**Alberta College of
Speech-Language Pathologists
and Audiologists**

Guideline:

Responsible Use of Artificial Intelligence in SLP and Audiology Professional Practice

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Introduction

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Artificial Intelligence (AI)

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37 While there is no single accepted definition, AI is considered to be the capability of a computer or
38 artificial system to do things that are normally associated with human cognition, such as
39 perceiving, reasoning, learning, problem-solving and self-improvement. Generative AI (GenAI),
40 which uses advanced systems that can produce or generate new content, such as text, audio, and
41 videos in response to user prompts, is of particular interest in healthcare.

42 This guideline primarily addresses the use of GenAI in service provision, although the principles
43 discussed have a broad application to non-generative forms of AI, e.g., voice assistants or
44 transcription tools.

Potential Uses of AI in SLP and Audiology

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46 AI includes a wide range of tools with varying degrees of integration and intrusiveness into service
47 provision. GenAI systems in particular have capabilities that allow them to make assessments or
48 determinations about clients and their care based on existing data and training. Given these
49 capabilities, AI is rapidly being integrated into healthcare, and it is anticipated that AI use will
50 become more commonplace in the practice of SLPs and audiologists.

51 There are many current and potential uses of AI to support the clinical and professional practice of
52 SLPs and audiologists, some of which are shown in the table below.

Use	Examples
Administrative	Tools which can automate clinical documentation, manage client billing, scheduling, translation, interpretation, etc.
Diagnostic	Image, speech, or other data analyzing tools which can provide interpretation of clinical data.
Intervention	Tools which can assist in session planning or preparation of therapy materials or create simulated human-like therapy assistance for virtual care clients.
Research	Tools which can review and summarize literature or clinical research datasets.

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Benefits and Risks of AI in Healthcare

There are a number of benefits and risks associated with using AI to support service provision. The decision of whether to integrate AI into practice requires careful consideration of benefits, risks, and how risks can be mitigated.

Benefits

There are several potential benefits of incorporating AI into service provision:

- Improved system efficiency through supporting administration and clinical care.
- Reduced health systems cost due to improved efficiency.
- Decreased practitioner workload and increased time for direct client care resulting from the automation or optimization of administrative or preparation tasks.
- Improved practitioner wellness and job satisfaction resulting from reduced administrative workloads.
- Improved service safety and effectiveness (once AI-generated clinical interpretation and decision making can be ensured).
- Improved clinician competency through learning from AI systems and tools (e.g., for sole practitioner clinicians with limited access to colleagues for consultation on complex cases, or in the management of less common diagnoses).
- Increased access to care for geographically remote and vulnerable client populations (e.g., those with limited access to transportation, or clients who cannot access services in their language).
- Increased access to personalized care, whereby machine learning and algorithms can be used to tailor care to a client's unique social profile (e.g., their genetic, behavioral, cultural, and economic profile).

Risks

The negative impacts and potential unintended consequences of using AI must be considered by regulated members using AI, or considering using AI, in their practice. Generally, as an AI system or tool more closely models the practice of SLPs or audiologists, the risks associated with its implementation will increase, which will then increase the level of accountability and risk management required.

The following are some of the risks of using AI in professional practice.

Governance and Evidence Base

While laws and regulations specific to the use of AI in healthcare are being contemplated or developed at various levels of government, there is currently no federal or provincial legislation to guide the use of AI in healthcare. There is currently limited research-based evidence to guide the use of AI by SLPs and audiologists, although there may be research currently underway. At the present time, increased uptake of AI in professional practice may be occurring in a context where there is little governance and evidence to support its use.

Privacy and Security

Many AI systems designed for use in healthcare involve the collection, processing, retention, and utilization of client personal and/or health information. Subsequently, there are risks that client information may be accessed by unauthorized users and be misused (e.g., used for purposes other than healthcare) or otherwise handled improperly. Client information stored in AI systems may be vulnerable to cybersecurity threats and other breaches. Even without identifying information (e.g., names), a client's privacy may be exposed by the clinical uniqueness of the case, or their particular circumstance.

Bias

AI systems are vulnerable to bias when the datasets that the systems are built and trained on contain biased information or information that is non-representative of the client. Biased or non-representative data sets can generate, replicate, or amplify biases, resulting in prejudiced, culturally stereotyped, inaccurate, or otherwise inappropriate service delivery interpretations, results, and recommendations for clients. For example, speech recognition AI tools have been shown to have lower accuracy for dialect speakers, while facial recognition technology has persisting issues recognizing Black, Brown, and Asian skin types and facial features. The potential for bias is increased when users are not aware of the potential for bias when using AI technology and how data sets and the processes used to generate outputs from them can create biases.

Human cognitive bias may also occur when using AI systems and tools. This happens when humans trust AI to give information or make decisions to a greater degree than their trust in their own or others' knowledge and judgement, even if there is no basis for the increased trust in the AI system or tool in question. For example, when a clinician puts trust in the judgement of an AI tool, despite not having knowledge of how the tool operates, or without verifying the accuracy of information generated by the technology.

Client Trust and Transparency

With increased integration of AI systems and tools in service provision, it is important to consider that clients will have varying degrees of understanding, trust in, and desire for the use of AI in their care.

For example, clients may have concerns about the reliability of information generated by AI with respect to their care, that AI may not adequately consider their individual circumstance or needs, or about the levels of empathy afforded to them when AI systems are used in their care. Clients may also vary in their assessment of specific AI tools and have different expectations for different types of tools. For example, a client may agree with the use of AI billing tools but may not approve of the use of AI technology in making diagnoses or in their treatment planning.
When used without client consent or knowledge, or when clients perceive its use as substituting for the healthcare provider they are seeing, AI has the potential to disrupt the client-provider relationship, which is integral to safe and effective care.

Accuracy and Accountability

The data sources, training, and/or processes by which information is analyzed, and outputs are generated may not be clear or made transparent to the user when using an AI system or tool. This creates challenges in validating the accuracy of outputs. In addition, AI systems have been shown to generate output that appears plausible, but which may be inaccurate, incomplete, outdated, biased, unverifiable, or otherwise inappropriate. The current proliferation of healthcare-specific AI systems and tools may make it difficult to know which AI applications can be best relied on for accuracy.

The accuracy of some AI systems in generating outputs is also dependent on the nature and quality of the information input and the prompts provided by the human user. A poor-quality prompt may yield inappropriate or incorrect information for the specific situation, which may have negative impacts on the client. The operational skill required of the user in order to accurately prompt AI for required outputs may not be apparent to the user.

In healthcare, AI is intended to be used as a tool to support and enhance competency and client care. However, overreliance on AI as a tool may result in insufficient oversight by providers with respect to decision-making and clinical judgement. Unmonitored AI use over time may result in some aspects of client care being unintentionally and inappropriately transferred to AI. The potential for AI to replace, rather than support the clinical judgement of the provider, coupled with concerns about the accuracy of AI outputs, represents a major safety risk for clients and the potential violation of ethical and professional standards.

Other Risks and Potential Unintended Consequences

In addition to the major risks noted above, regulated members should consider other potential unintended consequences of the use of AI in service provision:

- Intellectual property violations: where the output generated by AI inappropriately uses or reproduces content without required permissions or rights to do so.
- Undue influence over decision-making and skills degradation over time, e.g., through complacency or overreliance on AI technology.
- Masking competency to practice issues: AI can produce outputs that reflect sound clinical judgement or professional practice. As such, AI use in service delivery may mask lacking capabilities or competencies on the part of the practitioner to provide competent, effective, and efficient services. In this instance, safe and competent care may be due to the AI technology used, as opposed to the competency of the provider. This may undermine the ability of regulatory systems to identify and manage concerns about unprofessional conduct.
- Environmental impacts: due to the significant energy and other resource consumption required for the operation of AI systems and tools.

Workforce equity and diversity impacts: AI is not an appropriate tool for understanding the lived experiences and perspectives of under-represented groups. As such, using AI to generate such perspectives may inadvertently undermine efforts to diversify the professions. For example, an organization may not seek the perspective of someone with lived experience of marginalization for an initiative that requires that type of input if such perspectives are thought to be plausibly 'generated' using AI.

Role of the College

Data collected by ACSLPA in 2024 showed that AI use among regulated members was low (see ACSLPA's [2024 Registered Member Survey Results at a Glance](#)). However, AI is being rapidly integrated into and transforming healthcare delivery, including for SLPs and audiologists. ACSLPA recognizes that regulated members may be considering using or already using AI to varying degrees in their practice, as a personal choice or due to employer implementation of AI systems and tools. At this time, the choice to incorporate AI into professional practice is a personal one, and there is no requirement from the College that regulated members use AI for their work.

ACSLPA does not regulate the use of tools, devices, or technologies in the practice of SLPs and audiologists, nor does the College regulate the vendors of AI tools and technologies. The College's role is to regulate its regulated members who may use AI in their practice. As such, it is not the role of the College to discuss the appropriateness of using AI in professional practice, nor can the College comment on or recommend specific AI systems, tools, or vendors to regulated members. ACSLPA's mandate as a regulatory College requires it to uphold and enforce existing legislation, regulations, and professional expectations that apply when using AI in practice. This includes the ACSLPA Code of Ethics and Standards of Practice.

While AI has the potential to improve health system efficiency as well as client and provider experiences, there are important ethical, legal, and practical considerations when integrating AI into professional practice. This guideline outlines key professional obligations that must be considered when using AI in service delivery. The guideline does not set out new professional standards but rather provides information on how minimum standards can be met when integrating AI into practice.

The College will monitor developments in this area, including the development of federal and provincial legislation, and communicate these to regulated members as appropriate. This guideline will be updated as more information becomes available.

Practice Guidance for Using AI in Professional Practice

General Principles

Regulated members using AI in their practice are advised to proceed with caution and remain mindful that they must practice in compliance with the minimum practice standards as outlined in the ACSLPA Code of Ethics and Standards of Practice. If using AI systems and tools, regulated members must understand and critically assess:

- The technology's intended purpose and its basic functioning, including its ability to produce valid, reliable, and interpretable information.
- The benefits, risks, and limitations of the technology.
- How reasonable and appropriate risk mitigation strategies can be implemented when using the technology.
- Whether the technology's intended purpose is appropriate for use in the regulated member's particular practice setting and scope.

Regulated members are expected to have a strong rationale for the selection and implementation of any AI systems or tools in their practice. Regulated members are accountable for violations of the ACSLPA Code of Ethics and Standards of Practice that may flow from the use of AI technology in client care. Members are thus expected to manage and mitigate any harms or unintended consequences that AI technologies can potentially cause.

When using AI, regulated members are responsible and accountable for ensuring service provision meets minimum standards of care and that clients are provided with safe, competent, and ethical care. AI technology is intended to assist and complement care. It is not a replacement for clinical and professional judgement and should not be used as such. At all times, care provided by a regulated member must reflect their own clinical reasoning and professional judgement.

Regulated members should review any AI-generated information for accuracy, relevance, and appropriateness; and use their sound clinical and professional judgment when integrating AI into care. Regulated members should be able to independently explain care plans to clients and others without the use of AI. Regulated members must retain clinical and professional oversight of any AI-generated information to be used in care, similar to the supervision of students or support personnel.

It is recommended that regulated members monitor their own use of AI in their service delivery to prevent overreliance and to be able to recognize if their independent reasoning and judgement becomes jeopardized, or if they begin to transfer oversight and decision making to AI systems and tools used in their practice.

It is also recommended that regulated members ensure that adequate technical support is in place should technical issues arise when using AI, i.e., that they have support for troubleshooting and resolving any technical difficulties encountered. This may include the ability to identify, report, and address concerns about AI technologies with their vendors or operating organizations.
The use of AI does not alter the fundamental obligations regulated members have, some of which are discussed below.

Informed Consent

ACSLPA's minimum standards regarding informed consent apply to the use of AI in service delivery. AI use must not infringe on the client's ability to make informed decisions about their care. As such, SLPs and audiologists are required to obtain informed consent from clients **prior to** using AI in their care, particularly when AI is used in diagnosis or treatment. Regulated members should:

- Be transparent with clients when using AI in their care.
- Disclose how the AI system or tool will be used, including information on how any AI technology used contributed to clinical decisions in the client's care.
- Explain the risks and benefits of using the AI system or tool, along with any safeguards that have been put into place to manage risks and ensure accuracy, reliability, privacy, and security.
- Inform clients of their right to refuse, withdraw, or modify consent for the use of AI in the care at any time.
- Have suitable alternatives for AI should the client refuse or withdraw consent for the use of AI in their care.

ACSLPA regulated members are advised to review Standard of Practice 2.3 Informed Consent and the Informed Consent for Service guideline for information on ACSLPA's minimum standards on obtaining informed consent.

Privacy & Confidentiality

If using AI systems and tools in service delivery, it is important for regulated members to ensure that minimum standards for privacy and confidentiality of client information are met. Any AI systems or tools utilized should allow for clients' privacy and confidentiality to be maintained at all times in accordance with existing legislation and regulations. Regulated members will need to review the privacy legislation specific to their particular work setting to ensure any AI systems and tools used are in compliance with the relevant legislation and note whether the legislation applicable to them requires a privacy impact assessment for the use of AI.

Regulated members should familiarize themselves with the security policies and protocols of any AI technologies used to ensure they are in compliance with Standard of Practice 2.2 Privacy/Confidentiality and Standard of Practice 4.3 Documentation and Information Management.

Continuing Competence

Under Standard of Practice 3.1 Continuing Competence, regulated members are required to acquire and/or enhance their competence in new areas of practice; and to limit their practice until necessary competencies have been obtained, if lacking the competencies to provide safe and competent services. Regulated members have a wider ethical duty to maintain a level of skill, knowledge, attitudes, and judgement to provide safe and competent care in their professional practice, which applies to the use of AI in service provision. Regulated members should not integrate AI systems and tools unless they have developed the necessary competencies for using the technology in a way that ensures safe and competent care.

272 Should regulated members choose to use AI in their practice or should they be mandated by their
273 employer to integrate AI systems and tools into their practice, they should engage in ongoing
274 professional development to maintain or enhance their competence with AI. This may include:

275 • Understanding the basic principles, processes, benefits, risks, and limitations of AI
276 systems and tools used.
277 • Understanding how the technology and any information generated can be safely and
278 ethically used in client care.
279 • Developing and maintaining operational competency required for effective use of AI
280 systems and tools (e.g., writing prompts for GenAI).
281 • Staying up to date on advancements of AI systems and tools used.

Documentation and Information Management

283 ACSLPA's Standard of Practice 4.3 Documentation and Information Management applies to any
284 documentation created with the support of AI. At all times, client records must accurately and
285 completely reflect the professional's involvement in care. As regulated members are required to
286 maintain clear, accurate, and complete records, they should not rely solely on AI for completion of
287 documentation. Regulated members should review and verify AI-generated documentation for
288 accuracy, appropriateness, and compliance with ACSLPA's documentation standards before
289 finalization and inclusion in client records. ACSLPA recommends providing notations of:

290 • whether assistive AI technology was used to generate documentation;
291 • which technology was used and in what context; and
292 • who the documentation was reviewed by, prior to inclusion in the client file.

293 In addition, regulated members should take care to ensure that AI-generated records only the
294 information needed to accurately record only the clinical encounter and the information needed
295 for subsequent care and treatment. Extraneous information or information about third parties
296 not involved in the encounter should not be included in client records. For example, if a client
297 shares information about upcoming family holiday plans, or a family member's illness, this
298 information would not be considered relevant to their clinical encounter and should not be
299 recorded in their visit record. A good rule of thumb when using AI to generate client records is
300 to review to ensure that the record includes only what a healthcare provider would record as
301 relevant clinical information.

302 Regulated members are advised to review the College's Clinical Documentation and Record
303 Keeping guideline and Standard of Practice 4.3 Documentation and Information Management
304 for more information on documentation minimum standards.

Culturally and Linguistically Appropriate Care

306 Under ACSLPA Standard of Practice 1.3 Client Assessment and Intervention, regulated members
307 are required to provide culturally and linguistically appropriate care. Regulated members also
308 have a broader requirement under the ACSLPA Code of Ethics to practice with cultural humility
309 and to avoid cultural harm in their practice. As such, it is important for regulated members to
310 maintain an awareness of bias risks when using AI. This includes the potential for AI systems
311 and tools to generate information which include harmful stereotypes or incorrect information
312 for different population groups. Regulated members are expected to be knowledgeable about
313 the data sets of any AI technology used in order to make determinations about its appropriateness
314 for use with clients.

315 Depending on the diversity of the data set used to generate output, some AI tools may be
316 inappropriate for use with certain clients. Regulated members should be prepared to identify these
317 types of contraindications for use of individual AI systems and tools related to bias and the
318 provision of culturally and linguistically responsive care.

319 Regulated members are expected to apply strong clinical reasoning and oversight to the
320 interpretation of any AI-generated information, accounting for the demographics and health
321 context of the client, to ensure that the obligation to provide culturally and linguistically
322 appropriate care is met.

Evidence Informed Practice

324 AI systems and tools have the potential to improve efficiency with literature searches and research
325 synthesis. However, AI should be considered a support tool for evidence-informed practice and
326 must not replace a professional's critical appraisal, expertise and experience, or client
327 perspectives. Regulated members should remain mindful that AI research tools may be particularly
328 susceptible to publication bias, whereby the data set drawn on may be limited to only studies
329 published based on the direction or strength of the findings within.

330 If utilizing AI to support evidence-informed practice, regulated members should:

331 • Verify any AI-generated references, as AI has been shown to produce incomplete or
332   fabricated citations.
333 • Cross-check any AI-generated references against the original sources to verify the accuracy
334   of the information provided.
335 • Integrate AI-generated summaries with their clinical expertise, client preferences, and any
336   contextual factors impacting care.
337 • Ensure that client information is not inputted when using AI tools for evidence-informed
338   practice purposes. Regulated members should note that a client's privacy may be exposed
339   by the clinical uniqueness of the case, or their particular circumstance, and exercise
340   caution when inputting this type of information into AI systems and tools.
341 • Maintain an awareness of the potential for bias and oversimplification in AI-generated
342   research summaries.

343 As with the other aspects of practice noted in this guideline, ACSLPA's Standard of Practice 1.2.
344 Evidence-Informed Practice applies when AI is integrated into this practice.

Clinical Supervision

346 A regulated member of ACSLPA is responsible and accountable for the services delivered by
347 personnel under their direction and supervision, which includes the use of AI by support personnel
348 and students. As such, regulated members are required to maintain an awareness of the use of
349 GenAI systems and tools by personnel under their supervision and to apply the same standards of
350 care as they would if using AI themselves.
351 For more information on the minimum standards for clinical supervision, including what kind of
352 personnel are considered supervisees, please see Standard of Practice 4.4 Clinical Supervision.

Implementing AI in Professional Practice

Employer Policy

Some employers may already have policy and procedure documents that provide guidance on the use of AI specific to their employees' work settings and scopes. Regulated members are advised to consult with their employers or administrators if implementing AI in their practice, to ensure compliance with employer policy and procedures, as well as ACSLPA minimum standards.

AI Vendors

AI vendors, and the policies and procedures they put in place for their products, are an integral part of public protection when AI is used to help deliver services. It is important that regulated members work with vendors to ensure that any tools and systems implemented in their practice complies with ACSLPA minimum standards. Regulated members should consider avoiding using an AI system or tool if its vendor cannot provide sufficient information to demonstrate that the product would allow the member to practice in compliance with ACSLPA standards. Vendors who do not include or provide transparency regarding data sets, algorithm training, output processes, or privacy and security should be avoided.

Developing Policy and Procedural Guidance

To ensure minimum standards are met when using AI in service provision, employers, clinic owners, and SLPs and audiologists may wish to develop a robust set of policies and procedures to govern the use of AI within their practice. These guidance documents can be tailored to particular practice settings and types of clients supported.

Implementation Questionnaire

To support the implementation of AI in professional practice for regulated members wishing to do so, ACSLPA has provided a list of questions to reflect on when considering using AI in practice. Please note that this questionnaire provides a non-exhaustive list of general considerations. There may be other important considerations specific to regulated members' practice settings and scopes that should be considered prior to implementing AI in professional practice.

Understanding the technology	Do I have a basic familiarity with how this technology works? What kinds of outputs does it produce and how?
	What are the risks and limitations of this technology? What steps can I take to mitigate risks?
	Do I have a strong rationale for using this technology in my practice? What other information do I need to strengthen my rationale?
Accountability	How will I integrate this AI technology into my practice? How will it be used in client care?
	How will I validate the accuracy, appropriateness, and relevance of outputs?
	Have I consulted with my employer or administration about using this technology?
	Do I have the necessary competencies to use this technology safely and efficiently? If not, how can I get these competencies? Is there a plan for ongoing training to stay up to date with any updates to the technology?
	How will I ensure that I maintain oversight of client care when using this technology?
Transparency	What information must be shared with clients about how AI technology is used in their care? How will I share this information?
	Have I incorporated information about the use of AI systems and tools into my informed consent process?
Bias	What are the bias risks associated with this AI technology?
	Is the data or training set used in this technology representative of my client population? How can I verify this?
Security	Have I reviewed the vendor's privacy policy and contractual terms, including its data management, retention, and storage policies?
	Does this AI technology adequately safeguard client privacy and confidentiality in compliance with relevant legislation and minimum standards?
Monitoring use	Is the AI technology functioning as intended?
	Have there been any unintended consequences of using this AI technology in my practice? What are they?
	What benefits, risks, and limitations have I observed from using this technology?
	Are there any contraindications against continued use of the technology?
	Have I maintained an appropriate level of oversight when using this AI technology? How can I ensure that my independent clinical reasoning and professional judgement is maintained with continued use of this technology?
	Am I keeping up to date with the updates and changes to this technology?

379 Regulated members are reminded that they can contact the College with questions about the
380 responsible use of AI in professional practice.

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