Supervisor Training Handbook

ACAud Clinical Internship (ACI)

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1. Purpose and principles of ACI supervision

The purpose of ACI supervision is to provide structured clinical oversight, development, feedback and documented progression while an intern develops and demonstrates the competencies required for ACAud clinical certification.

Effective supervision supports safe, person-centred and evidence-based hearing healthcare. It should also help the intern understand professional expectations, develop clinical reasoning, reflect on practice and progressively take greater responsibility within the supervision conditions that apply to their current stage.

1.1 Core principles

- Client safety and quality of care remain central throughout the internship.
- Supervision must match the stage and the intern's approved pathway.
- Progression is competency-based and subject to ACAud approval. Supervisors do not independently waive or shorten ACI requirements, but may provide evidence and recommendations supporting accelerated progression or early certification where ACAud policy permits.
- Only ACAud-approved supervisors may sign ACI supervision records.
- Supervision documentation must be accurate, timely and sufficient to demonstrate the content, duration and frequency of supervision provided.
- Feedback should be specific, constructive and linked to observed practice and competency development.
- Supervision should support culturally safe, inclusive, person-centred and evidence-based care.

2. ACI pathways supervisors need to understand

The supervision stages are substantially common across ACI pathways, but examination and certification requirements differ by pathway. Supervisors must confirm the intern's approved pathway at the outset and apply the correct Stage 1 progression gate. The standard pathway ordinarily operates over 12 months; eligible applicants may be approved for an accelerated pathway or considered for early certification in accordance with ACAud policy and written approval.

Intern pathway	Examination position	Supervisor must understand
Domestic-Qualified Audiologist	ACI internship with no CAPE/KIT requirement for Stage 1 progression.	Complete and have Stage 1 requirements verified, then progress through the remaining approved pathway. Audiologist certification requirements are applied under the approved domestic audiologist pathway.
Domestic-Qualified Audiometrist	CAPE + KIT. Exams may be completed before internship or during Stage 1.	The intern cannot progress from Stage 1 until both CAPE and KIT are Competent and all Stage 1 requirements are complete and verified.
Overseas-Qualified Audiometrist	CAPE + KIT. Exams may be completed before internship or during Stage 1.	The intern cannot progress from Stage 1 until both CAPE and KIT are Competent and all Stage 1 requirements are complete and verified.
Overseas-Qualified Audiologist	Choice of CAPE + KIT (HR Audiologist pathway) or direct DRS (Audiologist pathway).	For the HR Audiologist route, both CAPE and KIT must be Competent before progression from Stage 1. An overseas-qualified audiologist who elects the direct DRS route is exempt from the CAPE/KIT Stage 1 gate and progresses under the DRS pathway requirements.

Stage 1 examination gate
Stage 1 requires 30 hours per week of elbow supervision for all interns. Before an intern can progress to Stage 2, both CAPE and KIT must be passed where the intern is on an Audiometrist pathway or the Overseas-Qualified Audiologist HR Audiologist pathway. The exceptions are Domestic-Qualified Audiologists and Overseas-Qualified Audiologists who have elected the direct DRS pathway; those interns do not require CAPE and KIT to progress from Stage 1.

2.1 Accelerated pathways and early certification

ACAud may approve an accelerated internship pathway for eligible applicants with substantial prior experience. The ACI FAQs identify five years of experience as the threshold considered for the Accelerated Internship pathway, but experience is assessed holistically rather than by years alone.

- clinical practice hours and the scope in which the experience was gained;

- recency of clinical experience;
- workplace setting and supervision history;
- evidence of continuing professional development; and
- the applicant's qualifications, professional experience, demonstrated competency and Fitness to Practise.

An accelerated pathway is not self-selected by the intern or supervisor. ACAud must confirm eligibility and the approved pathway requirements in writing. Supervisors must follow the stage structure, supervision hours, assessment and evidence requirements specified in that approval rather than independently compressing the standard pathway.

Separate from entry to an accelerated pathway, ACAud may consider early certification on a case-by-case basis where the relevant competency, education, portfolio, professional conduct and Fitness to Practise requirements have been met and the approved supervisor supports readiness. The supervisor provides evidence and a recommendation; the certification decision remains with ACAud.

Accelerated does not mean reduced standards
An accelerated timeline changes the approved pathway duration or progression schedule; it does not lower the competency, Fitness to Practise, assessment, public protection or documentation standard required for certification.

3. Starting supervision

3.1 Requirements before clinical supervision begins

- The intern must have suitable employment in an approved clinical setting.
- A Primary Supervisor must be arranged. A Secondary Supervisor may also be arranged.
- A separate Supervisory Plan and Responsibilities form is required for each supervisor.
- The completed form must be submitted to the ACAud Secretariat for review and approval.
- The supervision period and clinical work may commence only from the official start date confirmed by ACAud in writing.
- Clinical hours completed before the approved start date are not recognised.

Do not commence on an assumed start date
A signed form is not, by itself, approval to commence. Wait for formal written confirmation from the ACAud Secretariat.

3.2 Supervisor eligibility and ACAud approval

Supervisor eligibility is governed by the Board-approved Internship and Supervision Policy and the current ACAud approval process. A supervisor must be approved by ACAud before supervision responsibilities commence.

- hold current ACAud membership as a Full Member or Fellow with a current Clinical Certificate of Practice; or hold ACAud membership and be an Accredited Audiologist Full Member of Audiology Australia approved by ACAud;
- hold professional experience, competency and professional standing considered appropriate by ACAud;
- complete required ACAud supervisor training or induction;
- maintain professional standing and ethical conduct;
- comply with ACAud policies and supervision requirements; and
- complete the current Supervisory Plan and any pathway-specific operational eligibility checks required by ACAud.

ACAud approval is determinative
The operational Supervisory Plan may contain additional eligibility declarations or checks. These are applied through the ACAud approval process. Supervisors should not assume eligibility from professional title, membership or experience alone.

3.3 Primary and Secondary Supervisors

The Primary Supervisor has overall responsibility for oversight of the intern's clinical development and verification of submitted assessment documentation. Each approved supervisor must complete their own Supervisory Plan. Changes to the approved supervision arrangement must be approved by the Secretariat before implementation.

3.4 Clinical environment

The clinical environment used for supervision must be appropriately equipped and resourced to support the competencies being undertaken. The intern handbooks require access to appropriate audiometric

equipment. Where equipment is shared, practitioners must be able to access it without intruding on another practitioner's consulting room.

4. Supervisor responsibilities

By accepting an ACI supervision role, the supervisor makes a professional commitment to support, educate, mentor and supervise the intern throughout the approved supervision period and to facilitate development of the competencies required for ACAud certification.

4.1 Responsibilities reflected in the Supervisory Plan

- Read and understand the relevant ACAud policies, competency standards, Scope of Practice, supervision requirements and pathway documentation.
- Provide an appropriately equipped, resourced and suitable clinical learning environment.
- Supervise in accordance with ACAud policies, procedures, competency standards and professional conduct expectations.
- Provide appropriately structured, safe, culturally responsive and adequately supervised clinical exposure.
- Complete supervision, progression and assessment documentation accurately and on time.
- Support culturally safe, inclusive, person-centred and evidence-based hearing healthcare, including respectful engagement with Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.
- Notify the Secretariat in writing if the supervision arrangement is to end or if significant concerns arise regarding conduct, progression, competence or suitability for continued supervision.

4.2 Practical duties throughout the internship

- Provide controlled exposure to relevant aspects of clinical practice so the intern can develop required skills.
- Monitor progress and identify learning needs or gaps in practice.
- Maintain current clinical knowledge and use appropriate training techniques.
- Follow the approved Supervisory Plan and the conditions of the intern's current stage.
- Review, sign and return required documentation promptly.
- Maintain appropriate records and provide evidence of supervision if requested. Records should show the content, duration and frequency of supervision.
- Where an examination applies, support preparation and remediation without assuming the role of formal examiner unless separately appointed.

4.3 Fitness to Practise responsibilities

Fitness to Practise is an ongoing supervision responsibility, not only a certification check. Supervisors should monitor whether the intern can practise safely, competently, ethically and effectively within the recognised scope and approved supervision arrangement.

- ensure the intern is aware of Fitness to Practise requirements;
- monitor professional performance and competency progression;
- identify concerns using objective evidence and discuss concerns with the intern;
- implement reasonable support or remediation strategies where appropriate;
- consider cultural, communication and accessibility factors when supporting or remediating performance;
- maintain appropriate records;
- notify ACAud where significant public-safety concerns arise; and
- provide evidence-based recommendations regarding progression, remediation or Fitness to Practise outcomes when required.

Where ACAud reasonably considers there may be an immediate public-safety risk, interim measures may include increased supervision, restriction of practice activities or temporary suspension of internship progression. These measures are protective rather than disciplinary and are managed through ACAud processes.

5. Supervision model and key terms

Term	Definition
Elbow Supervision	The supervisor must be physically present in the same room as the intern and readily available to observe, guide and intervene as necessary. During periods of elbow supervision, the supervisor must not maintain a separate caseload.
Stage One On-site Supervision	During Stage One, the intern may undertake one additional day of clinical practice without the supervisor being present in the same room. The intern may only conduct appointment types and clinical activities that the supervisor has formally signed off as being within the intern's demonstrated competence and fitness to practise safely at that stage. The supervisor must remain on site while the intern is providing services. The supervisor may maintain their own caseload during this period but must be readily available to provide advice, review a matter or attend the intern's appointment promptly if required.
General Supervision	The supervisor must be accessible for consultation within a timely manner, whether by telephone, videoconference or in person, but does not need to be physically present at the location where the service is being delivered.
File Review	The supervisor retrospectively reviews client case notes, test results, and documentation completed by the intern to assess clinical reasoning, accuracy, and adherence to professional standards. Feedback is provided to support learning, ensure quality of care, and maintain clinical governance.
Logged Week	A period of 5 Australian business days or more of supervision is required. For those working part-time, the weeks in each stage may take longer than 5 Australian business days to acquire. In your Logbook, mark with a line for each completed week as you go.

5.1 Stage 1: universal elbow-supervision requirement

Stage 1 applies the same core supervision condition across ACI pathways: the intern must complete 30 hours per week of elbow supervision, ordinarily totalling a minimum of 120 elbow-supervision hours across the standard four-week Stage 1 period. During elbow-supervision hours, the supervisor is physically present in the same room, readily available to observe, guide and intervene, and must not maintain a separate caseload.

No general on-site substitute for elbow supervision
General on-site availability is not a substitute for the required Stage 1 elbow-supervision hours. Any variation can occur only through an expressly approved ACAud pathway or written determination.

6. Internship stages and progression

The table below describes the standard 12-month ACI stage structure. Approved accelerated pathways may operate to a shorter written schedule determined by ACAud. Stage progression remains subject to completion and ACAud verification of the requirements applicable to the intern's approved pathway.

Stage	Nominal weeks	Minimum supervision	Primary supervisor file review	Minimum stage documents / learning
1	Weeks 1–4	30 hours/week elbow supervision; minimum 120 hours total	100%	Daily Logbook; Supervision Report; stage completion verified
2	Weeks 5–14	30 hours/week general supervision; minimum 300 hours total	50%	Daily Logbook; Supervision Report; 4 webinars/quizzes; Portfolio Part 1; Clinical Competency Journal
3	Weeks 15–40	30 hours/week general supervision; minimum 780 hours total	25%	Daily Logbook; Supervision Report; 5 webinars/quizzes; Portfolio Part 2; Clinical Competency Journal
4	Weeks 41–52	30 hours/week general supervision; minimum 360 hours total	10%	Daily Logbook; Supervision Report; 3 webinars/quizzes; Portfolio Part 3; Clinical Competency Journal

6.1 Stage 1

Stage 1 is the intensive supervision stage. The standard ACI requirement is 30 hours per week of elbow supervision, with a total minimum of 120 elbow-supervision hours and 100% file review by the Primary Supervisor. The Daily Logbook and Supervision Report must be completed. Stage 1 requirements must be verified by the Secretariat before progression.

During Stage 1 elbow-supervision hours, the supervisor must be physically present in the same room for clinical activities and must not maintain a separate caseload. General on-site supervision does not replace the 30 hours per week of elbow supervision required for Stage 1.

6.2 Stage 2

In Stage 2 the intern may see clients independently, with the supervisor remaining available for timely support by phone, video conference or in person. The stage includes 300 hours of general supervision, 50% file review by the Primary Supervisor, four assigned webinars and quizzes, Portfolio Part 1, the Clinical Competency Journal, Daily Logbook and Supervision Report.

6.3 Stage 3

Stage 3 continues general supervision and increasing independence, with access to the supervisor as required. The stage includes 780 hours of general supervision, 25% file review by the Primary Supervisor, five assigned webinars and quizzes, Portfolio Part 2, the Clinical Competency Journal, Daily Logbook and Supervision Report.

6.4 Stage 4

Stage 4 continues general supervision and consolidates readiness for completion of the internship. The stage includes 360 hours of general supervision, 10% file review by the Primary Supervisor, three assigned webinars and quizzes, Portfolio Part 3, the Clinical Competency Journal, Daily Logbook and Supervision Report. Stage 4 must be completed and verified before progression to the Clinical Certificate of Practice.

6.5 Examination-related progression

Domestic-Qualified Audiologist: CAPE and KIT are not required for progression from Stage 1. Progression occurs when the approved Stage 1 requirements are complete and verified.

Domestic-Qualified and Overseas-Qualified Audiometrist: both CAPE and KIT must be Competent before progression from Stage 1 to Stage 2, in addition to completion and verification of all Stage 1 requirements.

Overseas-Qualified Audiologist – HR Audiologist pathway: both CAPE and KIT must be Competent before progression from Stage 1 to Stage 2, in addition to completion and verification of all Stage 1 requirements.

Overseas-Qualified Audiologist – direct DRS pathway: CAPE and KIT are not required for Stage 1 progression. The intern proceeds under the DRS pathway and must satisfy the applicable DRS examination and internship requirements for Audiologist certification.

If CAPE/KIT are not passed by the end of Stage 1
Where CAPE and KIT are a Stage 1 progression requirement, the intern remains in Stage 1 and continues under Stage 1 supervision conditions until both examinations have been passed and ACAud has verified progression. The supervisor must not move the intern to General Supervision merely because the first four calendar weeks have elapsed.

7. ACI documentation and supervisor sign-off

Documentation is part of the supervision process, not an administrative afterthought. Supervisors should review records regularly and avoid delays that could prevent the intern from meeting stage milestones.

7.1 Supervisory Plan and Responsibilities

- Must be completed and signed by the intern and each supervisor.
- Each supervisor completes a separate form.
- All pages are returned to the Secretariat for review.
- All changes to the plan require ACAud approval before implementation.
- The supervision arrangement starts only after written approval.

7.2 Daily Logbook

- Use the ACI Daily Logbook to document clinical practice during the approved supervision period.
- Only approved supervisors may sign ACI logbooks.
- Record the supervision type, for example Elbow Supervision or General Supervision.
- At the end of each logged week, tally hours and ensure entries are initialled by both intern and supervisor.
- When the logbook is submitted at the end of each stage, final signatures are handwritten.
- Review entries for accuracy, alignment with competency standards, reflective learning and gaps in practice or knowledge.

7.3 Supervision Report

A Supervision Report is required at each stage in the current intern handbooks. The supervisor should complete the current ACAud form supplied for the intern's pathway and stage. This handbook does not reproduce or create a separate competency-rating scale; use only the current ACAud report and instructions issued by the Secretariat.

7.4 File Review

The file-review requirement reduces across the four stages: 100%, 50%, 25% and 10%. The checklist identifies the Primary Supervisor as responsible for the file-review percentages. Reviews should examine client case notes, test results and documentation for clinical reasoning, accuracy and professional standards, and should generate useful feedback for the intern.

7.5 Webinar and quizzes

The current internship structure includes four assigned webinars and quizzes in Stage 2, five in Stage 3 and three in Stage 4. Completion of the applicable stage learning is required before progression to the next stage. Where the CAPE and KIT are a Stage 1 progression requirement, interns are strongly encouraged to complete the relevant webinars beforehand, as they provide important foundational knowledge to support successful completion. Supervisors should use webinar topics as prompts for case discussion and targeted learning, while checking the current LMS for the live program content.

7.6 Portfolios

The portfolio consists of three clinical cases submitted progressively: Portfolio Part 1 at Stage 2, Part 2 at Stage 3 and Part 3 at Stage 4. Each part is a separate document containing one case, and the cases should demonstrate increasing clinical complexity.

- The intern must personally conduct all testing and rehabilitation for each case; observation-only cases are not accepted.

- The cases should differ in type and severity of hearing loss, client needs and expectations, rehabilitation approach and challenges, and overall complexity.
- At least one case must involve a conductive or mixed hearing loss with masked thresholds on the audiogram.
- Each case should include appropriate history, a minimum of three SMART COSI goals, test results, rehabilitation plan and outcome information as set out in the applicable intern handbook.
- The portfolio must be submitted at least two weeks before the conclusion of the relevant stage so the approved examiner has time to review it and provide feedback.

Portfolio case selection
Portfolio cases are selected for diversity and increasing complexity rather than by a fixed pathology assigned to each stage. Across the three cases, at least one must involve a conductive or mixed hearing loss with masked thresholds on the audiogram.

7.7 Clinical Competency Journal

The Clinical Competency Journal is a shared development tool for the intern and supervisor. It supports professional development, reflective practice and documentation of clinical experiences against the National Competency Standards for Audiologists and Audiometrists.

- A separate journal is completed for Stages 2, 3 and 4.
- Relevant Stage 1 experiences may be included in the Stage 2 journal.
- Entries are recorded against relevant domains and standards encountered throughout the stage.
- Journals are submitted at the completion of Stages 2, 3 and 4.
- The supervisor uses the Supervisor Comments section within the journal to provide constructive feedback and recommendations.
- Review journal entries regularly, identify gaps, encourage reflection, ensure documentation is accurate and professional, and discuss next steps.

Supervisor feedback is recorded in the Clinical Competency Journal
The current intern handbooks describe supervisor feedback through the Supervisor Comments section within the Clinical Competency Journal. Supervisors should review entries regularly and use that section for constructive feedback and recommendations.

8. Practical supervision guidance

Guidance, not additional ACI requirements
The approaches in sections 8–11 are practical supervision tools. They should be used within the ACI stage conditions and current ACAud documentation, not as substitutes for or additions to formal pathway requirements.

8.1 Orientation and first supervision discussion

- Confirm the intern's exact ACI pathway and current stage.
- Review the approved Supervisory Plan and identify who is Primary and Secondary Supervisor.
- Clarify how the supervisor will be contacted during General Supervision.
- Review local clinical protocols, escalation contacts, privacy expectations, documentation practices and equipment access.
- Identify initial learning priorities without assuming that prior qualification or overseas experience automatically predicts familiarity with Australian workplace processes.

8.2 Setting learning goals

Learning goals are most useful when they are specific, observable and linked to an identified competency need. A simple SMART structure can be used: Specific, Measurable, Achievable, Relevant and Time-bound.

A good learning goal should identify the activity to be developed, how the supervisor will observe or review it, what "good" looks like, and when progress will be reviewed.

8.3 Observation and graded autonomy

Within the supervision conditions of the current stage, supervisors should increase autonomy as the intern demonstrates safe and consistent performance. Graded autonomy does not override minimum elbow-supervision hours, file-review percentages, stage documentation or any pathway-specific restrictions.

8.4 Providing structured feedback

Feedback should be timely, specific and focused on observable behaviour. It should identify what was effective, what needs to change, why it matters clinically, and the next action the intern should practise.

Step	Purpose	Example
Situation	Name the clinical situation or task.	"During the hearing-aid follow-up…"
Behaviour	Describe the observable behaviour, without labelling the person.	"…you moved to programming changes before confirming the client's main concern."
Impact	Explain the clinical or communication impact.	"That can make the client feel unheard and may lead to changes that do not address the reported problem."
Next step	Agree a specific action.	"At the next follow-up, start by summarising the client's concern and checking you have understood it before adjusting the device."

8.5 Encouraging reflective practice

- What went well in this consultation?
- What result or interaction made you pause?
- What evidence supported your decision?
- What would you do differently next time?
- What learning or practice would help you strengthen this area?

9. Managing performance concerns and remediation

Concerns should be addressed early, objectively and proportionately. The aim is to protect clients while giving the intern a clear opportunity to understand the concern, practise the required skill and demonstrate improvement.

9.1 When a concern is identified

- Describe the specific behaviour, decision, documentation issue or clinical outcome that is concerning.
- Check whether the concern is isolated or part of a pattern.
- Consider whether the intern requires more direct observation or a narrower range of tasks while the concern is addressed.
- Give clear feedback linked to the relevant competency or professional expectation.
- Document the concern, the agreed action and the review date.
- Where client safety, professional conduct, progression or suitability for continued supervision is in question, contact the ACAud Secretariat and follow relevant employer escalation processes.

9.2 Remediation / performance support plan

A short, written plan can be used when improvement needs to be demonstrated over time. It should state the concern, required standard, learning actions, supervision level, evidence of improvement, timeframe and review outcome. A template is included in Appendix B.

9.3 Unsafe practice

If an intern's practice may place a client at risk, the supervisor should intervene promptly and calmly, take control of the clinical situation where necessary, then debrief and document the event. Any continuing or serious concern should be escalated through the employer and ACAud processes applicable to the circumstances.

9.4 Ending or changing supervision

If the supervisor wishes to terminate the Supervisory Agreement, the current declaration requires written notification to the ACAud Secretariat as soon as practicable and reasonable efforts to assist the intern to secure an alternative appropriately qualified supervisor. Changes to the Supervisory Plan must be approved before implementation.

10. Professional, ethical and culturally responsive supervision

Supervisors model the professional behaviours expected of interns. The current Supervisory Plan specifically places responsibility on supervisors to support safe, culturally responsive, inclusive, person-centred and evidence-based hearing healthcare.

Confidentiality and documentation: Discuss client information only for legitimate clinical, supervision and governance purposes. Ensure journal and portfolio content avoids identifiable client information unless the applicable process expressly requires it and appropriate protections are in place.

Professional boundaries: Keep the supervisory relationship professional, clear and respectful. Address conflicts of interest or role confusion early.

Cultural safety: Model respectful engagement with Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities. Encourage the intern to reflect on communication, access, assumptions and the client's preferences.

Person-centred care: Supervision should reinforce informed participation, appropriate communication, client goals and evidence-based clinical decision-making.

Professional conduct concerns: Where concerns arise about conduct, competence or suitability for continued supervision, document facts and communicate with the Secretariat in accordance with the Supervisory Plan declaration and relevant employer processes.

11. Communication and mentoring techniques

11.1 Coaching questions

Questions that ask the intern to explain their reasoning are often more useful than immediately providing the answer. Examples:

Situation	Coaching question
Inconsistent result	"How confident are you in the reliability of this result? What would you check before accepting it?"
Client hesitates about rehabilitation	"What concern is the client expressing, and how could you explore it without pressure?"
Documentation gap	"What information would another clinician need here to safely understand what happened and why?"
Complex fitting	"Which client goal is the priority, what does the evidence tell you, and what will you measure after the change?"

11.2 Difficult conversations

Prepare difficult conversations by separating facts from assumptions. State what you observed, explain why it matters, invite the intern's perspective, agree the required action and document the outcome. Focus on behaviour and clinical impact rather than personality.

11.3 Wellbeing and support

Supervision can include reasonable check-ins about workload, confidence and challenges that may affect learning or performance. Where additional support is needed, consider appropriate workplace supports and, when available and relevant, the ACAud Fellow Mentorship Program. Mentorship supplements rather than replaces formal ACI supervision.

12. Supervisor stage checklist

Point in pathway	Supervisor check
Before start	☐ confirm pathway ☐ approved employment/setting ☐ Primary Supervisor ☐ separate plan for each supervisor ☐ written ACAud approval ☐ approved start date
Stage 1	Standard pathway: ☐ 120 elbow hours minimum / 30 per week ☐ 100% file review ☐ Daily Logbook ☐ Supervision Report For Audiometrist and Overseas-Qualified Audiologist (HR) pathways: ☐ CAPE + KIT must both be Competent before Stage 2 (Domestic-Qualified Audiologist and Overseas-Qualified Audiologist (DRS) pathways are exempt from the CAPE/KIT gate) ☐ Submit for ACAud verification
Stage 2	☐ 300 general-supervision hours minimum / 30 per week ☐ 50% file review ☐ 4 webinars/quizzes ☐ Portfolio Part 1 ☐ Clinical Competency Journal ☐ Daily Logbook ☐ Supervision Report ☐ submit for verification
Stage 3	☐ 780 general-supervision hours minimum / 30 per week ☐ 25% file review ☐ 5 webinars/quizzes ☐ Portfolio Part 2 ☐ Clinical Competency Journal ☐ Daily Logbook ☐ Supervision Report ☐ submit for verification
Stage 4	☐ 360 general-supervision hours minimum / 30 per week ☐ 10% file review ☐ 3 webinars/quizzes ☐ Portfolio Part 3 ☐ Clinical Competency Journal ☐ Daily Logbook ☐ Supervision Report ☐ submit for verification before CCP progression

13. Reference map: use the intern-specific handbook

Applies to	Key handbook references
All four handbooks	• Supervision Information • Starting Supervision • Internship Conditions – For Supervisors • Supervisory Plan and Responsibilities • Duties of a Supervisor • Key Terms • Internship Stages and Requirements • Daily Logbook Internship Webinars via LMS • Portfolios • Clinical Competency Journal
Domestic-Qualified Audiometrist	• Examination Information • CAPE & KIT Overview • Examination Results and Further Attempts
Overseas-Qualified Audiometrist	• Examination Information • CAPE & KIT Overview • Examination Results and Further Attempts
Overseas-Qualified Audiologist	• Examination Information • CAPE & KIT Overview • Diagnostic Rehabilitation Specialist Exam • Examination Results and Further Attempts • Apply the universal Stage 1 elbow-supervision rule and the correct HR Audiologist vs direct DRS examination gate.
Domestic-Qualified Audiologist	• No CAPE/KIT Stage 1 progression gate • Apply the standard Stage 1 elbow-supervision requirement and the approved domestic Audiologist pathway requirements.

13.1 Key ACAud documents referenced by the current Supervisory Plan

- Certification and Examination Policy
- Professional Competency Standards Framework / National Competency Standards for Audiologists and Audiometrists
- Scope of Practice
- Code of Conduct and professional practice requirements
- Current Supervisory Plan and Responsibilities form
- Current ACI Daily Logbook, Supervision Report, Portfolio requirements and Clinical Competency Journal
- Applicable intern ACI handbook
- ACAud Clinical Recognition and Progression Framework
- Internship and Supervision Policy
- Fitness to Practise Policy

- ACI Frequently Asked Questions and current pathway flowcharts

Supervisors should use the current versions supplied through ACAud channels and the Member Portal/Secretariat rather than relying on saved or superseded copies.

14. Conclusion

Consistent supervision depends on a clear common framework, accurate application of the intern's approved pathway, and adherence to current ACAud governance. Supervisors should work from the Board-approved policies, approved Supervisory Plan, applicable intern handbook, current pathway flowchart and written ACAud determinations, and seek Secretariat clarification rather than assuming that a rule from one pathway applies to another.

The supervisor's role is to provide safe oversight, purposeful learning opportunities, constructive feedback and accurate documentation while the intern progresses through the ACI stages and toward clinical certification.

Appendix A – Supervision session note

Optional practice template. This is a supervision aid and does not replace any required ACAud form.

Field	Record
Intern name	
Supervisor name	
Date	
ACI pathway / stage	
Supervision type	Elbow / General / Other pathway-specific approved arrangement
Cases / activities reviewed	
Strengths observed	
Learning needs identified	
Feedback provided	
Agreed actions	
Review date	

Appendix B – Remediation / performance support plan

Optional practice template for documenting a defined learning or performance concern. Escalation requirements remain subject to the Supervisory Plan, ACAud processes and employer procedures.

Field	Record
Concern / competency area	
Objective evidence / examples	
Clinical or professional impact	
Required standard	
Learning and practice actions	
Supervision / observation required	
Evidence that will demonstrate improvement	
Timeframe	
Review date	
Outcome / next step	

Appendix C – Difficult conversation preparation record

Field	Record
Issue to be discussed	
Facts / observations	
Why it matters	
Intern perspective	
Agreed action	
Support offered	
Follow-up / review date	
Escalation required?	Yes / No – details:

Appendix D – Reflective practice prompt

Prompt	Reflection
Clinical situation	
What went well?	
What was challenging?	
What did I notice about my reasoning or communication?	
What did I learn?	
What will I do differently next time?	
What support or practice do I need?	
Supervisor comments / next steps	