

# Standards of Practice

## Complete Glossary of Terms



### 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.”<sup>1</sup>

**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.”<sup>2</sup>

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

**Concurrent practice** refers to “the independent provision of interventions to a client for the same or related concerns by two or more service providers. The provision of interventions can be face-to-face or via 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.”

**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 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.”<sup>3</sup>

**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.”<sup>4</sup>

**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** 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.”<sup>5</sup>

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

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

<sup>3</sup>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>.

<sup>4</sup>Northern Health (2017). *Indigenous Health-Cultural Safety: Respect and Dignity in Relationships*.

<sup>5</sup>Riodan, C.M. (2014). Diversity is useless without inclusivity. *Harvard Business Review*.

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

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

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

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

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

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

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

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

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

**Plain language** refers to "communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

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

**Professional boundaries** 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*."<sup>7</sup>

**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."

**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."<sup>8</sup>

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

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

<sup>7</sup>Government of Alberta. (2002). *Health Professions Act*.

<sup>8</sup>Government of Alberta (2000). *Health Information Act*. Edmonton: Alberta Queen's Printer.

**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.”<sup>9</sup>

Restricted activities for SLPs include to:

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

Restricted activities for audiologists include to:

- Insert air or gas under pressure into the ear canal,
- Insert or remove instruments, devices, fingers or hands beyond the cartilaginous portion of the ear canal, and
- Insert a substance that subsequently solidifies into the ear canal.”<sup>10</sup>

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

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

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

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

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

**Supervisee** refers to “support personnel, students in speech-language pathology or audiology, or speech-language pathologists or audiologists requiring supervised practice to meet a condition on their practice permit whose clinical work is under the supervision of a regulated ACSLPA member.”

**Supervision** refers to “a dynamic and evolving process involving the oversight of another’s work (e.g., support personnel, students training in speech-language pathology or audiology, speech-language pathologists or audiologists requiring supervised practice to meet a condition on their practice permit). Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, and ethical speech-language and audiology services. The SLP or audiologist is responsible and accountable for services delivered by supervisees under their direction and supervision. This involves ensuring that they are assigning tasks to supervisees appropriately and providing adequate supervision, as required. As part of the supervision process, the supervisee remains responsible and accountable for their own actions.”

**Direct supervision** refers to “the supervising SLP or audiologist being physically present within the environment or virtually present via real-time videoconferencing. The SLP or audiologist observes the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.”

**Indirect supervision** refers to “the supervising SLP or audiologist not being physically or virtually present when an assigned activity is being carried out. The SLP or audiologist monitors and evaluates the supervisee’s performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the supervisee, clients, family, caregivers, team members, and/or employers.”

**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.”

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

**Virtual care** refers to “the provision of speech-language pathology and audiology services at a distance, using synchronous and asynchronous information and digital communications technologies and processes (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.”

<sup>9</sup>Placeholder until standard on restricted activities is updated.

<sup>10</sup> Government of Alberta. (2002). Health Professions Act. Speech-Language Pathologists and Audiologists Profession Regulation. Edmonton: Alberta Queen’s Printer.