
- Ethical decision-making

## 11.3. Managing Unsafe Practice

Intervene immediately if client safety is at risk; document and initiate remediation.

### **Immediate Response Framework**

- Interrupt safely and calmly
- Take control of procedure if necessary
- Reassure client professionally
- Debrief promptly and privately
- Document factually

## 11.4. Performance Improvement Plan (PIP)

Structured, supportive, development-focused using SMART goals.

Support Measures May Include:

- Additional supervised sessions
- Skill workshops
- Observation of senior clinicians
- Directed reading
- Reflective journaling

## 11.5. Escalation Pathways and Reporting Requirements

Follow organisational and ACAud Inc. HAASA requirements; report serious concerns.

Escalation is appropriate when:

- Safety risks persist
- Ethical breaches are serious
- Supervisee is non-compliant
- There are repeated client complaints
- There are concerns regarding impairment

## 11.6. Supporting Supervisee Wellbeing and Resilience

Address wellbeing as it impacts performance; refer to supports when needed. Be aware of any specific stressors that may cause anxiety and be prepared to address it in a timely manner.

### **Common Audiology-Specific Stressors**

- Commercial sales pressures
- Managing emotionally distressed families
- Complex paediatric diagnostics
- High appointment volumes
- Balancing academic and clinical demands

## 11.7. Wellbeing Check-ins

These are important as psychological safety enhances learning and reduces concealment of errors. Ask these questions on a regular basis:

- “How are you managing your workload this week?”
- “What cases have felt emotionally challenging?”

## 11.8. Handling Conflicts in the Supervisory Relationship

Conflicts often stems from unclear expectations or communication breakdown. Disagreements between supervisor and supervisee should be addressed early and directly. Address conflicts early and escalate if unresolved.

### **Preventative Measures**

- Clear supervision agreements
- Defined feedback processes
- Agreed learning goals
- Transparent documentation

### **Resolution Process**

- Address privately and early
- Clarify expectations
- Refocus on shared goals (client safety and professional growth)
- Document agreements
- Escalate if unresolved

# 12. Ongoing Professional Development

## 12.1. CPD Requirements for Supervisors

Supervisors must meet CPD requirements of their registered Professional Association (e.g. ACAud inc. HAASA or AudA), including both clinical and supervision-specific education to ensure safe, current, and effective practice.

## 12.2. Reflective Practice for Supervisors

Supervisors should model reflective practice to enhance clinical judgement, ethics, and supervision quality.

Strategies may include:

- Maintaining a supervision reflection diary.
- Seeking peer consultation for complex situations.
- Reviewing and updating supervision agreements regularly.
- Reflecting on feedback from supervisees and colleagues.

Reflection supports continuous improvement and accountability.

## 12.3. Peer Support and Supervision-of-Supervision

Engage in peer supervision for shared learning and problem-solving.

Formal supervision-of-supervision (by experienced supervisors) is encouraged to strengthen skills in assessment, feedback, risk management, and remediation.

## 12.4. Quality Assurance of Supervision

Supervision should be regularly reviewed to maintain standards.

- Periodic review of supervision documentation
- Feedback surveys from supervisees
- Audit of competency sign-off processes
- Review of candidate assessment outcomes to identify trends
- Biennial review of supervision agreements and processes

Ensures transparency, consistency, and governance alignment.

## 12.5. Supervisor Workload and Capacity

Supervision requires protected time and manageable workload.

- Supervisee-to-supervisor ratios remain manageable
- Supervision time is scheduled and documented
- Increased direct supervision during high-risk stages
- Escalation if workload compromises safe oversight

Supervision is a formal professional responsibility.

## 12.6. Staying Updated

Supervisors must stay current with developments in:

- Clinical guidelines and evidence-based practice updates
- Hearing technology innovations
- Regulatory and governance changes
- Ethical and cultural safety standards

Ensures supervisees are trained in contemporary, high-quality care.

# 13. Resources

## 13.1. Supporting Documents and Learning Materials

Supervisors have access to the following resources through the appendices and ACAud inc. HAASA supporting documents hub:

## 13.2. Webinars

Supervisors will have access to the webinars created for the interns/supervisees to strengthen their clinical skills. The CAPE and KIT examinations will contain information discussed in the webinars and it will be in the supervisors' best interest to familiarise themselves with the webinar content. The webinars available are:

<b>1. Validation and verification</b>
Validation & verification in hearing aid fittings - ensuring optimal outcomes for hearing aid users
<b>2. Understanding Masking</b>
Making air, bone and speech masking easier to understand
<b>3. Understanding compression and programming sheet</b>
What is important to know about compression and how to read a programming sheet
<b>4. Impedance - tympanometry and reflexes</b>
Important things to know about tympanograms and reflexes in everyday practice
<b>5. Basic hearing aid troubleshooting</b>
Day to day troubleshooting to do with hearing aids in your clinic
<b>6. Acoustic coupling</b>
Making the best coupling decisions for the client needs and the audiogram
<b>7. Choosing the right product taking into account all aspects (holistic approach)</b>
One size does not fit all – help the client choose the best options for their unique needs
<b>8. Complex cases - fitting considerations</b>
Difficult audiogram configurations and how to think outside of the box to fit them
<b>9. Tinnitus</b>
Tinnitus in clinical practice: red flags, assessment, and management
<b>10. Common pathologies found in adults</b>
The most common pathologies you will see in your clinics

### 13.3. Mentorship Program

The Fellows Mentorship Program links experienced ACAud Inc. HAASA Fellows with prospective or current interns and early-career professionals. It aims to encourage informal discussion, knowledge-sharing, and the development of supportive professional networks.

This service is available to supervisees who have not been successful in either the CAPE or KIT and require additional support to strengthen their supervision journey. It is intended to complement—not replace—the expertise and guidance provided by supervisors, offering additional insight and support in specific areas.

Details about the Fellows Mentorship Program will be sent out in the near future.

### 13.4. Feedback Forms & Resources

All relevant resources and templates will be sent to the supervisors and candidates once the candidate has been enrolled for supervision. The resources will be available on the ACAud Inc. HAASA website as well.

- Supervision agreement
- Feedback form templates
- Competency checklist (aligned with ACAud/HAASA standards)
- Suggested reading and reference list

## 14. Conclusion

Supervision is one of the most important contributions an experienced clinician can make to the profession. As a supervisor within the ACAud inc. HAASA framework, you are shaping the future of hearing health care in Australia.

This Supervisor Training Manual provides a structured, practical framework to support high-quality supervision within the Australian College of Audiology (ACAud) inc. HAASA environment. It reinforces the central role supervisors play in safeguarding client wellbeing, upholding professional standards and shaping the next generation of Audiologists and Audiometrists.

Effective supervision is not incidental — it is deliberate, structured and accountable. Through clear supervision agreements, documented learning plans, structured feedback, and aligned competency assessment, supervisors ensure that candidates develop safely and systematically across all six clinical domains. The integration of formative and summative assessment processes, including preparation for CAPE, KIT, and portfolio milestones, supports both candidate success and public safety.

Supervisors are clinical leaders, educators, mentors, and governance stewards. Their responsibilities extend beyond technical skill development to include modelling ethical behaviour, fostering reflective practice, supporting cultural safety and managing risk. By maintaining their own continuing professional development and engaging in reflective supervision-of-supervision, supervisors demonstrate the professionalism they expect of their supervisees.

This manual is intended to be a living document — evolving alongside changes in clinical practice, regulatory requirements, and assessment standards. Supervisors are encouraged to use it actively, refer to the appendices and supporting templates, and remain engaged with ACAud inc. HAASA resources and updates.

Ultimately, strong supervision strengthens the profession. By investing in structured, ethical, and evidence-based supervision, we ensure competent practitioners, safer clinical environments, and continued excellence in Australian hearing healthcare.

Thank you for your commitment to this vital role. ACAud inc. HAASA is here to support you throughout.

# CONSTRUCTIVE FEEDBACK PLANNING

**Supervisee Name:**

**Supervisor Name:**

**Date:**

**Stage of Supervision:**

1. Positive Behaviours Observed

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2. Area Requiring Improvement

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3. Objective Examples

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4. Clinical Impact

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5. Suggested Improvement Strategies

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6. Agreed Action Plan

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# DIFFICULT CONVERSATION PREPARATION & RECORD TEMPLATE

Supervisee Name:

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Supervisor Name:

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Date:

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Stage of Supervision:

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1. Objective Concerns Identified

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2. Evidence / Examples

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3. Clinical or Professional Impact

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4. Supervisee Perspective

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5. Agreed Solutions

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6. Follow-Up Actions

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7. Review Date

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# REFLECTIVE PRACTICE TEMPLATE

**Supervisee Name:**

**Supervisor Name:**

**Date:**

**Stage of Supervision:**

1. What Happened?

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2. What Went Well?

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3. What Was Challenging?

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4. What Did You Learn?

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5. What Would You Do Differently?

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6. Learning Goals Moving Forward

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# COMMUNICATION SKILLS REFLECTION TEMPLATE

Supervisee Name:

Supervisor Name:

Date:

Stage of Supervision:

## 1. Active Listening Behaviours Demonstrated

Skill Area	Current Level	Notes
Maintained eye contact	<input type="checkbox"/>	_____
Allowed client/supervisee to speak uninterrupted	<input type="checkbox"/>	_____
Used clarifying questions	<input type="checkbox"/>	_____
Summarised information accurately	<input type="checkbox"/>	_____
Reflected emotions appropriately	<input type="checkbox"/>	_____
Demonstrated empathy	<input type="checkbox"/>	_____

## 2. Examples of Empathetic Communication

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## 3. Areas for Improvement

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## 4. Action Plan

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## WELLBEING & RESILIENCE CHECK-IN TEMPLATE

Supervisee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stage of Supervision: \_\_\_\_\_

### 1. Current Wellbeing Status

Area	Rating - Low / Moderate / High
Workload Management	_____
Confidence	_____
Emotional Fatigue	_____
Area	Rating - Poor / Adequate / Good
Work-Life Balance	_____

### 2. Current Stressors

Workload

Workplace Dynamics

Clinical Complexity

Confidence Concerns

Academic Pressure

Personal Factors

### 3. Support Strategies Discussed

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\_\_\_\_\_

### 4. Additional Supports Recommended

Mentorship Program

Reduced Workload

EAP Services

Additional Supervision

Peer Support

Additional: \_\_\_\_\_

### 5. Follow-Up Plan

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\_\_\_\_\_

# CONFLICT RESOLUTION TEMPLATE

Supervisee Name:

Supervisor Name:

Date:

Stage of Supervision:

## 1. Description of Conflict

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## 2. Contributing Factors

Communication Breakdown

Professional Behaviour Concerns

Unclear Expectations

Workload Issues

Feedback Disagreement

Other:

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## 3. Perspectives Discussed

Supervisor Perspective:

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Supervisee Perspective:

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## 4. Shared Goals Identified

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## 5. Agreed Actions

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## 6. Escalation Required?

Yes

No

Details:

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## 7. Review Date:

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