

# Standards of Practice

## Complete Glossary of Terms



### Glossary

**Active listening** refers to “attentiveness to the speaker. Non-verbal signs of active listening include smile, eye contact, posture, and mirroring of facial expressions and body movements/posture. Verbal signs of active listening include positive reinforcement, remembering, questioning, reflection, clarification, and summarization”.

**Adverse event** refers to “an event that results in harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient’s underlying medical condition”.

**Advertising and promotional communications** are intended for potential users of a product or service, with the intent of informing or influencing those who receive them.

**Advocate** refers to “to support or argue for (a cause, policy, etc.)”.

**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”.

**Asynchronous virtual care:** Refers to communication methods which are not real time interactions. These may include but are not limited to email, streaming audio or video or non-real time document sharing (e.g., Google docs).

**Bias** refers to “an implied or irrelevant evaluation of (an) individual(s) which might imply prejudicial beliefs or perpetuate biased assumptions.”<sup>1</sup>

**\*\*Current definition—Client** refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

**\*\*Definition pending approval—Client(s)** refers to “a recipient of speech, language or audiology services, and may be an individual, family, group, community or population. Individual clients may also be referred to as patients”.

<sup>1</sup>American Psychological Association. (2020). Publication manual of the American Psychological Association: The official guide to APA style (7<sup>th</sup> ed.).

**Client-centered services** refer to “a partnership between a team of health providers and a client where the client retains control over his/her care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan”.

**Collaboration** refers to “an approach that enables health care providers to deliver high quality, safe, person centered services to achieve the best possible individual health outcomes. Collaborative practice is not the goal in and of itself: rather, it is a means to move the system to a higher level of quality and safety while maintaining a focus on the needs of the individual seeking health services”.

**Competence/competent/competency** refers to “the combined knowledge, skills, attitudes and judgment required to provide professional services”.<sup>2</sup>

**Complementary** refers to “combining in such a way as to enhance or emphasize the qualities of each other or another”.

**Concurrent practice** refers to “the independent provision of interventions to a client for the same or related concerns by two or more service providers. The provision of interventions can be face-to-face or via telepractice and may involve SLPs or audiologists within the province, may involve situations where some of the clinicians involved are located outside of the province, and/or may also involve regulated members of ACSLPA and professionals from other health care disciplines”.<sup>3</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>4</sup>

**Episodic care** means an isolated, short-duration, and minor health service provided to a patient where there is no expectation of continuing care by the regulated member.<sup>5</sup>

**Evidence-informed** refers to “using the best available information combined with the client’s perspective and the professional judgment of the provider in clinical decision making”.

**Face-to-face Care** refers to “in person services provided by regulated members to clients”.

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<sup>2</sup>Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

<sup>3</sup>ACSLPA. (2015). *Concurrent Practice Guideline*. Edmonton: Author.

<sup>4</sup>ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.

<sup>5</sup>Regulated members seeking clarification as to what constitutes “minor” care are requested to contact the ACSLPA office.

# Complete Glossary of Terms

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**Former patient** means a person to whom one of the following apply:

- i. for episodic care, no health service has been provided for at least 7 days and there is no expectation of an ongoing professional relationship between the regulated member and the patient,
- ii. the patient and/or regulated member has terminated the professional relationship, the termination has been acknowledged by both parties, and at least 30 days has passed since the termination, or
- iii. if neither of the above apply, there has been no health service provided by the regulated member to the patient for one year (365 days).

**Health service** means a service provided to people:

- i. to protect, promote or maintain their health,
- ii. to prevent illness,
- iii. to diagnose, treat or rehabilitate, or
- iv. to take care of the health needs of the ill, disabled, injured or dying.

**Incapacity/incapacitated** refers to “suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the Pharmacy and Drug Act or other chemicals that impairs the ability to provide professional services in a safe and competent manner”.<sup>6</sup>

**Informed consent** refers to 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>7</sup>

**Intervention/intervention strategy** refers 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.

**Patient**, for the purposes of s. 1(1)(x.1) of the *Health Professions Act*, means any individual to whom a regulated member provides a health service in their capacity as a speech-language pathologist or audiologist, but does not include:

- i. a patient’s substitute decision-maker, legal guardian, or parent, or
- ii. the regulated member’s spouse, adult interdependent partner or other person with whom the regulated member is in an existing sexual relationship if the health service is provided in accordance with these standards.

**Plain language** refers to “communication your audience can understand the first time they read or hear it.

Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need;
- Understand what they find; and
- Use what they find to meet their needs”.

**Professional boundaries** refers to “the limitations around relationships between clients and health care providers 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”.

**Professional services** refer to “all actions and activities of a regulated member in the context of professional practice”.<sup>8</sup>

**Quality improvement** refers to “the combined and unceasing efforts ...to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development”.

**Quality services** refers to “services in the health care system as measured by accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors”.

**Record** refers to “information in any form or medium, including notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner”.<sup>9</sup>

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<sup>6</sup>Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

<sup>7</sup>ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.

<sup>8</sup>ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.

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

**Recusal** refers to “the removal of oneself from participation (in an activity) to avoid a conflict of interest”.

**Regulated member** refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.<sup>10</sup>

**Restricted activities** refer to “procedures or services that pose significant risk and require a high level of professional competence to be performed safely. Restricted activities may only be performed by persons authorized by their regulatory College to do so”.<sup>11</sup>

Restricted activities for SLPs include to:

- Insert air or gas under pressure into the ear canal,
- Insert or remove instruments or devices beyond the point in the nasal passages where they normally narrow,
- Insert or remove instruments or devices beyond the pharynx,
- Insert or remove instruments or devices into an artificial opening into the body, and
- Administer diagnostic imaging contrast agents.

Restricted activities for audiologists include to:

- Insert air or gas under pressure into the ear canal,
- Insert or remove instruments, devices, fingers or hands beyond the cartilaginous portion of the ear canal, and
- Insert a substance that subsequently solidifies into the ear canal.<sup>12</sup>

**Risk management** refers to “the identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events”.

A **standard** refers to “a statement that provides requirements, specifications, guidelines or characteristics that can be used consistently to ensure that materials, products, processes and services are fit for their purpose”.

**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”.

**Sexual relationship** means a relationship involving sexual intimacy, including communications of a sexual nature, and engaging in conduct of a sexual nature, including masturbation, genital to genital, genital to anal, oral to genital, or oral to anal contact and sexual intercourse.

**Sexual nature** does not include any conduct, behaviour or remarks that are appropriate to the professional service being provided.

**Support personnel** refers to “individuals providing services under the direct supervision of a speech-language pathologist and/or audiologist. This excludes teachers, volunteers and family members”.<sup>13</sup>

**Synchronous virtual care:** Refers to communication methods which are in real-time. These may include but are not limited to text-based chat, voice-based chat including phone conversations, audio or videoconferencing, web conferencing, and real time document sharing.

**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”.

**Timely** refers to “coming early or at the right time; appropriate or adapted to the times of the occasion”.

**Virtual Care:** Refers to “the provision of speech-language pathology and audiology services at a distance, using synchronous and asynchronous information and digital communications technologies and processes. Virtual care is often referred to as telepractice or telehealth services, and may include interactions between SLPs, audiologists and their clients, as well as interactions between health care providers. It may be used alone or in combination with face-to-face services for the purposes of diagnosis, assessment, treatment, consultation, and education”.

<sup>10</sup>ACSLPA. (2015). *Bylaws*. Edmonton: Author.

<sup>11</sup>ACSLPA. (2014). *Regulation of Healthcare Professionals in Alberta. A Quick Guide for Speech-Language Pathologists and Audiologists*. Edmonton: Author.

<sup>12</sup>Government of Alberta. (2002). *Health Professions Act. Speech-Language Pathologists and Audiologists Profession Regulation*. Edmonton: Alberta Queen's Printer.

<sup>13</sup>ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.