



Alberta College of  
Speech-Language Pathologists  
and Audiologists

*Hear. Speak. Connect.*

# Code of Ethics

October 2017

## **I. Background**

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is a professional regulatory body that protects and serves the public by regulating and supporting speech-language pathologists (SLPs) and audiologists to ensure competent, safe, ethical practice. SLPs and audiologists have been regulated under the *Health Professions Act* (HPA) in Alberta since July 1, 2002. The HPA directs the activities of ACSLPA and outlines the regulatory responsibilities of the College that are required to protect and serve the public.

Under the HPA, ACSLPA must establish, maintain, and enforce a Code of Ethics (Code) for the regulated professions. The Code outlines the ethical conduct expectations for both professions. It applies at all times to all regulated members regardless of their practice setting, length of time in practice, or role (e.g., direct service to the public, research, education, administration, consultation or any other area of practice). The Code states the minimum expectations for professional conduct that SLPs and audiologists should demonstrate to ensure competent, safe, ethical practice. Each regulated member of ACSLPA must practice in accordance with the Code; any breach of the Code may constitute unprofessional conduct, as defined in the HPA.

ACSLPA's Code of Ethics and Standards of Practice are interconnected; it is therefore recommended that they be reviewed together.

## **II. Purpose**

The purpose of the Code is to support an ethical culture by:

- providing a reference for regulated members to guide them in ethical behaviour and decision-making;
- serving as a tool for evaluating ethical behaviour and a legal reference for professional conduct; and
- outlining to the public what they can expect in terms of ethical practice from SLPs and audiologists in Alberta.

The Code outlines the ethical principles, values, and responsibilities to which regulated members must adhere. The Code is intended to be used in conjunction with relevant legislation, and key ACSLPA documents such as Standards of Practice, Competency Profiles, Guidelines, and Position Statements.

## **III. Ethical Principles**

The following four bioethical principles<sup>1</sup> serve as the foundation for ethical behaviour and decision-making of regulated members:

- Beneficence – acting in ways that benefit the health and welfare of others.
- Non-maleficence – practising with the intent of doing no harm or minimizing any potential harm which could occur.
- Justice – believing in fairness and the right of others to equitable access to services.

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<sup>1</sup> Beauchamp, T.L., & Childress, J.F. (2001). *Principles of biomedical ethics*. New York City, NY: Oxford University Press.

- Respect for autonomy – acknowledging the rights of others to self-determination and autonomy in making choices and informed decisions.

#### IV. Ethical Values

Ethical values are the fundamental shared beliefs of regulated members that guide and support their ethical decision-making. These values are aligned with ACSLPA's organizational values of: *Respect for All Persons, Professionalism, Competence, Collaborative Relationships, and Accountability*.<sup>2</sup> The overall expectation for each of these values is defined as follows:

- **Respect for All Persons**  
Regulated members demonstrate respect for all persons, promote the well-being of others, and recognize clients' rights to autonomy in decision-making regarding their care.
- **Professionalism**  
Regulated members demonstrate professional behaviour and integrity in the delivery of safe, ethical, quality services.
- **Competence**  
Regulated members maintain and ensure their competence throughout their professional careers.
- **Collaborative Relationships**  
Regulated members foster collaborative relationships with clients, service providers, and others to support integrated client-centred care.
- **Accountability**  
Regulated members take responsibility for their actions and decisions.

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<sup>2</sup> ACSLPA. (2011). Vision, Mission & Values. Available at: <http://acslpa.ab.ca/about-the-college/vision-mission-values/>

## CODE OF ETHICS

The ethical responsibilities of regulated members are organized under the ACSLPA core values of: Respect for All Persons, Professionalism, Competence, Collaborative Relationships, and Accountability. The ethical responsibilities support sound ethical decision-making and serve to guide regulated members' behaviour and actions when they encounter ethical issues.

### 1. Respect for all Persons

Regulated members demonstrate respect for all persons, promote the well-being of others, and recognize **clients**<sup>3</sup> rights to autonomy in decision-making regarding their care.

Regulated members:

- 1.1 Acknowledge individual values, culture, needs, and goals, and treat all persons with sensitivity, dignity, and respect.
- 1.2 Promote the health and well-being of clients and provide services in a compassionate and caring manner.
- 1.3 Support clients' fair and equitable access to services.
- 1.4 Communicate clearly and effectively with clients to facilitate understanding of proposed services and promote realistic expectations of service outcomes.
- 1.5 Establish and maintain **professional boundaries** with clients.
- 1.6 Obtain clients' **informed consent** for **screening, assessment** and/or **interventions** by outlining the nature, risks and benefits, and any alternatives to proposed services.<sup>4</sup>
- 1.7 Work in collaborative partnership with clients to address their needs.
- 1.8 Respect and support the autonomy of clients to make choices and decisions regarding their own care and/or to refuse treatment and withdraw from services at any time.
- 1.9 Maintain and respect the **confidentiality** and **privacy** of all client information.
- 1.10 Disclose confidential client information to others only when clients' permission has been obtained, required by law, or when disclosure is in the public interest.

### 2. Professionalism

Regulated members demonstrate **professional** behaviour and integrity in the delivery of safe, ethical, quality services.

Regulated members:

- 2.1 Act with honesty, integrity, objectivity, diligence, and courtesy to promote and protect the public trust and respect, and the reputation of the professions.
- 2.2 Demonstrate compliance with all applicable legislation, regulatory requirements, and standards of practice.
- 2.3 Use their professional title accurately, in keeping with regulatory requirements.
- 2.4 Represent their qualifications and experience honestly and accurately.

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<sup>3</sup> A glossary of terms is included at the end of this document. Key terms are **bolded** to indicate their inclusion in the glossary.

<sup>4</sup> ACSLPA (2016). *Informed Consent for Service Guideline*. Available at: [http://acslpa.ab.ca/?wpfb\\_dl=465](http://acslpa.ab.ca/?wpfb_dl=465)

- 2.5 Transmit information regarding professional services truthfully and in a manner that is not misleading to recipients.
- 2.6 Communicate in a responsible and courteous manner maintaining professional boundaries regardless of the medium (e.g., verbal, written, **electronic communication and social media, telepractice**).
- 2.7 Safeguard their professional authorizations (e.g., passwords, practitioner numbers or identification) to protect from inappropriate use.
- 2.8 Refrain from practising in those circumstances when they are aware that their physical or mental health status could compromise client care.
- 2.9 Adhere to approved protocols for research activities.

### **3. Competence**

Regulated members maintain and ensure their **competence** throughout their professional careers.

Regulated members:

- 3.1 Provide only those services that are within their scope of practice.
- 3.2 Engage only in the provision of services that fall within their professional competence, considering their level of education, training and experience, access to professional supervision, and/or assistance from qualified colleagues.
- 3.3 Use an **evidence-informed** approach in decision-making, planning, and the application of assessment and intervention procedures.
- 3.4 Maintain and enhance their professional competence throughout their careers, particularly within the scope of their current assignment(s).
- 3.5 Make appropriate referrals to other **service providers** when the services required by clients fall outside their scope, expertise, and/or competence.

### **4. Collaborative Relationships**

Regulated members foster collaborative relationships with clients, service providers, and others to support integrated client-centred care.

Regulated members:

- 4.1 Participate in **collaborative practice** with other service providers as appropriate to support integrated client-centred care.
- 4.2 Communicate in a collaborative, open, and responsible manner to support effective team functioning.
- 4.3 Participate in **collaborative leadership** as required.
- 4.4 Share information about their professional roles and seek to understand the roles and responsibilities of other service providers.
- 4.5 Interact positively, respectfully, and constructively with other service providers.
- 4.6 Take positive action to limit misunderstandings and mitigate any conflicts which may arise.

## 5. Accountability

Regulated members take responsibility for their actions and decisions.

Regulated members:

- 5.1 Are responsible and accountable for their actions and decisions.
- 5.2 Access and use available resources conscientiously and prudently in the pursuit of quality client care.
- 5.3 Provide only those services that are beneficial to clients, discontinuing interventions when clients no longer benefit.
- 5.4 Avoid or manage any real, perceived or potential **conflict of interest** in which their professional integrity, professional independence, or the provision of professional services could be influenced or compromised.
- 5.5 Ensure that advertising of products and services is accurate and not misleading to the public.
- 5.6 Seek compensation for products and services that is justifiable and fair.
- 5.7 Ensure that the communication of all fees for products and services is transparent, accurate, and communicated to the client prior to the initiation of services.
- 5.8 Take appropriate actions, including documenting and reporting, to prevent and/or manage risks and ensure the safety of clients, other service providers, and themselves during the provision of services.
- 5.9 Use appropriate channels, in a timely manner, to address errors and/or issues of concern which may have an impact on the wellbeing of clients and/or other service providers.
- 5.10 Maintain accurate, complete and timely records, ensuring confidentiality and privacy during document access, storage, and disposal.
- 5.11 Ensure all equipment used in professional practice adheres to and is maintained according to relevant legislation, standards and manufacturers' requirements.
- 5.12 Assign, supervise, monitor and evaluate support personnel activities in accordance with regulatory requirements.
- 5.13 Have a duty to report other service providers who provide incompetent and/or unethical services to the appropriate authority.
- 5.14 When reporting concerns regarding the conduct or clinical competence of other service providers, do so in an open, fair and respectful manner, including consultation with the service provider to ensure one has the relevant facts.

## APPENDIX 1. GLOSSARY

**Assessment** refers to “the rehabilitation process for gathering in-depth information to identify the individual’s strengths and needs related to body function, body structure, activity and participation, to understand the individual’s goals and then to determine appropriate services and interventions based on these. It is initiated when there are questions about a client’s needs and how best to meet these needs. It includes both formal and informal measures ranging from administering standardized assessment tools to observing a client in a specific setting or listening to family concerns.”<sup>5</sup>

**Clients** refer to “individuals, families, substitute decision makers, groups, agencies, government, employers, employees, businesses, organizations or communities who are the direct or indirect recipients of the regulated member’s expertise.”<sup>6</sup>

**Collaborative leadership** refers to taking on the role of leader as required, “support[ing] the choice of leader depending on the context of the situation,... and assum[ing] shared accountability for the processes chosen to achieve outcomes.”<sup>7</sup>

**Collaborative practice** refers to “the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making and partnerships.”<sup>8</sup>

**Competence** refers to “the combined knowledge, skills, attitudes, and judgment required to provide professional services.”<sup>9</sup>

**Confidentiality** “implies a trust relationship between the person supplying personal information (including health information) and the individual or organization collecting it. The relationship is built on the assurance that the information will only be used by or disclosed to authorized persons or to others with the individual’s permission. Protecting the confidentiality of health information implies that individually identifying health information is concealed from all but authorized parties.”<sup>10</sup>

**Conflict of interest** refers to “a situation in which someone in a position of trust has competing professional and/or personal interests. Such competing interests can make it difficult to act impartially. A conflict of interest may exist even if no unethical or improper act results from it. A conflict of interest can undermine confidence in the person or the profession.”<sup>11</sup>

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<sup>5</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>6</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>7</sup> Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)

<sup>8</sup> Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)

<sup>9</sup> Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

<sup>10</sup> Government of Alberta. (2011). *Health Information Act. Guidelines and Practices*. Available at: <http://www.health.alberta.ca/documents/HIA-Guidelines-Practices-Manual.pdf>

<sup>11</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

**Electronic communication and social media** refers to software, applications (including those running on mobile devices), electronic records, e-mail and websites, on all digital platforms, which enable users to interact, create, access, and exchange information.<sup>12</sup>

**Evidence-informed** refers to integration of best practices, established protocols and “using the best available information combined with the client’s perspective and the professional judgment of the provider in clinical decision making.”<sup>13</sup>

**Informed consent** refers to the situation when “a client gives consent to receive a proposed service following a process of decision-making leading to an informed choice. Valid consent may be either verbal or written unless otherwise required by institutional or provincial/territorial regulation. The client is provided with sufficient information, including the benefits and risks, and the possible alternatives to the proposed service, and the client understands this information. The client can withdraw informed consent at any time.”<sup>14</sup>

**Interventions** refer to “an activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome. In speech-language pathology and audiology, intervention is a term used to describe the various services provided to clients, including but not limited to individual and group treatment, counselling, home programming, caregiver training, devices, discharge planning, etc.”<sup>15</sup>

**Privacy** is the “general right of the individual to be left alone, to be free from interference, from surveillance and from intrusions.”<sup>16</sup> Informational privacy is the right of an individual to determine access to how, when, with whom, and for what purposes any of their personal (including health) information will be shared.<sup>17</sup>

**Professional/professionalism** refers to “a job that requires special education, training or skill.... [the person] exhibiting a courteous, conscientious, and generally businesslike manner in the workplace.”<sup>18</sup>

**Professional boundaries** set the limitations around relationships between clients, service providers, and others to ensure the delivery of safe, ethical, client-centred care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with clients that are free of abuse, sexual and/or romantic encounters.<sup>19</sup>

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<sup>12</sup> Adapted from Ontario College of Teachers. (2011). *Professional Advisory Use of Electronic Communication and Social Media*. Available at: <https://www.oct.ca/-/media/PDF/Advisory%20Social%20Media/ProfAdvSocMediaENPRINT.pdf>

<sup>13</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>14</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>15</sup> ACSLPA. (2015). *Standards of Practice*. Available at: <http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>16</sup> Warren, S. & Brandeis, L. (1890). *The Right to Privacy*. Harvard Law Review, 4 (5): 193-220. Available at: <http://www.english.illinois.edu/-people/-faculty/debaron/582/582%20readings/right%20to%20privacy.pdf>

<sup>17</sup> Adapted from Government of Alberta. (2011). *Health Information Act. Guidelines and Practices*. Available at: <http://www.health.alberta.ca/documents/HIA-Guidelines-Practices-Manual.pdf>

<sup>18</sup> Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/professional>

<sup>19</sup> Adapted from College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at: [https://www.physiotherapyalberta.ca/files/guide\\_therapeutic\\_relations.pdf](https://www.physiotherapyalberta.ca/files/guide_therapeutic_relations.pdf)

**Screening** refers to “a high-level needs identification process that gathers salient information that is sufficient enough to guide the professional in making recommendations to the individual or for the population.”<sup>20</sup>

**Service providers** refer to individuals involved in clients’ care and can include health care professionals/providers, education personnel including teachers, assistants/support personnel, and others.

**Telepractice** refers to “the use of communications and information technologies to overcome geographic distances between health care practitioners or between practitioners and service users for the purposes of diagnosis, treatment, consultation, education and health information transfer.”<sup>21 22</sup>

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<sup>20</sup> ACSLPA. (2015). *Standards of Practice*. Available at:

<http://acslpa.ab.ca/download/college/ACSLPA%20Standards%20of%20Practice.pdf>

<sup>21</sup> Pong, R. and Hogenbirk, J. (1999). *Licensing Physicians for Telehealth Practice: Issues and Policy Options*. *Health Law Review*, 8 (1): 3 – 14.

<sup>22</sup> ACSLPA. (2011). *Telepractice Guideline*. Available at:

[http://acslpa.ab.ca/?wpfb\\_dl=56](http://acslpa.ab.ca/?wpfb_dl=56)

## **APPENDIX II. HOW THE ACSLPA CODE OF ETHICS WAS DEVELOPED**

The Code of Ethics project took 11 months to complete. A Code of Ethics Advisory Group (CEAG), composed of representative members of the two professions, was established to provide input into the process. The project involved the following five steps:

1. Preparation of a background document that provided an environmental scan and included: i) a literature review of current trends and best practices in the development of code frameworks; ii) a comparison of codes used by selected health professions; and iii) recommendations for a suitable framework for development of the ACSLPA Code.
2. Development of Draft 1 of the Code.
3. Facilitation of a face-to-face meeting with the CEAG to review Draft 1 of the Code and develop Draft 2.
4. Stakeholder validation of Draft 2 using an electronic survey.
5. Creation of a final Code document and final report.

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