Alberta College of
Speech-Language Pathologists
and Audiologists

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Standards of Practice

Standard Area 1.0 Service Delivery
Standard Area 2.0 Professional Responsibility/Accountability
Standard Area 3.0 Practice Management

Revised July 2021; September 2015

Introduction

Background

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is a regulatory body that carries out its activities in accordance with provincial legislation to protect and serve the public by regulating, supporting, and ensuring **competent**, safe, and ethical practice of speech-language pathologists (SLPs) and audiologists in Alberta. In this context, "competent, safe, and ethical practice" includes care that is free from racism and discrimination, *respecting equity, diversity, and inclusion*. 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 **standards**[1] of practice for the regulated professions. The *Standards of Practice* define the minimum level of professional performance that SLPs and audiologists are expected to demonstrate to ensure competent, safe, and ethical practice. They are updated on a regular basis to reflect changing practice needs and trends.

The Standards of Practice incorporate the concept of "Right Touch Regulation", first introduced in the United Kingdom in 2000. Right Touch Regulation has subsequently been adopted internationally as a leading regulatory practice, including themes related to regulatory legislation and policies as follows:

- *Proportionate* – and appropriate to the risk posed
- *Consistent* – and fairly implemented
- *Targeted* – minimizing potential side effects
- *Transparent* – simple and user friendly
- *Accountable* – and subject to public scrutiny
- *Agile* – and adaptive to change

Each **regulated member** of ACSLPA is accountable for practicing in accordance with the *Standards of Practice*, regardless of role, practice area or practice setting. Practicing in breach of the *Standards of Practice* may constitute unprofessional conduct, as defined in the HPA.

Purpose of the Standards of Practice

Standards of Practice have a different relevance/purpose to stakeholders both within and external to the professions of speech-language pathology and audiology such as:

- **Regulated members** use the *Standards of Practice* to obtain guidance related to accountabilities, expectations and continuing **competence**.
- The *regulatory college* (ACSLPA) uses the *Standards of Practice* to inform practice related to continuing competency, complaints and the conduct of regulated members.
- *Educators* can utilize the *Standards of Practice* to serve as a framework for curriculum content and development, practice evaluation and program review, in conjunction with entry-to-practice **competency** statements.

[1] A glossary of terms is included at the end of this document. Key terms included in the glossary are indicated in **bold text** the first time they are used in each Standard statement, including subsequent indicators and expected outcomes.

- *Managers/employers* can use the *Standards of Practice* to guide development of job descriptions/roles and performance evaluation.
- *Other health professionals* may use the *Standards of Practice* to provide insight into roles and responsibilities, overlapping areas of practice and highlight opportunities for **collaboration**.
- *The public* may use the *Standards of Practice* to gain understanding of what they can expect from services that are provided by SLPs and audiologists.

How the Standards of Practice are Organized

The *Standards of Practice* framework consists of four broad areas including the following:

- Standard Area 1. Service Delivery;
- Standard Area 2. Professional Responsibility/Accountability;
- Standard Area 3 – Ethical Practice - this Standard has been deleted to minimized duplication between the Code of Ethics and Standards of Practice (see diagram on page 4)
- Standard Area 4. Practice Management; and
- Standard Area 5. Sexual Abuse and Sexual Misconduct – found at https://www.acslpa.ca/members-applicants/key-college-documents/standards-of-practice/

Each Standard Area is composed of individual standards that are outlined as follows:

- *The Standard statement* describes the minimum expected level of performance of a regulated member in the provision of **quality services**.
- *Indicators* describe actions that demonstrate how a standard statement is applied in practice. They can be used to assist in interpreting or measuring performance to determine if a standard is being achieved. The indicators are not listed in order of importance, nor are they all inclusive. All indicators are applicable to both SLPs and audiologists.
- *Expected outcomes* outline **clients'** expectations from the services provided by a regulated member.

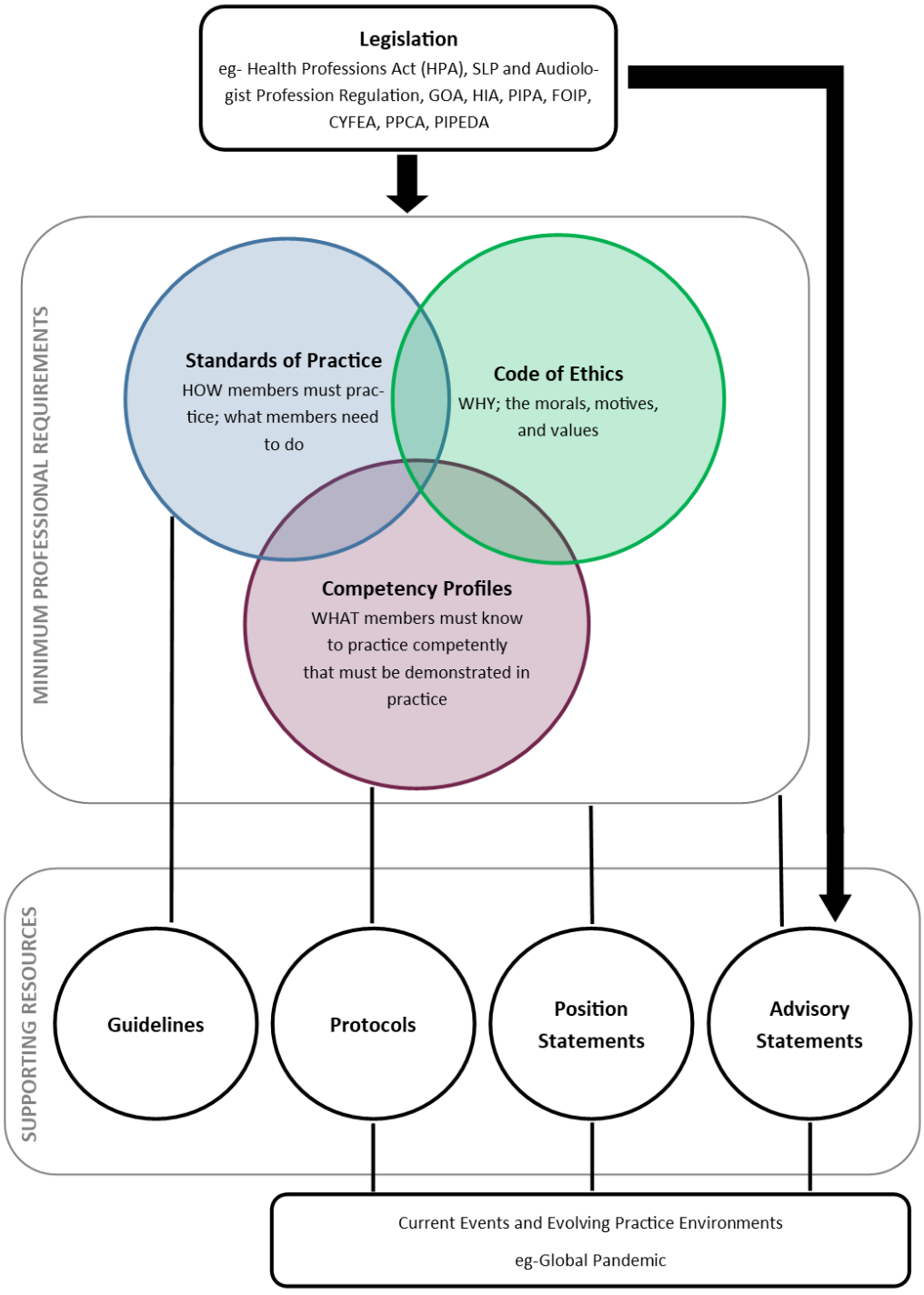
Assumptions/Guiding Principles

The *Standards of Practice* are based on the following assumptions/guiding principles. Specifically, they:

- Reflect the College's responsibility and commitment to the delivery of competent, safe, and ethical services to the public.
- Outline mandatory expectations/criteria for the professional conduct of regulated members.
- Represent the minimum requirements for professional behaviour and ethical conduct of regulated members.
- Apply to all regulated members regardless of their practice area and setting.
- Are part of the overall legislative scheme and form a continuum with other documents such as the Code of Ethics, Advisory Statements, Position Statements, Guidelines, Protocols, and Competency Profiles.

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at http://acslpa.ca.

A visual depiction of the relationship between ACSLPA's overarching legislation, minimum professional requirements that apply to regulated members, and resources to support the application of those requirements, is provided in the diagram below.


Legislation
eg- Health Professions Act (HPA), SLP and Audiologist Profession Regulation, GOA, HIA, PIPA, FOIP, CYFEA, PPCA, PIPEDA
MINIMUM PROFESSIONAL REQUIREMENTS
Standards of Practice
HOW members must practice; what members need to do
Code of Ethics
WHY; the morals, motives, and values
Competency Profiles
WHAT members must know to practice competently that must be demonstrated in practice
SUPPORTING RESOURCES
Guidelines
Protocols
Position Statements
Advisory Statements
Current Events and Evolving Practice Environments
eg-Global Pandemic

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Standard Area 1.0 Service Delivery

Standard 1.1 Client-Centered Service

Standard

A **regulated member** of ACSLPA uses a **client-centered** approach in the **competent** provision of safe and ethical **professional services**.

Indicators

To demonstrate this standard the regulated member will:

a) Involve **clients** in decision making and incorporate their needs and goals into the service plan. This includes **collaboration** with clients to gain an understanding of how/if their language/culture/context impacts service provision.
b) Utilize a variety of communication strategies to facilitate, and make efforts to confirm, the clients' understanding of **professional services.**
c) Obtain clients' **informed consent** to proposed assessment and intervention plans, recognizing the right to refuse service or withdraw consent at any time (see Standard 3.2).
d) Monitor clients' responses to assessment, intervention procedures and address as appropriate.
e) Treat all clients with compassion, dignity, sensitivity, and respect. Make efforts to avoid actions that diminish, demean, or disempower the identity and well-being of the client, family, or caregivers.

Expected Outcomes

Clients can expect that the regulated member considers their unique values and needs, explains proposed assessment and intervention procedures and obtains informed consent.

Standard 1.2 Evidence-Informed Practice

Standard

A **regulated member** of ACSLPA actively seeks, promotes, supports and incorporates an **evidence-informed** approach in their practice.

Indicators

To demonstrate this standard the regulated member will:

a) Assess new research, knowledge and emerging trends to determine applicability to practice.
b) Incorporate current evidence, best practices, client and family perspectives, and professional guidelines into service delivery decisions.
c) Support the development of new knowledge through data collection, program evaluation and clinical inquiry as appropriate.
d) Evaluate their practice to determine the impact of evidence-informed procedures on client outcomes and **quality services**.

Expected Outcomes

Clients can expect that the regulated member seeks, promotes, supports and incorporates an evidence-informed approach in the provision of quality services.

Standard 1.3 Client Assessment and Intervention

Standard

A **regulated member** of ACSLPA selects and applies appropriate **screening/assessment** procedures, analyzes/interprets the information gathered to determine diagnosis and implements appropriate **interventions** to deliver **quality services** that correspond to **clients'** priorities and changing needs.

Indicators

To demonstrate this standard the regulated member will:

a) Use an **evidence-informed** approach, sound professional judgment, client priorities and needs, and knowledge of both the functional impact of client limitations and the environmental context within which the client resides to determine appropriate screening/assessment procedures, interventions, and measurable outcomes.

b) Implement culturally and linguistically appropriate screening/assessment procedures and interventions within their professional scope of practice and the limitations of personal knowledge and **competence.**

c) Ensure contraindications to proposed screening/assessment procedures and interventions are identified, managed and documented.

d) Conduct screening/assessment procedures ensuring accurate administration, recording, scoring, interpretation and documentation of results.

e) Use critical inquiry, including information regarding the client's societal context, social determinants of health, considerations regarding the functional impact of client limitations, and sound professional judgment in the collection and interpretation of formal and informal assessment results to obtain a diagnosis and determine interventions.

f) Monitor effectiveness of interventions, modify approaches and implement alternatives as needed.

g) Ensure the optimal use of available resources for assessment procedures and interventions.

h) Counsel, educate and facilitate clients' participation in their health care services including management of their own care post-discharge.

i) Implement discharge planning (e.g., referral to other health care providers, client education) and discontinue treatment when appropriate.

j) **Advocate** for clients as appropriate to obtain required resources and services.

Expected Outcomes

Clients can expect that the regulated member will appropriately select, apply and interpret screening/assessments and interventions, and that services are delivered in a **competent**, effective and safe manner.

Standard 1.4 Communication

Standard

A **regulated member** of ACSLPA communicates respectfully, effectively and in a **timely** manner in the provision of **professional services**.

Indicators

To demonstrate this standard the regulated member will:

a) Communicate respectfully, effectively, and clearly, incorporating principles of **cultural safety** and using **plain language,** where possible, in all forms of communication (e.g., spoken, written, electronic).

b) Select appropriate communication techniques, adapting communication style and minimizing barriers by demonstrating an awareness of cultural differences in interpersonal communication and by incorporating required supports (e.g., use of interpreters, technological devices, written cues).
c) Encourage **clients'** understanding of proposed services by using **active listening** and facilitating open, two-way communication.
d) Document clearly, professionally and in a timely manner, in all forms of written communication.
e) Disseminate written reports, as appropriate, to relevant stakeholders (including referral sources), respecting relevant privacy legislation and consent requirements.

Expected Outcomes

Clients can expect that the regulated member will communicate respectfully, effectively and in a timely manner.

Standard 1.5 Collaboration

Standard

A **regulated member** of ACSLPA works **collaboratively** to facilitate the delivery of **quality client-centered services**.

Indicators

To demonstrate this standard the regulated member will:

a) Work collaboratively and respectfully with the client, **cultural facilitators or liaisons**, interpreters and/or translators to facilitate an integrated, client-centered approach to services.
b) Consult with others and refer to the appropriate professional when clients' needs fall outside their scope, area of expertise and/or **competence**.
c) Collaborate and contribute actively with team members to facilitate an integrated approach to services.
d) Actively engage with relevant team members, including the client, to share in decision making, prevent misunderstandings, manage differences and take positive action to mitigate/resolve any conflicts which may arise.
e) Serve as an educator and/or mentor to clients, students, colleagues, the public and others by contributing as appropriate to teaching/learning strategies.
f) Know and explain to others, when appropriate, their scope of practice, roles and responsibilities.
g) Understand and seek clarification, when required, regarding the scope of practice and roles of other team members.

Expected Outcomes

Clients can expect that the regulated member works collaboratively to facilitate an integrated approach in the provision of quality services.

Standard 1.6 Concurrent Practice

Standard

A **regulated member** of ACSLPA participates in **concurrent practice** in situations in which the benefits outweigh the risks.

Indicators

To demonstrate this standard the regulated member will:

a) Inquire whether **clients** are receiving concurrent **interventions**.
b) Ensure clients are informed of the risks and benefits of concurrent practice and document appropriately.
c) With the clients' permission, **collaborate** and communicate with the other regulated member(s) involved in the care of the same client(s) to ensure that goals and interventions are **complementary**.
d) Monitor the efficacy and appropriateness of concurrent practice and discontinue if it is determined that the benefits do not outweigh the risks.

Expected Outcomes

Clients can expect that they are informed of the risks and benefits of concurrent practice and that due diligence has been carried out when making decisions regarding concurrent services.

Standard 1.7 Virtual Care

Standard

A **regulated member** of ACSLPA will ensure the provision of ethical, **quality services** when providing **virtual care**.

Indicators

To demonstrate this standard the regulated member will:

a) Ensure they have acquired the necessary knowledge, skills, and support (e.g., technical, communication, observation) to effectively deliver **client** services virtually.
b) Ensure that methods of virtual service delivery and documentation meet applicable privacy and confidentiality requirements (e.g., encryption of audio and video information, appropriate retention and destruction of audio and video **records**) (See Standard 3.1).
c) Make informed decisions based on best practices, evidence, and sound professional judgment as to whether virtual care is an appropriate option to address specific clients' needs.
d) Practice within the legislated scope of practice for the province(s) in which they are registered.
e) Obtain clients' **informed consent** to the proposed virtual services ensuring that clients are fully aware of the risks, benefits, and other service options, and that they are free to refuse or revoke their consent for services at any time (See Standard 3.2).
f) Take all reasonable steps to mitigate risks for the client, including ensuring that a person who may be assisting them in their physical space has the qualifications, **competencies,** and skills necessary to safely and effectively perform their duties.

Expected Outcomes

Clients can expect to be informed about the risks and benefits of virtual care. Just as with face-to-face services, they can expect to receive ethical, quality services using a virtual care format, and they have the right to refuse or revoke their consent for virtual services at any time.

Standard Area 2.0 Professional Responsibility/Accountability

Standard 2.1 Use of Title

This needs to be revised in light of upcoming changes to the *Health Professions Act* where Use of Title will move out of our professional regulation and into a Standard of Practice.

Standard 2.2 Privacy/Confidentiality

Standard

A **regulated member** of ACSLPA practices in compliance with relevant legislation and requirements.

Indicators

To demonstrate this standard the regulated member will:

a) Comply with all relevant privacy legislation.
b) Maintain an environment and engage in practices that protects the privacy and confidentiality of client information (e.g., paper-based, audio, video and electronic) in all contexts of service delivery (e.g., collection, storage, use, disclosure and destruction of **records**).
c) Access information and archival systems (e.g., electronic records, paper files) only as required for the provision of **professional services**.
d) Ensure any risks to privacy and confidentiality of client information involved in the transport of records from one location or medium to another are minimized.

Expected Outcomes

Clients can expect that their rights to privacy and confidentiality are maintained according to existing legislation and regulations.

Standard 2.3 Informed Consent

Standard

A **regulated member** of ACSLPA ensures that they obtain **informed consent** prior to the provision of services.

Indicators

To demonstrate this standard the regulated member will:

a) Inform **clients** of the risks, benefits and alternative options of any proposed service plans initially and whenever there are changes to the services provided.
b) Assess clients' understanding of proposed services and adapt communication accordingly.
c) Obtain informed consent from client or from a legally authorized representative. If consent is verbal, then a notation must be made to that effect in the client file.
d) Respect clients' rights to choose service options, refuse **interventions** and withdraw consent at any time.

Expected Outcomes

Clients can expect that the regulated member will inform them of the risks and benefits to service options provided and respect their autonomy to exercise their right to consent, refuse and/or withdraw from services.

Standard 2.4 Professional Boundaries

Refer to Standard Area 4.0 Sexual Abuse and Sexual Misconduct for additional information with respect to professional boundaries, and specifically the requirements of regulated members in relation to protecting the public from sexual abuse and sexual misconduct.

Standard

A **regulated member** of ACSLPA maintains appropriate **professional boundaries** with **clients**, professional colleagues, students, and others at all times.

Indicators

To demonstrate this standard the regulated member will:

a) Distinguish between professional and nonprofessional relationships, recognizing elements of power and trust and the situations when professional boundaries could be compromised (e.g., treatment of family members, friends).
b) Behave respectfully and responsibly with clients and colleagues, including the avoidance of sexually suggestive comments/actions, racist or discriminatory comments/actions, or the expression of opinions/ remarks that could violate professional boundaries.
c) Exercise additional care to ensure that **informed consent** is obtained for procedures that clients could misinterpret (e.g., touch and physical closeness).
d) Terminate the professional relationship if boundaries cannot be established or maintained, transferring care as necessary.
e) Protect the integrity of their profession by being responsible and accountable for their actions at all times.

Expected Outcomes

Clients and colleagues can expect that their relationships with regulated member are respectful and professional boundaries are maintained.

Standard 2.5 Conflict of Interest

Standard

A **regulated member** of ACSLPA identifies and manages all situations or circumstances of real, perceived, or potential **conflict of interest** to protect their professional integrity and the **clients'** best interests.

Indicators

To demonstrate this standard the regulated member will:

a) Identify situations that could lead to or be interpreted as a conflict of interest (e.g., potential for personal or financial gain), avoiding such conflicts whenever possible.
b) Manage real, perceived or potential conflict of interest situations through appropriate actions (e.g., disclosure, **recusal**) to minimize the impact.
c) In situations when conflicts of interest cannot be avoided or resolved, document a description of the situation, efforts to resolve the conflict and the outcome.

Expected Outcomes

Clients can expect the regulated member to provide services that are in their best interests, disclose conflicts of interest and offer possible options to resolve any conflicts.

Standard Area 4.0 Practice Management

Standard 4.1 Safety and Risk Management

Standard

A **regulated member** of ACSLPA practices in compliance with occupational health, safety and **risk management** legislation and requirements in all practice settings.

Indicators

To demonstrate this standard the regulated member will:

a) Comply with occupational health and safety legislation and agency/employer policies/procedures related to safe work practices.
b) Participate in appropriate training related to occupational health and workplace safety.
c) Identify and manage potential risks that may impact safety in the work environment (e.g., working alone, environmental hazards).
d) Respond to **adverse events** and emergency situations to minimize impact and participate in processes to document and prevent future occurrences.
e) Ensure the safe handling and cleanliness of equipment/supplies and potentially infectious substances according to infection prevention and control standards.
f) Use protective equipment/supplies as appropriate (e.g., goggles, gloves).
g) Implement, document, and maintain **records** regarding the regular calibration, inspection and maintenance of equipment according to manufacturers' standards.
h) Comply with reporting procedures related to incidents involving workplace safety.

Expected Outcomes

Clients can expect that the regulated member practices in compliance with occupational health, safety and risk management legislation and requirements in all practice settings.

Standard 4.2 Quality Improvement

Standard

A **regulated member** of ACSLPA participates in continuous **quality improvement** activities to promote the effectiveness and safety of service delivery.

Indicators

To demonstrate this standard the regulated member will:

a) Initiate and/or participate in program evaluation activities (e.g., satisfaction questionnaires, data gathering, analysis) to evaluate the effectiveness of new and/or ongoing services.
b) Use the feedback obtained from quality improvement initiatives to continually improve service effectiveness and safety.

Expected Outcomes

Clients can expect that the regulated member participates in continuous quality improvement activities to promote effective and safe services.

Standard 4.3 Documentation and Information Management

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Standard

A **regulated member** of ACSLPA maintains clear, confidential, accurate, legible, **timely** and complete **records**, in compliance with legislation and regulatory requirements.

The fundamental expectation of documentation is that anyone reviewing a **client** record must be able to determine what care was provided, to whom it was provided, by whom and when the care was provided, why the care was provided, and any evaluation of the care that was provided.

Indicators

To demonstrate this standard the regulated member will:

a. Maintain and disclose all documentation, correspondence, and records (e.g., paper based and electronic) in compliance with applicable legislation and regulatory requirements including confidentiality and privacy standards.

b. Document using language that is free of **bias** which might imply prejudicial beliefs or perpetuate assumptions regarding the individual(s) being written about.

c. Record events, decisions, outcomes, etc. in chronological order.

d. Include in the record:

   i. Name and professional designation of the person documenting the information.
   ii. Name and professional designation of the person taking professional responsibility for the work (if not the person who created the record).
   iii. Names and titles of assisting professional service providers and assisting unregulated **support personnel**.
   iv. First and last name of the client that the record pertains to, and a tracking number (if one is used). Client identification in the form of either a name or a tracking number should be included on each page of the record.
   v. Date that procedures and records were completed.
   vi. Time that procedures were completed, if clinically relevant.
   vii. Notation of any change in therapist or support personnel.
   viii. Notation of chart closure.
   ix. Evidence of **informed consent**, whether that be a signed consent form or documentation of a conversation with the client regarding consent, and the resulting outcome.

e. Include as part of documentation requirements:

   i. Relevant case history information, including health, family, and social history.
   ii. Presenting concern.
   iii. Dates and entries related to any communication to or with the client, family and/or decision-makers, including missed or cancelled appointments, telephone, or electronic contact.
   iv. Notation of any **adverse or unusual events** during the course of assessment or intervention.

v. **Assessment** findings (including screenings).
vi. Plan of care outlining **intervention** goals and strategies.
vii. Communications with referring providers and/or care partners.
viii. Response to interventions and progress toward achieving goals documented in the plan of care.
ix. Recommendations.
x. Transition/discharge plans, including the reason for discharge.
xi. Referrals to other professionals, reports and correspondence from other professionals, equipment, and other services provided.

f. Include sufficient detail in the record to allow the client to be managed by another speech-language pathologist or audiologist.

g. For late entries, will include the current date and time, a notation that the entry is late, and the date and time of the events described in the late entry. Appropriate features of the electronic documentation system will be used, as required, to make corrections or late entries. In some situations, this may mean providing an additional entry that is dated for the day the correction is made, indicating which section of the record is being revised and why.

h. Ensure that the software used for electronic documentation leaves an audit trail that can reveal who accessed the record, what changes were made, when, and by whom.

i. Ensure that any abbreviations and acronyms used must be written out in full, with the abbreviation in brackets the first time it is stated in any continuous document entry (i.e., a formal report would constitute one continuous document entry, as would daily chart notes). Subsequent use of the abbreviation in the continuous document is acceptable.

j. Ensure that all correspondence (e.g., electronic communication, social media) and documentation is professionally written in compliance with applicable legislation and regulatory requirements.

k. Avoid using social media as a means for communicating directly with clients due to privacy and confidentiality reasons.

l. Secure all personal and health information contained in paper or electronic records, during use, while in storage or during transfer, through the appropriate use of administrative, physical, and technical mechanisms (e.g., passwords, encryption, locked file cabinets, etc.) to protect the privacy of client information.

m. Ensure the back-up of electronic records to ensure continuity of care in the event records are compromised.

n. Access and disclose information only as needed and in compliance with relevant legislation.

o. Make a reasonable effort to confirm that all professional correspondence is sent to the intended recipient.

p. Retain or ensure access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol, or where charting by exception is employed.

q. Maintain complete and accurate financial records for services rendered or products sold when working in private practice or non-publicly funded settings. Financial records must include:

   i. Client name or identifier.
   ii. Name and credentials of the professional, including the practice permit number.
   iii. Date(s) on which the service was provided.
   iv. Nature of the service provided (e.g., assessment, treatment, intervention, etc.).
   v. Length of time required to provide the service.
   vi. The actual fee charged and method of payment.
   vii. Date payment was received and identity of the payer.
   viii. Any balance owing.

r. Amend records according to requirements outlined in the applicable privacy legislation.

   i. If a correction is required, a separate notation in the record is made and the initial entry is left intact.

s. Retain records according to the length of time specified by applicable legislation and regulatory requirements:

   i. Adult records are retained for 11 years and three months since the date of last service.
   ii. Records for "persons under disability" are retained for three years and three months after the individual's death.
   iii. Records for minors are retained for 11 years and 3 months after the client turns 18.
   iv. Equipment service records should be maintained for 10 years from the date of the last entry.
   v. The retention period for financial records required to determine tax obligations and entitlements as per the Canada Revenue Agency is six years.

t. Retain records in a manner that allows the record to be retrieved and copied upon request, regardless of the medium used to create the record.

u. Provide a copy of the complete clinical and financial record to the client or their authorized representative upon request and appropriate consent.

v. Take action to prevent abandonment of records (e.g., when closing a practice).

w. Dispose of records in a manner that maintains security and confidentiality of personal information.

x. Maintain a log of destroyed files (either paper or electronic), which is kept indefinitely, that includes the following information:

   i. Name of each client
   ii. File number (if available)
   iii. Last date of treatment
   iv. Date that the record or file was destroyed.

y. Be aware and inform employers, support personnel, and others of their own professional obligations regarding documentation and record keeping, as appropriate.

Expected Outcomes

Clients can expect that their speech-language pathology and/or audiology records are clear, confidential, accurate, legible, complete and comply with applicable legislation and regulatory requirements.

Standard 4.4 Clinical Supervision

Pending Approval

Standard

This standard specifically refers to the clinical supervision of support personnel and/or speech-language pathology and audiology students. Support personnel or students are named as appropriate in each indicator, and the term "supervisees" is used when an indicator addresses both support personnel and students.

A **regulated member** of ACSLPA is responsible and accountable for services delivered by personnel under their direction and supervision (i.e., **support personnel** and speech-language pathology and audiology students).

Indicators

To demonstrate this standard the regulated member will:

a) Provide pertinent information to the **client** regarding the supervisee's role and responsibilities and obtain client consent for services delivered in this manner.

b) Provide adequate on-the-job training and orientation to supervisees as it relates to the clinical and employment context.

c) Optimize both client safety and outcomes by considering the following when assigning clinical activities to supervisees:
   i. the **competence** of the supervisee,
   ii. the client's individual needs, and
   iii. factors unique to the practice environment.

d) Except as permitted by indicator e), refrain from assigning activities to support personnel that involve clinical interpretation.
   Activities that involve clinical interpretation include the following:
   i. Interpretation of **assessment** findings
   ii. Initial discussion of clinical findings, treatment rationale, or prognosis with clients
   iii. Determination of treatment goals and procedures, including the independent planning, development, or modification of treatment plans
   iv. Completion and sign-off on formal clinical reports
   v. Selection of clients for referral to other professionals or agencies
   vi. Discharging clients from service
   vii. Approval of clinical content in public education materials

e) Provide a clearly documented algorithm or flowchart to be used by support personnel when activities that have a component of clinical interpretation are assigned to them. The regulated member will only develop algorithms or flowcharts for use by support personnel when risk to clients regarding a particular activity has been adequately assessed and it has been determined that the risk can be adequately managed through use of a documented decision-making tool. The regulated member will instruct support personnel on the use of flowchart or algorithm and will monitor their conformance.

f) Comply with applicable legislation and standards of practice regarding assignment and supervision of **restricted activities** to supervisees.

g) Determine the amount of both direct and/or indirect supervision that is required for support personnel under one's direction and supervision. The regulated member should have sound rationale to support these decisions and should be able to articulate this rationale as required.

h) Monitor the services provided by supervisees on a regular, consistent basis, including client outcomes, modifying and/or reassigning service delivery as determined by clients' needs.

i) Be available for consultation to the supervisee through some mode of communication or develop a plan for supervision coverage when they are not available.

j) Inform employers and clients of the need to discontinue services provided by the supervisee when the SLP/audiologist is not available to provide required supervision and a coverage plan or replacement supervisor is not available (e.g., extended absence, resignation).

k) Provide direction and supervision to SLP and audiology students who assign activities to support personnel and to support personnel who are mentoring and/or orienting other SP in training.

l) Inform the appropriate employer/manager if there are support personnel performance concerns, despite direct and indirect supervision, activity modeling, retraining, and communication regarding performance concerns.

m) Refrain from entering into an employment agreement whereby they clinically supervise the person who employs them (whether in a paid or volunteer capacity).

Expected Outcomes

Clients are informed of the roles and responsibilities of the personnel providing services, and the services they receive are assigned and supervised by the speech-language pathologist or audiologist. Services are delivered in a safe and competent manner.

Standard 4.5 Advertising and Promotional Communications

Standard

A **regulated member** of ACSLPA ensures that **advertising and promotional communications** are truthful accurate, and verifiable.

Indicators

To demonstrate this standard the regulated member will:

a) Limit themselves to advertising and promotional communications that are relevant to the scope of practice of their profession.
b) Ensure that their advertising and promotional communications are a factual and accurate description of the products/services offered.
c) Refrain from guaranteeing the success or superiority of a product/service unless the claim is supported by evidence.
d) Refrain from discrediting or diminishing the skills of other providers or the services of other clinics or facilities.

Expected Outcomes

Clients can expect that advertising and promotional communications are truthful, accurate, and assist them in making informed choices.

Standard 4.6 Human Resources Management

This standard is applicable to regulated members who are responsible for the management of employees.

Standard

A **regulated member** of ACSLPA**,** who is *responsible for the management of employees***,** ensures the appropriate management of human resources to support **competent, safe**, **inclusive**, and effective service delivery.

Indicators

To demonstrate this standard the regulated member will:

a) Recruit and employ staff with the appropriate qualifications, education, and registration to support competent service delivery.
b) Ensure that appropriate administrative policies, procedures, and documents are in place and implemented to support effective human resources management and an inclusive workplace (e.g., job descriptions and contracts, orientation procedures, periodic performance review, human resources policies).
c) Demonstrate principles of inclusive supervision (i.e., recognizing that supervisees can contribute effectively regardless of differences from the dominant culture or their culturally and linguistically diverse status).
d) Ensure clinical policies, procedures and training opportunities are in place and implemented to ensure competent, safe, inclusive, and effective service delivery, within available resources.

Expected Outcomes

Clients can expect that the appropriate management of human resources is in place to support competent, safe, inclusive, and effective service delivery.

Standard 4.7 Fees and Billing

This standard is applicable to regulated members working in a private practice environment.

Standard

A **regulated member** of ACSLPA, *working in a private practice environment,* ensures that fees for products/services are justifiable and that **clients** are informed of fee schedules prior to the delivery of services.

Indicators

To demonstrate this standard the regulated member will:

a) Ensure that the fees charged for products/services are legitimate and justifiable.
b) Fully disclose the fee schedules for products/services including fees for **assessment** and **intervention**; reports; equipment and any other associated costs.
c) Obtain and document clients' consent for fees prior to service delivery.
d) Provide clients with accurate, detailed invoices regarding fees in a **timely** manner.
e) Maintain accurate financial **records** related to fees and services provided.
f) Correct any fee or billing discrepancies in a timely manner.

Expected Outcomes

Clients can expect that the fees for products/services received are transparent and they are fully informed of fee schedules prior to the initiation of services.

Glossary

Active listening refers to "attentiveness to the speaker".

Adverse event refers to "an event that results in physical and/or psychological harm to the client and is related to the care and/or services provided to the client, rather than to the client'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".

Bias refers to "an implied or irrelevant evaluation of (an) individual(s) which might imply prejudicial beliefs or perpetuate biased assumptions.[2]

Client refers to "a recipient of speech, language or audiology services, and may be an individual, family, group, community, or population. An individual client may also be referred to as a patient.

Client-centered services refer to "a partnership between a team of health providers and a client where the client retains control over their 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".[3]

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 virtual care 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".[4]

[2] American Psychological Association. (2020). Publication manual of the American Psychological Association: The official guide to APA style (7th ed.).
[3] Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen's Printer.
[4] ACSLPA. (2015).*Concurrent Practice Guideline*. Edmonton: Author.

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".[5]

Cultural facilitator or liaison refers to "any member of a local cultural association who can serve as a bridge between healthcare professionals and individuals from equity seeking groups accessing care (the facilitator does not need to be within the healthcare realm themselves, e.g., Elders, religious leaders etc.). Specific services can include providing advice and consultation on appropriate services and supporting the provision of holistic services to individual clients.[6]

Cultural Safety is "when all people feel respected and safe when they interact with the health care system. Culturally safe health services are free of racism and discrimination. People are supported to dr4aw strengths from their identify, culture and community".[7]

Evidence-informed refers to "using the best available information combined with information gathered from clients regarding their background, needs, values, etc. and the professional judgment of the provider in clinical decision making".

Inclusive practice involves "creating an atmosphere in which all people feel valued and respected and where equal access to opportunities and resources are provided to people who might otherwise be excluded or marginalized".[8]

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".[9]

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."

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".

[5] ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
[6] Henderson, S., Kendall, E., & See, L. (2011). The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: A systematic literature review. Health and Social Care in the Community, 19(3), 225–249. https://doi.org/10.1111/j.1365-2524.2010.00972.x
[7] Northern Health (2017). Indigenous Health- Cultural Safety: Respect and Dignity in Relationships.
[8] Riordan,C.M. (2014). *Diversity is useless without inclusivity*. Harvard Business Review.
[9] ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.

Professional boundaries refer to "the limitations around relationships between clients and health care providers to ensure the delivery of safe, ethical client-centered care. Professional boundaries are characterized by respectful, trusting and ethical interactions with clients that are free of abuse, sexual and/or romantic encounters, racism, and/or discrimination".

Professional services refer to "any service that comes within the practice of a regulated profession; for the professions of speech-language pathology and audiology, these are as outlined in section 3 of Schedule 28 of the *Health Professions Act*".[10]

Quality services refers to "services in the health care system as measured by accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors, including cultural safety and freedom from racism/discrimination".

Quality improvement refers to "the combined and unceasing efforts …to make the changes that will lead to better client outcomes (health), better system performance (care) and better professional development".

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".[11]

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".

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".[12]

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".[13]

[10] Government of Alberta (2002). *Health Professions Act.*
[11] Government of Alberta (2000). *Health Information Act*. Edmonton: Alberta Queen's Printer.
[12] Placeholder until standard on restricted activities is updated

[13] Government of Alberta. (2002). *Health Professions Act. Speech-Language Pathologists and Audiologists Profession Regulation*. Edmonton: Alberta Queen's Printer.

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".

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".[14]

Supervisee refers to "support personnel or students in speech-language pathology or audiology whose clinical work is under the supervision of a regulated ACSLPA member".

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 (examples include telephone, virtual computer platforms, email, and text messaging). 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 for the purposes of diagnosis, assessment, treatment, consultation, and education".

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

[14] ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.

Appendix A. How the Standards of Practice Document was Developed

Over a 22-month period the *Standards of Practice* (2015) were developed using the following steps:

i. Development of a Background Document that included an environmental scan of current trends/frameworks in Standards of Practice and other relevant background materials.
ii. Establishment of a Standards of Practice Advisory Group (SPAG) to provide input into document development through all phases of the project.
iii. Development of a draft *Standards of Practice* document.
iv. Facilitation of a face-to-face meeting with the SPAG to review Draft 1 of the *Standards of Practice*.
v. Stakeholder validation of the revised *Standards of Practice* using an electronic survey.
vi. Creation of a final *Standards of Practice* document.

Revisions made after 2015 have the new approval date marked in the heading related to the specific Standard of Practice and indicators that were revised. These revisions have involved review of the existing Standard by a committee of SLPs and audiologists charged with development and revision of that Standard of Practice and associated guidelines, followed by a member vetting process that invited feedback from all regulated ACSLPA members. An external stakeholder consultation process was then completed by Alberta Health prior to obtaining final ACSLPA Council approvals.

In 2021, a review of all existing Standards of Practice was completed by the Anti-Racism and Anti-Discrimination Advisory Committee (ARADAC), by ACSLPA staff, and by a focus group comprised of SLP and audiology regulated members followed by a full member vetting process. An external stakeholder consultation was then facilitated by Alberta Health prior to final ACSLPA Council approval and adoption.