

# Communication for Safe Care

Enhancing Healthcare Access for People with Communication Disabilities

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## South Western Sydney and Western NSW Local Health Districts Student Placement Report May 2025



In partnership with



South Western Sydney  
Local Health District

Western NSW Local Health District



THE UNIVERSITY OF  
SYDNEY

## Acknowledgement of Country

South Western Sydney and Western NSW Local Health District acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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## Acknowledgement of Lived Experience

The Communication for Safe Care project acknowledges the lived experience of those with communication support needs, their carers, friends, family, and support people. We value their contributions and thank them for the time and expertise they have provided to this project.

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## Project Partners

The Communication for Safe Care project is a multiagency project partnership across South Western Sydney Local Health District, Western NSW Local Health District, and the University of Sydney. We acknowledge the contributions of all project team members, researchers, and students who have been involved in the project.

The project is funded by an Information, Linkages, and Capacity Building Grant from the NDIS. We thank Dr Katherine Kelly, Prof Sue McAllister, and Ms. Lisa Maxey for their contributions to the initial grant application, which laid the foundation for this project.

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## Project Contributors

We acknowledge the vital contributions of our consumers, healthcare professionals, and partners. Their unique insights and lived experiences have not only shaped our project but have ensured that our solutions remain responsive, inclusive, and impactful. Their commitment and collaboration have been the cornerstone of our success.



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Explore the Communication for Safe Care project reports and resources [HERE](#)

# Executive Summary

This report summarises the outcomes and learnings from implementing service-level placements within the *Communication for Safe Care* project. These placements aimed to bridge the gap between traditional clinical training and the practical needs of healthcare services by embedding speech pathology students in project-based roles. Students developed skills in co-design, communication accessibility, and resource creation, contributing meaningfully to service improvement while meeting competency standards.

The initiative demonstrated the benefits of service-level placements, including enhanced workforce capacity, improved service delivery, and increased student readiness for clinical practice. It highlighted the importance of autonomy, reflective practice, and structured supervision in creating impactful learning experiences. Specific adaptations, such as hybrid supervision models and tailored onboarding, addressed challenges and supported successful student integration.

This report offers an evaluation of the placement model, outlining its structure, activities, and outcomes. It provides practical recommendations for future service-level placements, focusing on pre-placement preparation, supervision strategies, and aligning activities with organisational goals. The findings are valuable for educators, health services, and policymakers aiming to design placements that address workforce gaps, support students, and deliver tangible service outcomes.

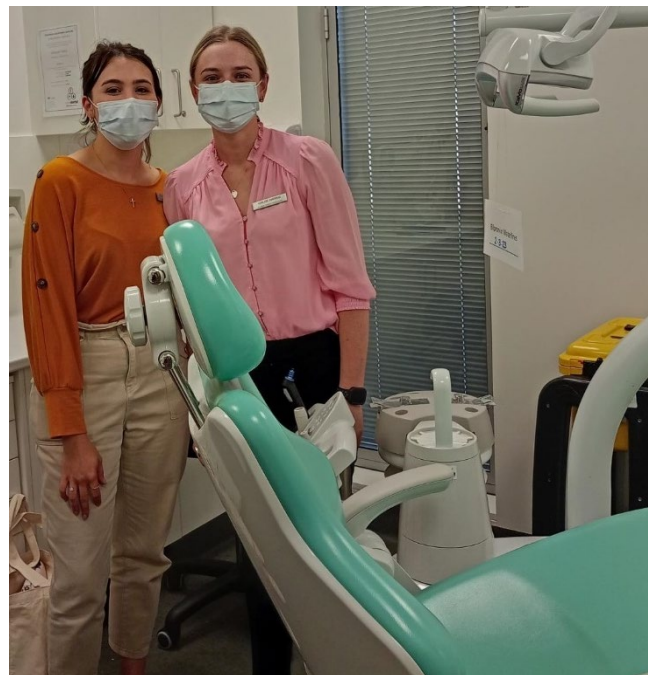


# Background

The Communication for Safe Care project (C4SC) aimed to make healthcare services more accessible for people with communication disabilities. Using a co-design approach, C4SC brought together healthcare workers, individuals with lived experience of communication disability, and senior health leaders to collaborate on designing solutions that meet the needs of all stakeholders. Approximately 1.2 million Australians live with a communication disability (Australian Bureau of Statistics [ABS], 2015). The United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) outlines the rights of people with disabilities, including access to inclusive healthcare services. Despite these legal frameworks, people with communication disabilities continue to face significant challenges in healthcare settings. They are more likely to experience adverse events in hospital and have poorer health outcomes compared to the general population (O'Halloran, Worrall, & Hickson, 2008).

A major barrier to improving healthcare for people with communication disabilities is the lack of routine, comprehensive training for healthcare workers in communication disability. Many healthcare professionals report a lack of confidence in providing quality care for patients with communication needs (Wallace, Worrall, Rose, & Le Dorze, 2018). The C4SC project aims to address these gaps by increasing the capacity of healthcare services to accommodate and support individuals with communication disabilities.

An integral aspect of the project was providing service-level speech pathology student placements. These placements extended the reach of the project's outcomes and objectives while also offering valuable training for the future generation of health professionals. Speech pathology students had the opportunity to gain hands-on experience in applying their knowledge to real-world settings, enhancing their understanding of communication disabilities and inclusive healthcare. The placements also allowed students to explore how service-level-based placements meet assessment requirements, bridging academic learning with practical experience. By embedding students in the project, C4SC ensured that the next generation of healthcare workers would be better equipped to deliver inclusive, person-centred care to individuals with communication disabilities.



# Introduction

The ability of healthcare professionals to communicate effectively is essential for delivering safe, high-quality care. Recognising this, the Communication for Safe Care project aimed to enhance the capacity of healthcare workers (HCWs) to support people with communication support needs. An innovative component was the proposal for a novel student placement model designed to address a key gap identified in health education.

O’Leary and Cantillon (2020) highlighted a critical issue in health professional training: graduates often perceive their practicum experiences as disconnected from the realities of practice, leaving them unprepared for the demands of their roles. This gap underscores the need for placements that are more closely aligned with practical outcomes. The goal of this initiative was to create a placement model that is **value-adding to services and fit for purpose**, focusing on **outputs rather than inputs**.

The cornerstone of this placement model was **transference** – the ability of students to apply their learning in meaningful and practical ways that benefitted both their development and the healthcare service. Speech pathology students, supervised by qualified educators, were integrated into the project to:

1. Assess healthcare workers' communication support capabilities.
2. Evaluate environmental factors affecting communication.
3. Develop practical resources.
4. Deliver training on communication strategies.

The model benefited both service delivery and student development while building workforce capacity for supporting consumers with communication disabilities. Placements in regional areas were specifically designed to improve recruitment and retention in underserved locations.

## University partnership and alignment with Vision 2030

In partnership with the **University of Sydney**, this initiative aligned with Speech Pathology Australia's Vision 2030 for communication-accessible communities. The collaboration explored how service-learning placements could help students meet their competency requirements while delivering meaningful outcomes.



# Placement structure and framework

## Staffing roles and supervision model

### Staffing structure (2022 -2023)

In 2023, the project was staffed with one full-time project officer in South Western Sydney Local Health District (SWSLHD) and one full-time project officer in Western NSW Local Health District (WNSWLHD). Additionally, each district had a part-time clinical specialist.

Within this staffing model, project officers facilitated the supervision of speech pathology students through site visits and supported project tasks. Clinical specialists were responsible for providing clinical supervision and assessing student competencies.

### Staffing structure (2023 – 2024)

In late 2023, the staffing structure changed, resulting in a single clinical specialist in SWSLHD (1.0FTE). This prompted the trial of a hybrid supervision model, where students from both SWSLHD and WNSWLHD were supported by a clinical specialist through a combination of in-person and online supervision.

## Students

### Student cohorts

Students completing entry-level adult placements, including undergraduate and master's cohorts, attended four-day-per-week placements over six weeks. They submitted weekly reflections, participated in one-on-one supervision, and engaged in independent and collaborative tasks across sites and with the project team. Students who consented to the research component participated in focus groups at the start and conclusion of their placement.

### Alignment with professional standards

All placement activities were strategically aligned with COMPASS competency standards. The COMPASS is a competency-based assessment tool used by the Speech Pathology profession to assess the performance of speech pathology students in their placements. The COMPASS uses two sets of competencies – professional competencies, which include reasoning skills, communication skills, lifelong learning, and professionalism; and occupational competencies, which include skills relating to speech pathology practice such as assessment, implementation, and planning of evidence-based practice. By aligning placement activities with the COMPASS standards, the project ensured students developed essential entry-level professional and occupational skills, while contributing meaningfully to the project.

A key research focus of the students' involvement in the project was to assess whether service-level placements provide sufficient opportunities to meet the occupational competencies outlined in COMPASS. The language of COMPASS closely aligns with traditional clinical placements, where students are expected to work directly with patients and families. To expand their perspective on speech pathology practice, students were encouraged to consider how their placement fostered the development of broader strategic skills in assessment and implementation, beyond individual patient care. Regular meetings were held to discuss how project activities aligned with COMPASS competencies.



# Student placement snapshot



Health  
South Western Sydney  
Local Health District



Health  
Western NSW  
Local Health District



**Communication for  
Safe Care**

## Student Placement Snapshot

24 Students participated in the project

### Student contributions

- Development of Communication Access Observation Tool (CAOT)
- Delivered inclusive communication training
- Created accessible document guidelines
- Conducted site visits and accessibility audits
- Supported co-design workshops

### Key outcomes

- Practical application of clinical skills
- Improved project delivery capacity
- Improved student readiness for clinical roles
- Piloted a hybrid model of student supervision

### Success factors

- Student autonomy and independence
- Strong team integration
- Regular reflection opportunities
- Structured project planning
- Workplace readiness



**“This experience has broadened my understanding of the Speech Pathologists role and heightened my awareness of inclusive communication.” - Student Feedback**

# Placement structure

Total number of students: 24

Year	WNSWLHD	SWSLHD	Total students
2022	0	4	4
2023	6	6	12
2024	2	8	8

## Weeks 1–2: Onboarding and orientation

Students completed onboarding activities to familiarize themselves with the project and its objectives. Key elements included:

### Tutorials

Tailored to each placement and aligned to the phase of the project: covering co-design, inclusive communication, reflective practice, the Communication Access Observation Tool (CAOT), access checks, and Easy Read principles.

### Independent learning

Students undertook tasks such as reviewing NSW’s Accessibility and Inclusivity Toolkit, completing the Council for Intellectual Disability’s “Just Include Me” modules, and exploring the Communication Hub website, supported by training and resources.

## Weeks 3–5: Completion of project tasks

Students began assigned project activities in Week 1, tailored to the project's current phase. A mid-placement COMPASS assessment occurred in Week 3. By Weeks 4 and 5, students gained knowledge and confidence, enabling them to work independently as part of the project team.

## Week 6: Finalisation and handover

In the final week, students consolidated and handed over tasks, finalized project activities, transitioned work to the next cohort or project team, and completed the final COMPASS assessment.

## Evaluation and continuous improvement

The clinical educator (CE) gathered student feedback throughout the placement, finalising it in Week 6. Adjustments to the orientation, tutorials, and tasks were made before the next student cohort began.

# Student contributions to project development

## Development and testing of the Communication Access Observation Tool (CAOT)

- **Comparison to IFCI:** Compared the CAOT with the Inpatient Functional Communication Interview (IFCI) to identify strengths and gaps.
- **Development and updates:** Created and updated a digital CAOT version in Qualtrics for improved accessibility and usability.
- **User testing:** Tested both paper-based and digital CAOT versions to ensure practicality and effectiveness, using feedback to evaluate project outcomes at target sites.

For further information about the CAOT, please see the project evaluation report.

## Providing inclusive communication training

- Students delivered training to diverse healthcare professionals, including oral health and occupational therapy students and disability resource teams. Sessions covered inclusive communication, communication support needs, reasonable adjustments, and creating accessible resources.

## Accessible documents guidelines

- **Research summary:** Compiled evidence on document and digital resource accessibility to guide project activities.
- **Checklist development:** Developed a practical checklist based on research findings to create accessible documents and resources.

## Scoping activities

- Students conducted a detailed audit of disability-related training on NSW Health's My Health Learning platform, assessed communication accessibility through site visits, and developed access checks and patient journey maps.

## Co-design workshop support

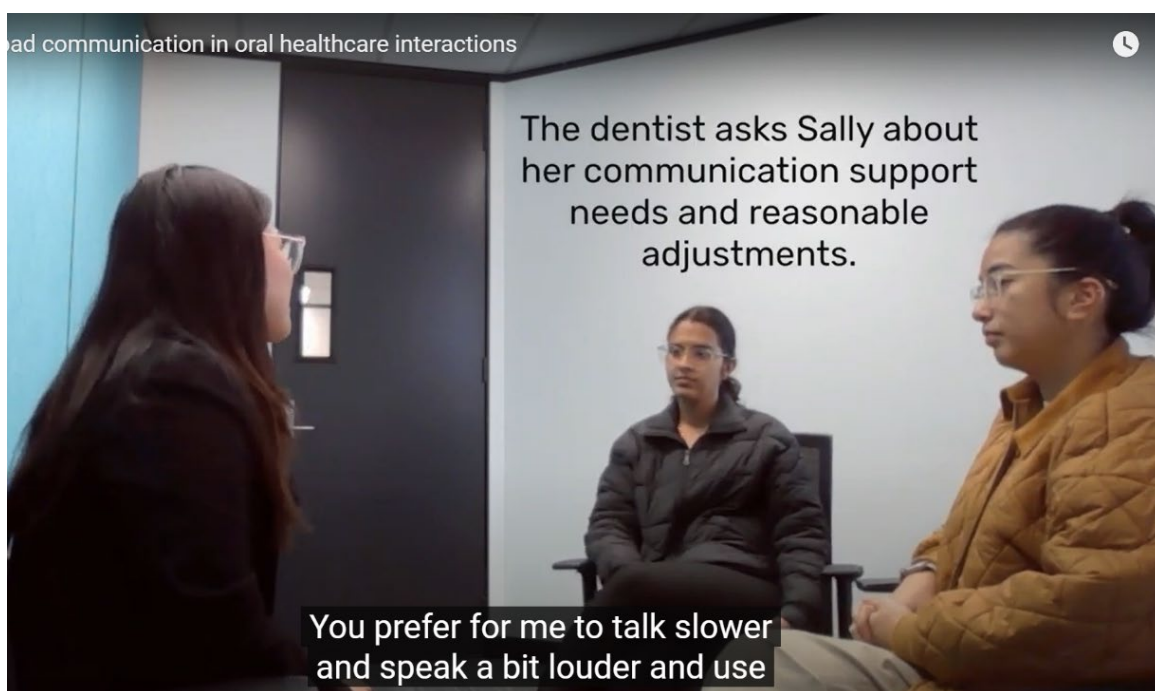
- Students improved workshop accessibility by conducting access checks, creating participant profiles, designing visual aids, developing and testing patient journey maps with consumer input, and producing welcoming, accessible materials.

## Evaluation and implementation

- Students supported service improvement by collecting data on communication support needs, developing training evaluation tools, creating and testing training resources with consumers, delivering specialized training, and gathering pre- and post-intervention data.

## Additional activities

- Students contributed to newsletter articles, created easy-read translations of project materials, co-designed mock activities for training, collaborated with occupational therapy students to develop a communication board, and participated in advisory network meetings post-placement to provide updates and gather stakeholder input.



Students created the video resource: Good and Bad Communication in oral healthcare interactions. Access the video: <https://www.youtube.com/watch?v=5DoOUboTQXM>

# Skill development and growth

## Development of clinical skills and knowledge

Students enhanced their clinical skills by:

- Conducting observational assessments and evaluating accessibility in diverse healthcare contexts
- Implementing patient-centred care and adapting communication for diverse stakeholders
- Creating accessible documentation using Plain English and Easy Read formats
- Designing and delivering staff training programs grounded in co-design principles
- Engaging with individuals with communication support needs and contributing to quality improvement initiatives
- Developing advocacy skills for communication accessibility through reflective practice and continuous improvement

## Development of professional and workplace skills

Students gained valuable professional competencies including:

- Navigating NSW Health systems and protocols
- Working effectively in hybrid teams and using digital collaboration tools
- Strengthening project management and administrative skills
- Balancing multiple priorities and developing problem-solving strategies
- Seeking support appropriately in workplace settings

## Impact on the project

Students enhanced outcomes by developing evidence-based resources, extending the project's reach beyond target sites, and increasing engagement with consumers and staff.

## Student feedback and reflections

Participants highlighted several benefits of the placement, including:

- Enhanced readiness for future clinical roles
- Improved work-life balance compared to traditional placements
- Greater autonomy in managing workloads
- Strong team integration and sense of value
- Increased motivation for patient advocacy
- Greater awareness of accessibility considerations

For more details, refer to the University of Sydney student report.

# Service placement learnings

## Adaptation of project structure

As discussed above, the project highlighted the need for modifications to the language and structure of the COMPASS assessment tool to ensure its relevance and applicability to project and service-level placements. Tailoring the tool to these unique contexts supported more accurate evaluations of student performance.

## Adaptation of COMPASS

Students were encouraged to adopt a broader view of assessment and intervention, beyond individual patient care. See appendix for a detailed outline of how project activities were aligned to COMPASS.

## Key factors contributing to student success

### Autonomy and independence

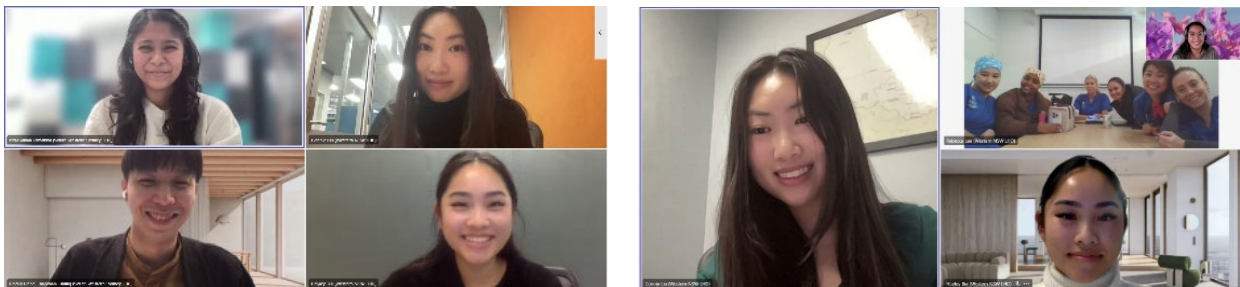
Students thrived when given substantial autonomy, which fostered critical problem-solving, time management, confidence in decision-making, proactive engagement, and prioritization skills.

### Team integration

Success was enhanced by active participation in team meetings and decision making, recognition of contributions, equal access to resources and support, and inclusion in team communications.

### Structured project planning

Clear documentation and planning improved engagement, with detailed orientation materials, task-to-competency mapping, regular progress reviews, and structured feedback mechanisms.



## Characteristics of high performing students

### Self-direction and initiative

Strong performers displayed independence, proactive learning, motivation, organizational skills, and initiative in seeking support.

### Adaptability and learning orientation

They excelled through flexibility, openness to feedback, skill transfer, and enthusiasm for professional growth.

### Reflective practice

High achievers engaged deeply in reflective practice, integrated feedback, recognized learning opportunities, and critically analysed performance.

### Communication excellence

Top performers excelled in clear, professional communication, stakeholder engagement, meaningful contributions, strong documentation, and audience-specific communication adaptability.



## Challenges encountered

### Expectation alignment

Managing student expectations was a challenge, particularly for those anticipating traditional clinical experiences. Key issues included:

- Difficulty recognising the value of project-based learning.
- Resistance to broader learning opportunities due to traditional clinical expectations.
- Challenges in identifying clinical skill development within project work.

### Management strategies

- Enhanced pre-placement communication about structure and objectives.
- Clear links between project work and clinical skill development.
- Regular reflection sessions on skill transfer and professional growth.
- Discussions on how project skills translate to clinical practice.
- Ongoing dialogue about the evolving role of speech pathology.

### Recognition of learning opportunities

Supporting students in maximizing learning opportunities involved:

- Structured reflections on skill development.
- Explicit connections between tasks and clinical competencies.
- Emphasis on transferable skills and their applications.
- Recognition of diverse learning experiences.
- Encouragement of professional growth through non-traditional activities.

The Communication for Safe Care Project provided students with a unique opportunity to actively shape their placement experience. Through direct participation in co-design processes, they took on leadership roles and contributed to program development and implementation.



# Recommendations

## Pre-placement preparation

Provide clear onboarding resources, such as access checks, staff profiles, and welcome videos, ensuring students review them before starting.

## Supervision models

Build rapport in hybrid supervision through structured check-ins, feedback, and personalized support. Balance autonomy and oversight to foster independence.

## Orientation and onboarding

Tailor interactive tutorials and independent tasks to placement phases. Use icebreakers to enhance team connections.

## Team integration

Involve students in decision-making and recognize their contributions to foster a sense of value and belonging.

## Reflective practice

Embed reflection sessions linking project activities to clinical competencies and transferable skills. Provide tools for self-reflection.

## Hybrid placement challenges

Use communication platforms like Microsoft Teams with structured channels. Address technical issues with reliable internet and equipment.

## Co-design and problem-solving

Engage students in co-design to address skill gaps and develop innovative solutions using structured brainstorming methods.

## Accessibility and inclusivity

Train students in inclusive communication and accessible documentation. Incorporate consumer input into resource development.

## Expand placement impact

Align placements with organisational goals to build workforce capacity and address regional workforce shortages.

## Continuous improvement

Collect feedback to refine placements and inform future strategies for student engagement and success.



# Conclusion

The Communication for Safe Care project successfully positioned students as active contributors to the project team, fostering a collaborative and innovative approach to professional development. Through co-design, students identified workplace skill gaps and developed tailored solutions, ensuring practical and meaningful changes were trialled and refined through real-world experiences.

The project highlighted the importance of open communication, supportive environments, and structured resources in enhancing student placement experiences. While areas such as self-reflection support and pre-placement resource engagement require further attention, the initiative provided valuable insights and laid a strong foundation for future improvements.

Ultimately, the project highlighted the power of collaboration in creating positive, inclusive, and effective learning environments that benefit both students and healthcare services.



# Case Studies:

## Students as partners in co-design



# 1. Co-Designed hybrid placement model

## Background

Organisational changes within the Communication for Safe Care (C4SC) team led to an innovative hybrid student placement model. This model assigned student pairs across Western NSW Local Health District (WNSWLHD) and South Western Sydney Local Health District (SWSLHD). Supervision combined remote and in-person support, with a clinical educator alternating fortnightly site visits and daily guidance from local project teams.

The model was developed over two cohorts: the first focused on planning and design, and the second on implementation and evaluation.

## Phase 1: Scoping

The co-design team included diverse perspectives from a clinical specialist (SWSLHD), project officers from both districts, and speech pathology students.

## Phase 2: Issue identification and prioritisation

The team used anonymous polling to explore supervision experiences from both supervisors (project team) and supervisees (speech pathology students), focusing on:

1. Elements of positive supervision
2. Challenges in supervision
3. Potential issues in hybrid supervision

### Positive supervision elements

- Student autonomy and independence
- Regular feedback and reflection opportunities
- Personalized learning aligned with individual strengths
- Approachable, supportive supervisors
- Self-motivated students with initiative

### Challenges in supervision

- Excessive micromanagement
- Unrealistic supervisor expectations
- Poor rapport between supervisors and students
- Lack of student motivation and independence
- Imbalanced workloads
- Insufficient oversight with excessive independence

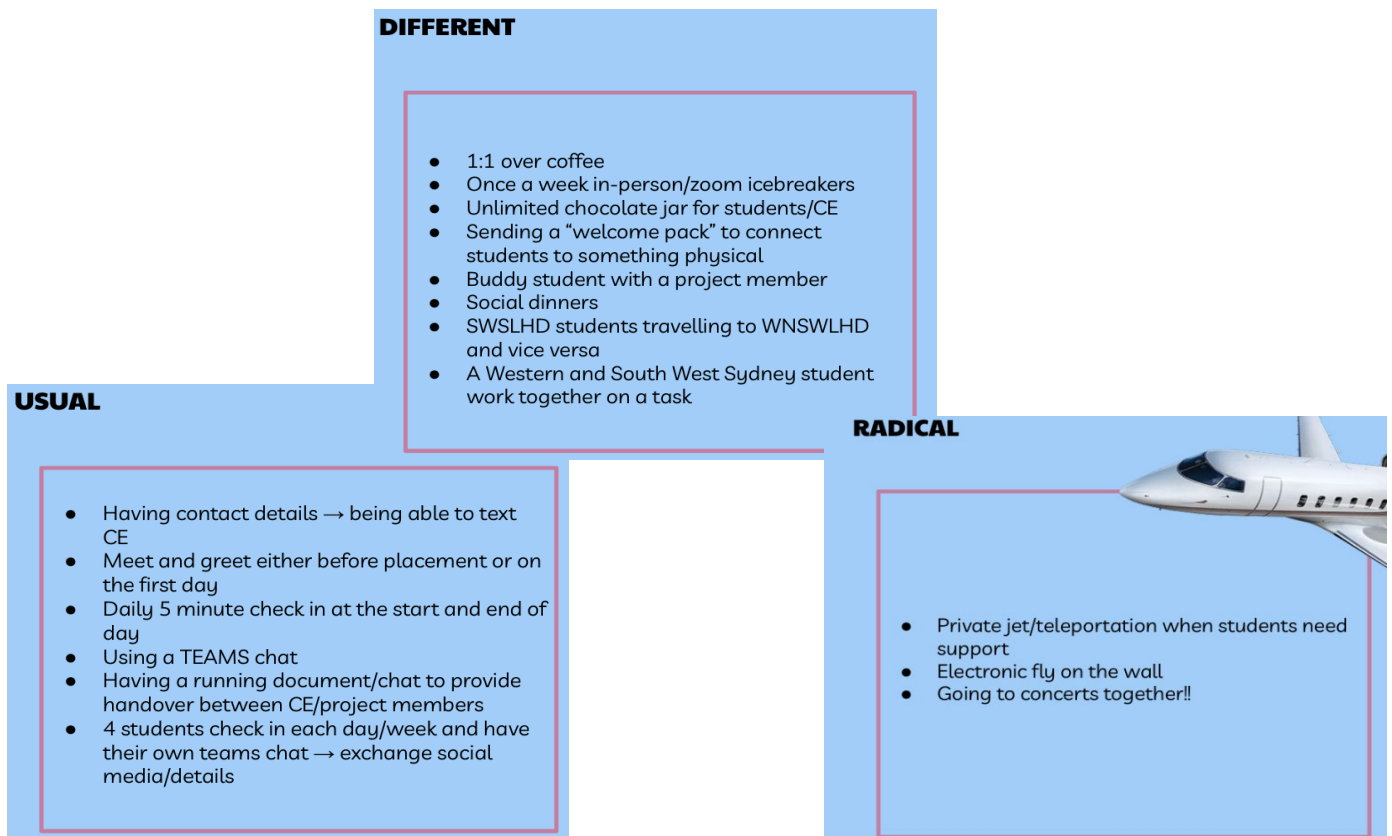
## Hybrid specific challenges

- Difficulty building online rapport
- Reduced motivation in remote settings
- Managing expectations across teams
- Technical issues (e.g., connectivity)
- Maintaining engagement during virtual meetings
- Limited support during remote supervision

Following this exploration, the co-design team collaboratively categorized these findings into themes and identified the most critical issues to be addressed in the next phase.

The primary issue identified was **“Difficulties building rapport/having connection.”**

Using the Power of Three brainstorming method, the team generated and assessed diverse solutions, focusing on feasibility and impact.



## Phase 4: Implementation

The solutions were piloted during placements with students at Campbelltown (SWSLHD) and Dubbo (WNSWLHD), focusing on three key areas:

### 1. Structured check-ins

- Daily morning huddles for task planning and informal relationship building
- Afternoon progress updates with adjusted frequency as needed
- Weekly one-on-one supervision sessions
- In-person connections through team lunches and site visits
- Cross-site collaboration via student pairings and shared reporting lines

### 2. Orientation support

- A welcome video for SWSLHD students
- Local guides with events and dining options for WNSWLHD students

### 3. Strategic communication channels

Microsoft Teams was used with specific channels for:

- Full project team and student discussions
- Supervisor-student group interactions
- District-specific conversations
- Individual student-supervisor communication
- Peer support spaces

## Phase 5: Evaluation

A focus group evaluated the implementation, with key findings including:

- The welcome video effectively reduced uncertainties and fostered belonging.
- The cross-district buddy system facilitated meaningful connections and smoother transitions.
- Microsoft Teams 'chats' created a supportive community, empowering students to engage independently.

The hybrid placement model demonstrated significant potential for fostering collaboration, enhancing supervision, and addressing the unique challenges of hybrid placements.

## 2. Students as project team members

### Background

The Communication for Safe Care project integrated students as active project team members, offering them the opportunity to identify professional skill gaps and co-design activities to address these challenges.

### Phase 1: Scoping

The co-design team included diverse perspectives from a clinical specialist (SWSLHD), project officers from both districts, and speech pathology students.

### Phase 2: Issue identification and prioritisation

The team explored issues from both supervisor (project team) and supervisee (speech pathology student) perspectives through three prompting questions:

- Reflect on a time when you felt part of a team and were able to contribute meaningfully. What factors contributed to a positive experience?
- What makes it difficult to participate, engage, and contribute on placement?

The responses were summarised into themes:

#### Positive experiences

- Approachable and supportive staff
- Clear roles and evenly distributed work
- Understanding of learning styles and trust within the team
- Respectful, open communication and inclusive environments

#### Negative experiences

- Intimidation or anxiety
- Uneven workloads and lack of trust
- Misaligned expectations of knowledge and learning styles
- Poor conflict resolution

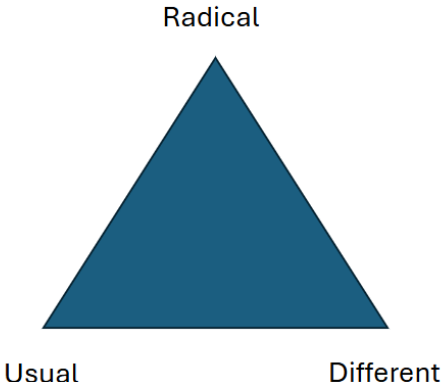
#### Key issues identified

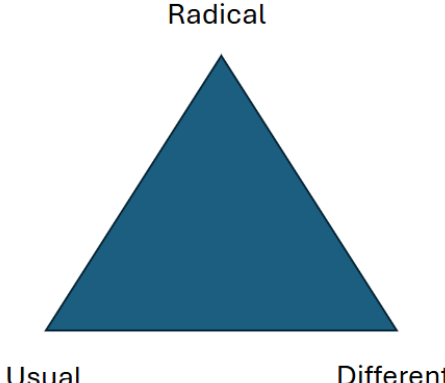
Following these discussions, the team voted to identify and prioritise the most critical issues to address:

1. Students have minimal/no experience in professional workplaces or office settings.
2. Students feel unqualified or intimidated to contribute.

## Phase 3: Solutions development

Using the "power of three" approach, the co-design team brainstormed multiple solutions for the top two prioritised issues. The students then evaluated and selected practical and effective solutions for implementation.

What are some solutions? Students have minimal/no experience in professional workplaces or office settings	
	<b>Usual:</b> Provide orientation/student tutorials Student checklists to follow for orientation Observing meetings Explicit instruction
	<b>Different:</b> Longer placements to settle in/gain more experience Online activities/simulation before placement (e.g. choose your own adventure/a day in the life video) Make sure students complete all pre-placement activities Certificate or way to track completion of pre-placement videos Compulsory yes/no question at end of activity Pre-admission style quiz on first day to check understanding/access check
	<b>Radical:</b> Students have more placements/compulsory work hours Compulsory experience before going on service level placement

What are some solutions? Issue: Students feel unqualified or intimidated to contribute	
	<b>Usual:</b> <ul style="list-style-type: none"> <li>Spending time getting to know project team</li> <li>Team lunch on day 1</li> <li>Casual/relaxed team vibe</li> <li>Create opportunities to contribute earlier in the placement – e.g. Ideas/tasks that align with student's areas of interest/experience (something familiar)</li> </ul>
	<b>Different:</b> <ul style="list-style-type: none"> <li>Send team profiles before placement</li> <li>Ice breaker in huddles</li> <li>Leaving space in the conversation for students to join</li> <li>Students co-designing with the project team/having an open conversation</li> <li>Introduction to the project team dynamics vs the rest of the office</li> </ul>
	<b>Radical:</b> <ul style="list-style-type: none"> <li>Changing the office setting</li> <li>Speed dating style – get to know each other</li> </ul>

## Priority solutions

1. Create an access check for students to complete before placement.
2. Create staff profiles for the students to get to know the team better.
3. Incorporate ice breaker questions in daily team huddles.

## Phase 4: Implementation

The identified solutions were trialled during the subsequent placement block with two speech pathology students.

## Phase 5: Evaluation

The co-design team conducted a focus group to evaluate the solutions:

- **Access checks** effectively introduced project principles and encouraged discussions on learning styles, though some students needed more support with self-reflection.
- **Pre-placement resources** (e.g., staff profiles) were underutilised but reduced anxiety for students who reviewed them.
- **Icebreakers** successfully initiated conversations, though their effectiveness varied with question quality.

This case study highlights the importance of structured support, open communication, and innovative co-design in fostering positive and meaningful student placement experiences.

## Appendix A: References

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## APPENDIX B: Communication for Safe Care Project Tasks and Links to COMPASS

### Professional Competency Unit 1: REASONING

Competency	Performance Criteria	Behavioural Exemplar	Example Task
Use effective thinking skills to ensure quality speech pathology practice	Critically evaluate, interpret, and synthesise information from a variety of knowledge bases	<ul style="list-style-type: none"> <li>Use a variety of knowledge bases.</li> <li>Integrate evidence from research and practice with the preferences of the client and constraints of the service.</li> <li>Reflect on the accuracy, reliability, and validity of observations and conclusions.</li> <li>Recognise how own attitudes, beliefs, and life experiences contribute to interpretation of information.</li> <li>Seek support in complex situations.</li> <li>Prioritise the key issues for service provision</li> </ul>	<ul style="list-style-type: none"> <li>Participate in co-design workshops as appropriate.</li> <li>Complete access checks with consumers before workshops</li> <li>Complete HCW survey</li> <li>Reflect on own life experiences.</li> <li>Support team to develop co-designed resources before/after solutions workshop.</li> <li>Participate in the evaluation of the workshops</li> <li>Modifying and creating accessible resources</li> </ul>
	Use metacognitive skills to monitor reasoning strategies		
Integrate collaborative and holistic viewpoints into professional reasoning	Share decision making with the client and/or caregiver and/or community		
	Understand and respond appropriately to the client and/or caregivers experience of care, and factor this into decisions		
	Generate and implement plans that are specifically tailored to the client/family or community		
Use sound professional reasoning strategies to assist planning for all aspects of service management	Identify the constraints and possibilities implicit in the broader context, and how these should influence the reasoning process		
	Identify priorities and generate and execute a plan to gather information at each stage of the reasoning cycle		
	Use new information to modify plans, including within sessions and short-and long-term plans		
	Project outcomes		
	Apply reasoning skills continuously throughout the intervention to plan, evaluate/monitor and modify each phase of service to the client/family/community		

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## Professional Competency Unit 2: COMMUNICATION

Competency	Performance Criteria	Behavioural Exemplar	Example Task
Use interpersonal communication skills to facilitate the effective practice of speech pathology	Use an effective repertoire of communication skills with all communication partners, including clients/caregivers, staff in their workplace or other agencies, and members of the community	<ul style="list-style-type: none"> <li>• Demonstrate a consistent repertoire of effective communication skills with clients/caregivers, colleagues, other agencies, and members of the community.</li> <li>• Be aware of strengths and weakness and work to refine communication skills.</li> <li>• Recognise when ineffective communication has occurred and act to address this.</li> <li>• Maintain a focus on the communication partner.</li> <li>• Complete documentation in an up to date, objective, accurate and timely manner</li> <li>• Effectively communicate when negotiating, consulting, or collaborating with peers and colleagues on routine matters</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to emails quickly and professionally</li> <li>• Complete all reports and presentations within agreed upon timeframes.</li> <li>• Build professional relationships with the project team and the broader office.</li> <li>• Build a professional relationship with your peer and address any issues appropriately.</li> <li>• Ask your CE about the font and style guidelines for reports and presentations.</li> <li>• Attend daily meetings and huddles with the project and broader team</li> <li>• Communicate effectively with staff at target sites including students from other disciplines</li> </ul>
	Communicate from a position of respect and empathy		
	Understand the effect of nonverbal, cultural, and situational components of communication		
Use communication skills to develop and understanding of and appropriate response to the needs of others			
Use oral and written reporting and presentation skills to meet speech pathology objectives	Develop documentation that is objective, accurate, legible, and up to date		
	Identify useful and necessary information to be included according to the context and purpose of the report or presentation		
	Communicate information in an ethical manner		
	Present written and verbal information in a clear, concise, meaningful, and logical manner across all media and contexts		
	Use style and content that is appropriate to the target audience		
Follow organisation policies, procedures, and guidelines for reporting and/or presentation of information			
Communicate effectively with work teams	Communicate effectively when negotiating, consulting, and collaborating with colleagues and peers		
	Participate in development of cross-professional relationships and team-based approaches		

## Professional Competency Unit 3: LEARNING

Competency	Performance Criteria	Behavioural Exemplar	Example Task
Reflect on performance	Accurately and objectively report on own performance	<ul style="list-style-type: none"> <li>Assess and report accurately and objectively on own performance.</li> <li>Seek supervision in less familiar and/or complex situations.</li> <li>Identify and acknowledge strengths, weaknesses, and learning needs</li> <li>Identify professional goals and a plan to achieve them</li> <li>Show initiative, perseverance, active extension of knowledge base, appropriate risk taking, and willingness to ask questions.</li> <li>Seek to share learning and insights with peers, colleagues, the CE, and clients.</li> <li>change performance in response to new information or learning experiences.</li> <li>integrate and apply new knowledge across a variety of subsequent contexts and ask questions to promote this process.</li> <li>recognise core/generic knowledge, practice, and ethical principles, and apply these to other contexts.</li> </ul>	<ul style="list-style-type: none"> <li>Complete regular written and verbal reflections with supervisor</li> <li>Engage actively in group reflection sessions.</li> <li>Organise to present new information to the project team.</li> <li>Contribute during team meetings</li> <li>Take responsibility for independent learning activities</li> <li>Seek support when needed</li> </ul>
	Reflect on and evaluate performance against goals, or relevant standards of performance		
	Demonstrate appreciation of different perspectives		
	Critically analyse information gathered from a variety of sources		
	Identify a range of possible responses to insights developed through reflection		
Structure own learning/professional development	Demonstrate familiarity with criteria for performance assessment		
	Identify and acknowledge strengths, weakness and learning needs		
	Develop personal and professional goals based on this appraisal		
	Develop and implement a plan to achieve personal and professional goals		
Demonstrate an effective attitude to learning	Show positive orientation to learning situations		
	Constructively respond to evaluative feedback		
	Take responsibility for own learning		
	Acknowledge own limitations and errors, and seek support where necessary		
	Share learning		
Able to change performance	Identify strategies for change		
	Change performance in response to new information or learning experiences		

	Integrate and apply new knowledge across a variety of subsequent contexts where this knowledge is relevant	<ul style="list-style-type: none"> <li>develop application of knowledge and principles through discussions with the CE, colleagues, or peers.</li> </ul>	
	Demonstrate ability to recognise core/generic principles and apply these to other contexts		

## Professional competency Unit 4: PROFESSIONALISM

Competency	Performance Criteria	Behavioural Exemplar	Example Task
Display effective organisational skills	Use effective time management across short and long timeframes	<ul style="list-style-type: none"> <li>Manage time competently across the working week and placement and demonstrate a longer-term perspective on caseload and workload management.</li> <li>act on priorities via effective strategies to manage time and workload, such as effective use of a personal diary, breaking large tasks into smaller ones and setting timeframes for completion.</li> <li>identify and seek support and advice when time management strategies are not successful.</li> <li>manage competing demands across all areas of practice successfully and responsibly.</li> <li>ask for help if required.</li> <li>conduct self in a professional manner and positively represent the profession.</li> <li>follow administrative policies, procedures, and guidelines of the organisation, and seek clarification if required.</li> <li>manage familiar caseload responsibilities effectively and responsibly, with minimal support and monitoring from the CE.</li> <li>seek support in new or complex situations.</li> <li>participate in and deliver a quality service using different service delivery models.</li> <li>participate in quality improvement processes.</li> </ul>	<ul style="list-style-type: none"> <li>Use a time management system that works for you – paper diary, electronic diary etc.</li> <li>Make sure that tasks are completed on time.</li> <li>Attend meetings on time.</li> <li>Speak professional and politely.</li> <li>Seek support if having difficulty meeting demands of the placement</li> </ul>
	Use personal organisation across all aspects of practice		
	Apply self-management to enable effective practice		
Conduct self in a professional manner	Respect facilities, materials, and staff of the organisation		
	Act in a reliable, responsible, and accountable manner		
	Positively represent the profession		
	Adopt professional dress, language, and behaviour according to the requirements of the service being provided		
Discharge administrative responsibilities effectively	Follow organisational administrative policies, procedures, and guidelines		
	Understand role, duties, and responsibilities within the service providers organisation		
	Manage caseload responsibilities effectively and responsibly		
	Participate in planning and deliver a quality service using different service delivery models		
	Maintain documentation in an exact, professional manner and according to service guidelines		
	Participate in quality management processes		
Take responsibility for quality service provision			

Possess a professional attitude/orientation	Consider the wellbeing of all clients, staff, and peers in the clinic	<ul style="list-style-type: none"> <li>• participate in broader roles, duties, and responsibilities of employees within the service provider's organisation, with the guidance and support of the CE.</li> <li>• demonstrate that he or she values the skills of the client, carer, peers, and other colleagues.</li> <li>• apply principles of client-centred practice</li> <li>• provide services in a holistic manner that considers the client/family/community's needs beyond the presenting issue.</li> <li>• apply core ethical principles to daily practice and seek guidance and support to apply them to unfamiliar or complex situations.</li> <li>• demonstrate ethical values of dignity, respect for client rights, non-discrimination, objectivity, and the need for professional interest to take precedence over personal interest.</li> <li>• respond constructively to feedback on his or her application of these values.</li> </ul>	
	Value the skills of the client, carer, peers, and other colleagues		
	Demonstrate client-centred practice		
	Demonstrate a holistic perspective to all aspects of the service that he or she provides		
Act collaboratively in the provision of services			
Demonstrate ethical behaviour	Apply the core principles underpinning ethical behaviour to all aspects of client care.		
	Display ethical values in practice.		
	Professional Competencies involved in reflection, critical thinking, reasoning, communication, and collaborative problem solving are applied to ethical reasoning required for daily speech pathology practice.		
	The speech pathology student meets the standards of practice expected by the profession with clients and the community, employers, profession, and colleagues.		