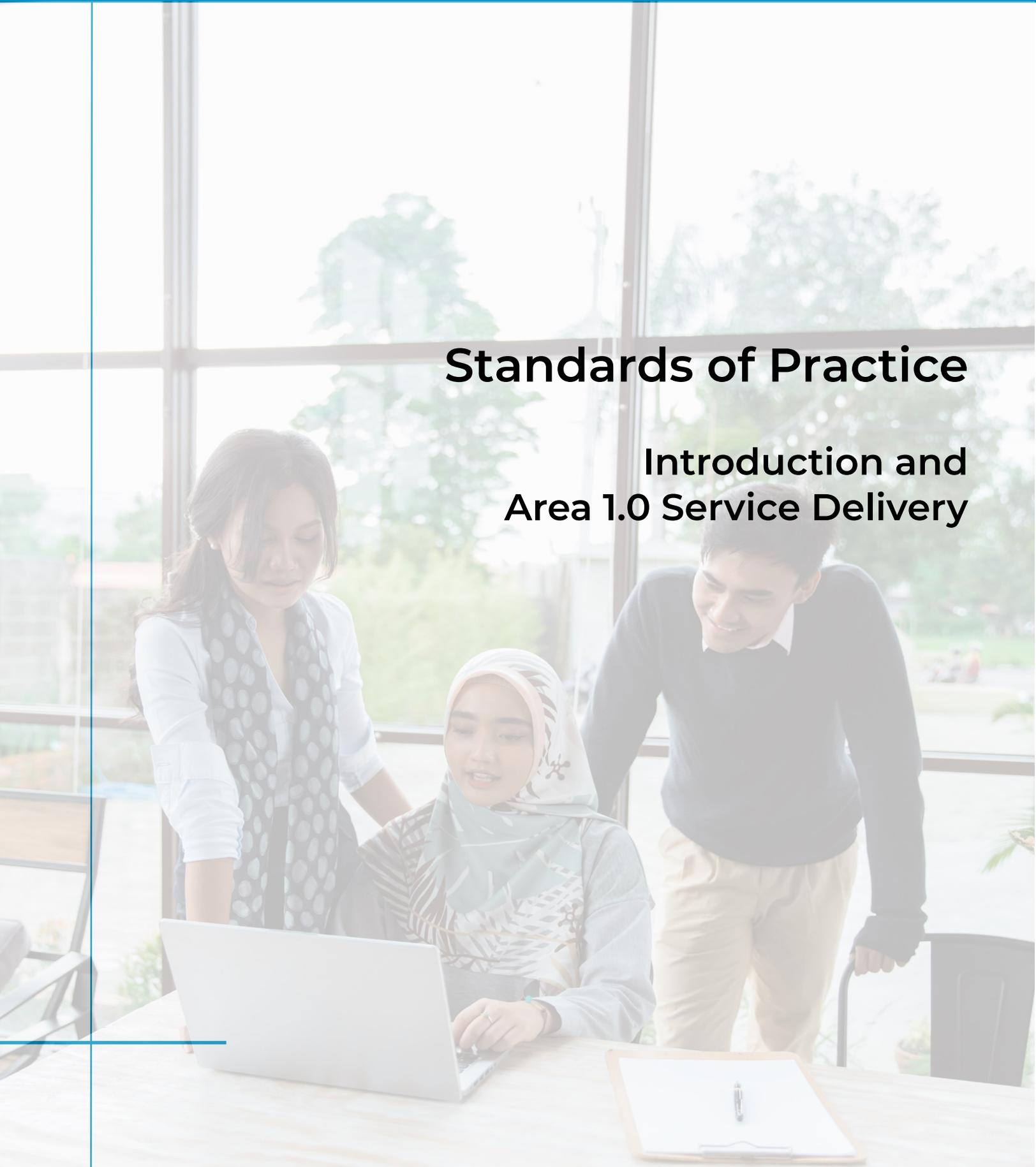




Alberta College of
Speech-Language Pathologists
and Audiologists

Standards of Practice

Introduction and Area 1.0 Service Delivery



Standards of Practice

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 in their 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.
- *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 1.0 Service Delivery;
- Standard Area 2.0 Professional Responsibility/Accountability;
- **Standard Area 3.0 Continuing Competence Program, draft document waiting final approval;**
- Standard Area 4.0 Practice Management; and
- Standard Area 5.0 Sexual Abuse and Sexual Misconduct

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.

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¹A glossary of terms is included in each Standard statement and at the end of the complete Standard 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.

Standards of Practice

Introduction



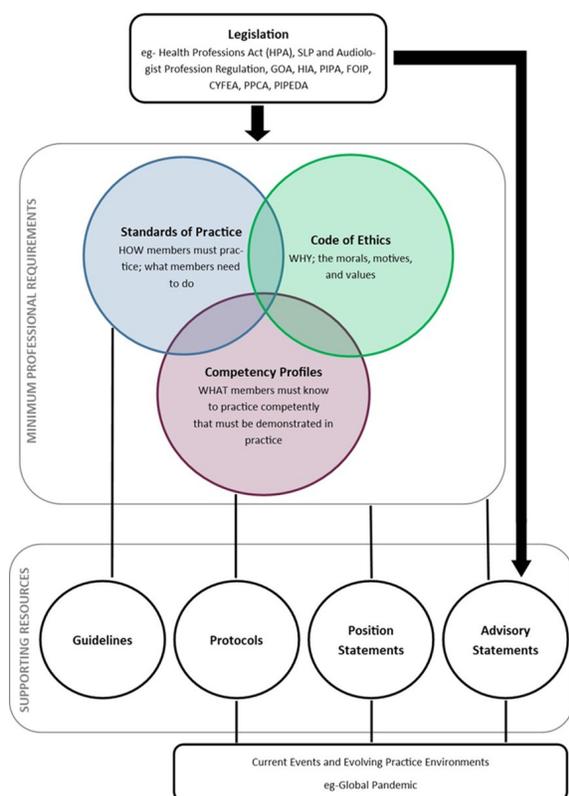
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Guiding Principles

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 and safe services to the public.
- Outline mandatory expectations/criteria for the professional conduct of regulated members.
- Represent the minimum requirements for professional behaviour 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.



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

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."

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."

Regulated member refers to "an individual who is registered with ACSLPA."

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."

Standard Area 1.0

Service Delivery



1.1 Client-Centred Service

Standard

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

Indicators

To demonstrate this standard, the regulated member will:

- 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.
- Utilize a variety of communication strategies to facilitate, and make efforts to confirm, the clients' understanding of professional services.
- Obtain clients' **informed consent** to proposed **assessment** and **intervention** plans, recognizing the right to refuse service or withdraw consent at any time.
- Monitor clients' responses to assessment, intervention procedures and address as appropriate.
- 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.

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."

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

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."

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."

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."

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*."

Regulated member refers to "an individual who is registered with ACSLPA."

Standard Area 1.0

Service Delivery



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.

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

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."

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."

Regulated member refers to "an individual who is registered with ACSLPA."

Standard Area 1.0

Service Delivery



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 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 clients' 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.

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."

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

Competence/competent/competency refers to "the combined knowledge, skills, attitudes and judgment required to provide professional services."

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."

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."

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."

Regulated member refers to "an individual who is registered with ACSLPA."

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."

Standard Area 1.0

Service Delivery



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:

- 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).
- 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).
- Encourage **clients'** understanding of proposed services by using **active listening** and facilitating open, two-way communication.
- Document clearly, professionally and in a timely manner, in all forms of written communication.
- 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.

Active listening refers to "attentiveness to the speaker."

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

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 identify, culture and community."

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 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*."

Regulated member refers to "an individual who is registered with ACSLPA."

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

Standard Area 1.0

Service Delivery



1.5 Collaboration

Standard

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

Client refers to "a recipient of speech-language pathology 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."

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 (thefacilitator 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."

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

Regulated member refers to "an individual who is registered with ACSLPA."

Standard Area 1.0

Service Delivery



1.6 Concurrent Practice

Standard

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

Indicators

To demonstrate this standard, the regulated member will:

- Inquire whether **clients** are receiving concurrent **interventions**.
- Ensure clients are informed of the risks and benefits of concurrent practice and document appropriately.
- 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**.
- 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.

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

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."

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."

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."

Regulated member refers to "an individual who is registered with ACSLPA."

Standard Area 1.0

Service Delivery



1.7 Virtual Care

Standard

A **regulated member** of ACSLPA will ensure the provision **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**).
- 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.
- 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.

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

Competence/competent/competency refers to "the combined knowledge, skills, attitudes and judgment required to provide professional services."

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."

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."

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."

Regulated member refers to "an individual who is registered with ACSLPA."

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."