



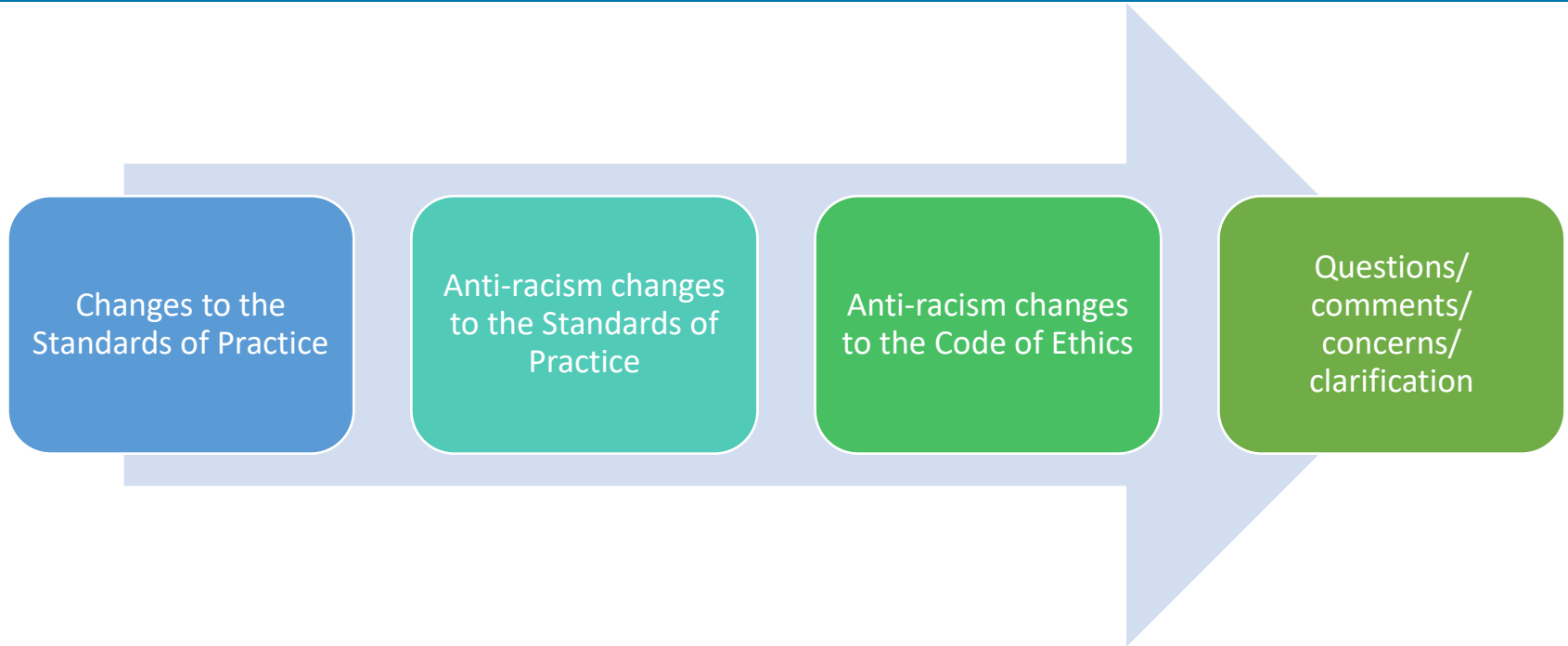
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Anti-Racism: Standard of Practice & Code of Ethics Updates

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September 14, 2022

Agenda





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General Updates: Standards of Practice

Standards of Practice

- Removed to minimize duplication with Code of Ethics
- Replaced with **Continuing Competence Program Standard**
- <https://www.acslpa.ca/wp-content/uploads/2022/06/Standards-of-Practice-Area-3.0-Draft.pdf>

Area 3.0 Ethical Practice → Continuing Competence Program



- Who is a supervisee?
- Accountability
- Service optimization
- <https://www.acslpa.ca/wp-content/uploads/2021/02/SP-and-clinical-supvn-webinar-feb-21.pdf>

4.4 Clinical Supervision



- Updated standards undergoing external stakeholder consultation through Alberta Health
- Draft version available: <https://www.acslpa.ca/members-applicants/key-college-documents/standards-of-practice/>

Area 6.0 Restricted Activities





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Anti-Racism Updates

What are the Standards of Practice and Code of Ethics?

Standards of Practice

Established measure or norm which defines the minimum level of professional performance that regulated members must demonstrate in their practice



Code of Ethics

Ethical principles, values, and responsibilities to which regulated members must adhere



Minimum requirements of the professions
(breach may be considered unprofessional conduct)

A Note About Right Touch Regulation

Focuses on the minimum regulatory force required to achieve the desired result

Too little-ineffective



Too much-waste of effort

Code of Ethics & Standard of Practice



Substantive Changes

Wording changes +
concept inclusions

***“Acknowledge racism
and discrimination using
unambiguous language”***

(Yu et al., 2021)

Gender
neutral
pronouns



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Anti-Racism Updates to the Standards of Practice

Edited Standard Areas

1.0 Service Delivery

- 1.1 Client-Centered Service
- 1.2 Evidence-Informed Practice
- 1.3 Client Assessment and Intervention
- 1.4 Communication
- 1.5 Collaboration

2.0 Professional Responsibility/ Accountability

- 2.4 Professional Boundaries

4.0 Practice Management

- 4.3 Documentation and Information Management
- 4.6 Human Resources Management

Glossary

- Bias
- Client
- Cultural Facilitator
- Cultural Safety
- Inclusive Care
- Quality Services



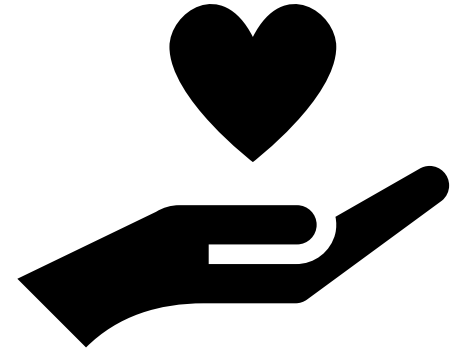
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Standard Area 1.0 Service Delivery

Standard 1.1 Client-Centered Care

a) “Involve clients in decision making...***This includes collaboration with clients to gain an understanding of how/if language/culture/context impact service provision***”

e) “***Make efforts to avoid actions that diminish, demean, or disempower the identity and well-being of the client, family, or caregivers***”



Standard 1.2 Evidence-Informed Practice



b) “Incorporate current evidence, best practices, ***client and family perspectives***, and professional guidelines into service delivery decisions”

Standard 1.3 Client Assessment & Intervention



a) “Use an evidence-informed approach ...and knowledge of both the functional impact of client limitations and ***the environment in which the client resides to determine appropriate procedures, interventions, and measurable outcomes***”

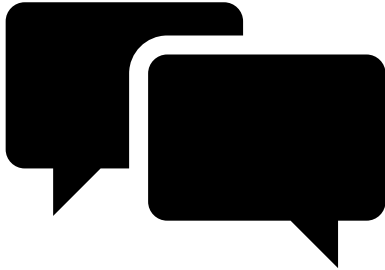


b) “Implement ***culturally*** and linguistically appropriate screening/assessment procedures and interventions within their professional scope of practice and the limitations of personal knowledge and competence”



e) “Use critical inquiry, including information regarding the ***client’s societal context, social determinants of health*** ... in the collection and interpretation of assessment results to make a diagnosis and determine interventions”

Standard 1.4 Communication



a) “Communicate respectfully, effectively, and clearly, ***incorporating principles of cultural safety...***”

b) “***demonstrate an awareness of cultural differences in interpersonal communication ...***”

Standard 1.5 Collaboration

a) “Work collaboratively with the client, ***cultural facilitators or liaisons***, interpreters and/or translators”





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Standard Areas

2.0 Professional Responsibility/ Accountability & 4.0 Practice Management

Standard 2.4 Professional Boundaries

b) “Behave respectfully and responsibly, refraining from ... ***racist or discriminatory actions/comments***”



Standard 4.3 Documentation and Information Management

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

Standard 4.6 Human Resources Management



b) “Ensure that appropriate administrative policies, procedures, and documents are in place to support... an ***inclusive workplace***”*

c) “***Demonstrate principles of inclusive supervision***”*

*Anti-Racist Service Provision Guideline Schedule 2



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Glossary

Definitions

Bias

- “implied or irrelevant evaluation...might imply prejudicial beliefs or perpetuate biased assumptions”

Client

- “individual, family, group, community, or population”

Definitions

Cultural
Facilitator

- “bridge between healthcare professionals and individuals from equity seeking groups seeking care”

Cultural
Safety

- “when all people feel respected and safe when they interact with the healthcare system, free to draw on strengths from their identity, culture, and community”

Definitions

Inclusive

- “creating an atmosphere where all people feel valued and respected, where equal access to opportunities and resources are provided to people who otherwise might be excluded or marginalized”

Quality Services

- “safety factors including cultural safety and freedom from racism/discrimination”



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Updates to the Code of Ethics

Background

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.

Equal vs Equity

- Language was changed from equal to equitable
 - Pg. 4 Ethical Principles – Justice
 - Reflect most current school of thought (ethical principles first established in 1979)



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Respect for all Persons

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.

1.4 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.

“Current approaches ignore how social determinants of health impact our client’s individual environments, and in turn, affect their overall health. Clinicians must consider how these environments operate synergistically with the cultural characteristics of our clients to impact (positively or negatively) the outcomes we are trying to achieve.”

(Ellis & Kendall, 2021)

Professionalism

2.3 Acknowledge the primacy of client welfare and client autonomy, focusing on principles of social justice, **cultural humility**, and **cultural safety**.



References & Reading List

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Questions?

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