



Alberta College of
Speech-Language Pathologists
and Audiologists

Code of Ethics

Revised June 2022; 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, and ethical practice, including the provision of services that are free from racism and discrimination. 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 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, and 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.

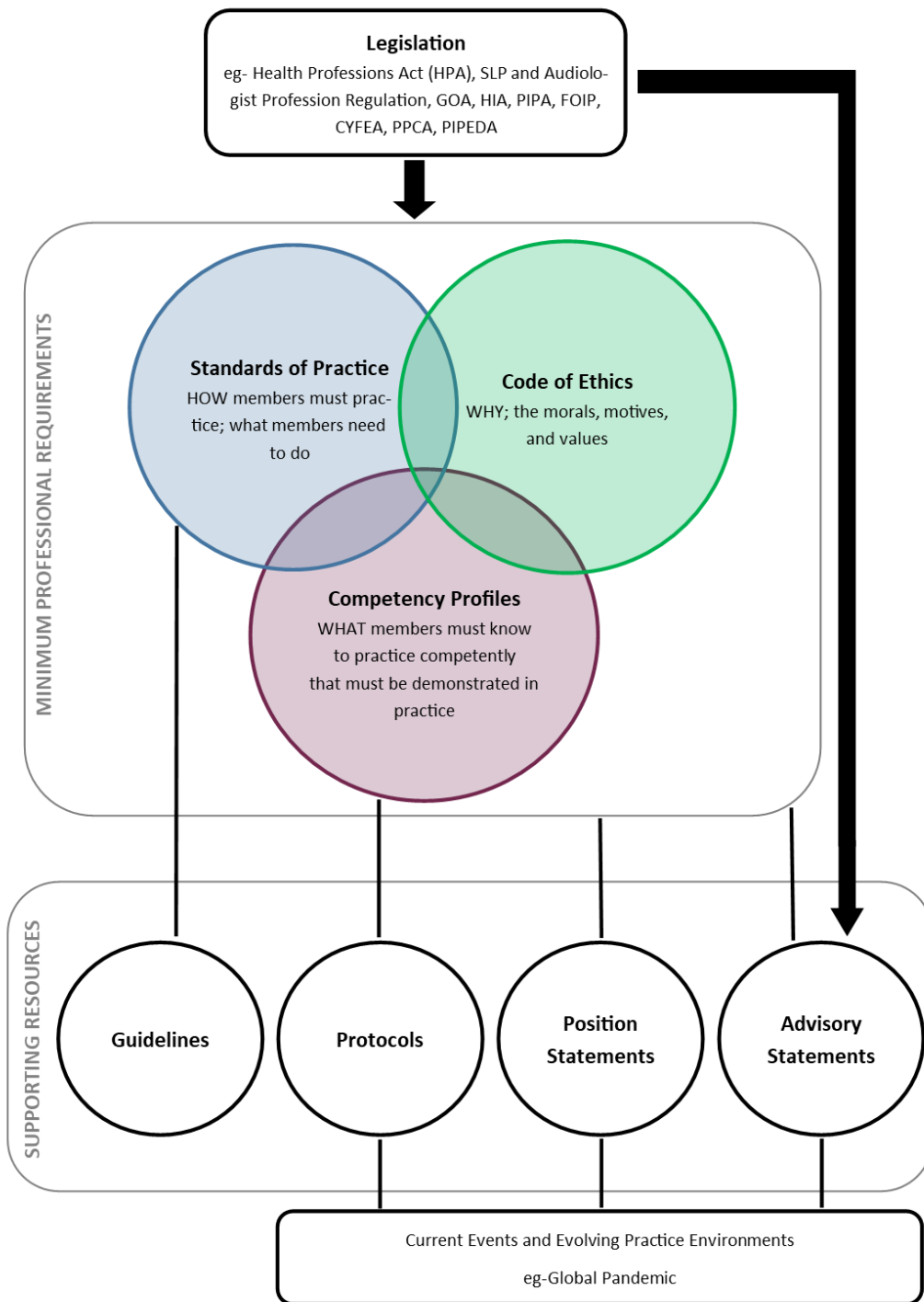
A visual depiction of the relationship between ACSLPA's overarching legislation, minimum professional requirements that apply to regulated members, and resources to support the application of those requirements is provided in the diagram on the next page.

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.



III. Ethical Principles

The following four bioethical principles¹ 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.
- 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 principles that guide and support regulated members in all aspects of their work as speech-language pathologists and audiologists. These values are aligned with ACSLPA's organizational values of: *Respect for All Persons*, *Professionalism*, *Collaboration*, and *Accountability*. 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.
- **Collaboration**
Regulated members foster collaborative practice with clients, service providers, and others to support integrated client-centred care.
- **Accountability**
Regulated members take responsibility for their actions and decisions.

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

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The ethical responsibilities of regulated members are organized under the ACSLPA core values of: Respect for All Persons, Professionalism, Collaboration, 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**² rights to autonomy in decision-making regarding their care.

Regulated members:

- 1.1 Promote **inclusive** care by acknowledging individual values, cultures, languages, needs, and goals, and treat all persons with sensitivity, dignity, and respect.
- 1.2 Obtain an understanding of what constitutes health and well-being from the perspective of the client and use this information to guide the provision of services.
- 1.3 Provide services in a courteous, compassionate, and caring manner.
- 1.4 Acknowledge the right to fair and equitable access to services, including consideration of systemic barriers and determinants of health faced by culturally and linguistically diverse population groups.
- 1.5 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.
- 1.6 Respect the **confidentiality** and privacy of all client information.

2. Professionalism

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

Regulated members:

- 2.1 Promote and protect the public's trust, and the reputation of the professions, by acting with honesty, integrity, objectivity, diligence, and courtesy.
- 2.2 Maintain appropriate **professional boundaries**.
- 2.3 Acknowledge the primacy of client welfare and client autonomy, focusing on principles of social justice, **cultural humility**, and **cultural safety**.

² A glossary of terms is included at the end of this document. Key terms are **bolded** to indicate their inclusion in the glossary.

3. Collaboration

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

Regulated members:

- 3.1 Communicate truthfully and respectfully with clients to facilitate understanding of proposed services and promote realistic expectations of service outcomes.
- 3.2 Communicate in a collaborative, open, and responsible manner to support effective team functioning.
- 3.3 Interact respectfully and constructively with clients, their caregivers, and other service providers to support integrated, **client-centred services**.

4. Accountability

Regulated members take responsibility for their actions and decisions.

Regulated members:

- 4.1 Are responsible and accountable for their actions and decisions.
- 4.2 Access and use available resources conscientiously and prudently in the pursuit of quality client care.
- 4.3 Provide only those services that are beneficial to clients, discontinuing interventions when clients no longer benefit.
- 4.4 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.
- 4.5 Only seek compensation for products and services that is justifiable and fair.
- 4.6 Manage any physical or mental health issues and personal biases in which their professional integrity or the provision of professional services could be influenced or compromised.
- 4.7 Ensure the safety of clients, other service providers, and themselves by taking appropriate actions, including documenting and reporting, to prevent and/or manage risks in relation to the provision of services.
- 4.8 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.
- 4.9 Have a duty to report other service providers who provide incompetent and/or unethical services to the appropriate authority.
- 4.10 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

Client refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community, or population. Individual clients may also be referred to as patients.”

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.”

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.”³

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.”⁴

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.”

Cultural Humility is “a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.”⁵

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 draw strengths from their identity, culture and community.”⁶

Inclusive care 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.”⁷

Professional/professionalism refers to “a job that requires specialized knowledge and often long and intensive academic preparation.... [the person] exhibiting courteous and conscientious conduct in the workplace.”⁸

Professional boundaries are “the parameters that define a safe therapeutic relationship. These parameters set limits for the relationship based on the recognition of the inherent power imbalance, the vulnerability of the patient/client and the responsibilities of the regulated member in the therapeutic relationship. Professional boundaries help the regulated member and the patient/client recognize the difference between therapeutic and personal relationships and avoid potential misunderstanding of words and actions.”

³ Canadian Interprofessional Health Collaborative (2010). *A National Interprofessional Competency Framework*

⁴ Government of Alberta. (2011). *Health Information Act. Guidelines and Practices.*

⁵ First Nations Health Authority. (n.d.). *Cultural Safety and Humility.*

⁶ Northern Health. (2017). *Indigenous Health - Cultural Safety: Respect and Dignity in Relationships.*

⁷ Riordan, C.M. (2014). *Diversity is useless without inclusivity.* Harvard Business Review.

⁸ Merriam-Webster. (2016). *Online Dictionary.*

APPENDIX II. HOW THE ACSLPA CODE OF ETHICS WAS DEVELOPED

The Code of Ethics (2017) 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.

Revisions to the Code of Ethics (2021) involved a review by the Anti-Racism and Anti-Discrimination Advisory Committee (ARADAC), by a focus group comprised of SLP and audiology regulated members and by ACSLPA staff, followed by a full member vetting process. An external stakeholder consultation was then facilitated by Alberta Health in 2022 prior to final ACSLPA Council approval and adoption.

ACKNOWLEDGEMENTS

ACSLPA would like to thank the dedicated volunteers who shared their expertise by participating as members of the original CEAG (2017) and as members of 2021 focus groups.