College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

THE SELF-ASSESSMENT TOOL GUIDE

JANUARY 2017

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1) WHICH SELF-ASSESSMENT TOOL SHOULD I COMPLETE?

CASLPO is pleased to provide you with:

- Clinical Self-Assessment Tool (SAT): English and French
- Non-Clinical SAT: English and French

Please review the table below and select the SAT that reflects your professional role

If you complete the Non-Clinical Self-Assessment Tool you are still eligible for selection for Peer Assessment

Clinical SAT **Instrument d'auto-évaluation**	**Non-Clinical SAT** **Instrument d'auto-évaluation non clinique**
I screen, assess, manage, treat, consult, educate patients and their families or significant others on a regular basis (part-time or full-time)	My position entails 100% management, administration, education, research and/or sales
The majority of my role is management, administration, education, research and/or sales, but I also provide minimal patient intervention on a **regular** basis: • Working in a screening clinic once a month • One or two private patients per year	My position entails 100% management, administration, education, research and/or sales. Under **exceptional** circumstances I do a minimal amount of clinical intervention or consultation, for example: • filling in for an absent clinician • providing a small facet of intervention for demonstration/teaching purposes • consulting to a member or another regulated health professional about one of their patients
I am a researcher who directly screens, assesses or treats participants with speech, language, swallowing or hearing disorders	
I directly supervise a university speech, language,	

swallowing or hearing clinic providing patient intervention. I am the responsible SLP or audiologist for the patient's intervention	
I am currently unemployed, but when working screen, assess, manage, treat, consult and/or educate patients and their families on a regular basis	
Click on this SAT if it applies to you **Clinical SAT** **Instrument d'auto-évaluation**	Click on this SAT **only** if it applies to you **Non-Clinical SAT** **Instrument d'auto-évaluation non clinique**

If you are not sure which SAT to select, contact Alexandra Carling-Rowland, Director of Professional Practice and Quality Assurance at CASLPO.

Tel: 416 975 5347, Toll free 1800 993 9459 extension 226 or email acarlingrowland@caslpo.com

2) INTRODUCTION

BACKGROUND

Completing the Self-Assessment Tool (SAT), developing Learning Goals and collecting Continuous Learning Activity Credits (CLACs) is the cornerstone of CASLPO's Quality Assurance Program.

The *Regulated Health Professions Act, 1991* (RHPA) outlines the minimum requirements for all health regulatory colleges' Quality Assurance programs in Ontario as:

A. Continuing Education or Professional Development designed to:

- promote continuing competence and continuing quality improvement
- promote inter-professional collaboration
- address changes in practice environments and advances in technology
- incorporate standards of practice, changes made to entry to practice competencies and

other relevant issues

B. Self, peer and practice assessments

C. A mechanism for the College to monitor members' participation in, and compliance with, the Quality Assurance Program (RHPA 80.1).

PURPOSE OF THE SELF-ASSESSMENT TOOL (SAT)

1) MEMBER

The SAT is <u>your</u> tool. It allows you to reflect on your practice, determine whether there are practice issues you can change, and whether or not you are meeting the five Professional Practice Standards:

1. Management Practice
2. Clinical Practice
3. Patient Practice
4. Communication
5. Professional Accountability

If there is an area where you consider that you **need more work to meet the standard** of practice, then the SAT will prompt you to develop a Learning Goal. You can create additional Learning Goals to help you further develop your knowledge, skills and judgment in your area of practice. The collection of 15 CLACs per year will help you realize your goals.

2) THE COLLEGE

The online submission of the SAT allows CASLPO and the public to know that every general and academic member is complying with the minimum requirements of the Quality Assurance program set out in the RHPA. Ensuring quality service through self-reflection and ongoing learning protects the public. Your online submission confirms that the SAT has been completed.

CASLPO is also able to gather aggregate data (anonymous group averages) from the online SAT which helps the college to develop member communication and education, and improve the tool.

REVIEW OF THE SAT

The SAT is reviewed and updated by the Quality Assurance Committee (QAC) on an ongoing basis. CASLPO welcomes your comments and feedback.

OVERVIEW OF THE SUBMISSION PROCESS

You will be given access to a new SAT on January 1st of every year. You will have a month to complete or update each section of the SAT. You must develop three Learning Goals for the year and ensure that you have at least 15 CLACs for the previous year. At any time during the month of January you can submit your on-line SAT by selecting the "Submit to CASLPO button".

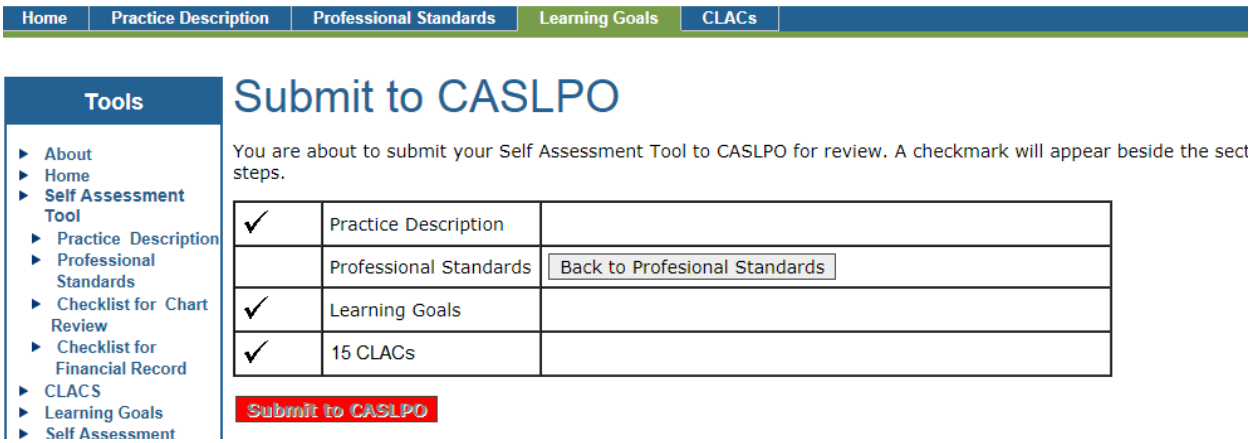
January 1st of a	Over month of January	Midnight January 31st
Members have access to the new year's online SAT	☐ Complete each section ☐ Develop 3 Learning Goals for the new year ☐ Enter last year's CLACs	Deadline for members to submit their online SAT

HOW TO SUBMIT YOUR SAT

When you are logged on to your online SAT, you will see a large red button on the top right hand corner of every page that says 'SUBMIT TO CASLPO':

When you have completed every section, click on the red button to submit your SAT.

You will then see the following screen:



The table (above) lets you know which sections are complete and which sections require more information. In this example, the check marks show that the Practice Description, Learning Goals and CLACs are complete, but that Professional Standards requires more work. Click on 'Back to Professional Standards' and you will be taken back to that section.

WHAT HAPPENS AFTER YOU SUBMIT

You will receive a confirmation message that your SAT has been successfully submitted and the red 'SUBMIT TO CASLPO' button on your SAT will disappear.

CASLPO receives aggregate (anonymous group) data from the SAT which is analyzed in order to evaluate the QA program and customize learning opportunities offered to the members.

Aggregate data includes:

- The number of members who meet the standard or need work to meet the standard for each professional practice indicator
- The number of Learning Goals per indicator
- The number of CLAC hours per indicator
- The number of activities per indicator
- Average number of CLACs per member
- Average number of Learning Goals per member

ADVANTAGES OF ONLINE SUBMISSION

1. Convenience – You can complete or update your online SAT at any time to suit you.
2. Access to documents - The SAT links you to relevant CASLPO documents.
3. Examples provided - the SAT provides examples of different types of evidence for Professional Practice Standards.
4. Drop down menus - the SAT has drop down menus to help with both Learning Goal development and collection of CLACs.
5. Storage – you can keep all your information regarding Learning Goals and CLACs from year to year.

ONLINE SECURITY

PASSWORD: All your online SAT information is password protected. We **strongly recommend** that you change your password from your last name. Once you have logged on for the first time, change your password from your last name to a more secure password (e.g. more than 6 characters, contains upper and lower case, numbers and symbols).

If you forget your password, select "Reset your Password" at the bottom of the sign-in box.

SERVER: The Skilsure servers are located in a state-of-the-art secure facility. Uploaded files are stored outside and separately from the web server file system. That means even if the application was compromised, malicious parties would be unable to access uploaded evidence files.

RELATIONSHIP OF THE SAT TO PEER ASSESSMENT

Members are randomly selected each year to participate in the Peer Assessment Process. The Peer Assessment Program is the evaluative component of the Quality Assurance Program and

is based on the SAT. In order to demonstrate that members are practicing according to the standards of the profession, the randomly selected members are required to provide evidence for each indicator to demonstrate that they are meeting all five Professional Practice Standards, developing appropriate Learning Goals and obtaining applicable CLACs.

3) PRACTICE DESCRIPTION

PRACTICE DESCRIPTION

Your self-assessment begins with an opportunity to describe your practice setting. This section is designed to help you evaluate your practice within the context of your work environment. You might have a number of part time jobs, or have an additional small private practice. This section will help focus your thinking for the Practice Standards, Learning Goals and Continuous Learning Activity Credits (CLACs).

UNEMPLOYED MEMBERS

If you are a General or Academic member who is currently unemployed, select 'unemployed'. When you are employed, you can return to your online SAT and change your Practice Description to reflect your current practice. You do not have to resubmit your SAT to CASLPO.

LEAVE OF ABSENCE

If you are a General or Academic member on parental or other leave of absence and will be returning to your position on a specific date, then complete the Practice Description section as though you were currently working.

SECTIONS 1- 6

These sections require you to check all information relevant to your individual practice and setting. You might have more than one job, for example, a small private practice and a full-time position. You may have to check multiple boxes in one or more sections.

SECTION 6: PRACTICE NARRATIVE

This is your opportunity to describe further your role and clinical activities that have not been included in the information from the previous sections. For example, there may be funding issues that determine how much service you can provide.

If there is no further information to be added, please write "None"

EXAMPLES OF PRACTICE NARRATIVE:

- Consulting to ABA program in Children's treatment Centre
- School aged children seen in classroom within a consultative framework.
- Professional Practice Leader (PPL) supervising SLPs who provide intervention to pre-

school population in a Children's Treatment Centre and provide assessment services at two satellite clinics.

- Neurologically impaired adults seen in the community through CCAC, length and frequency of treatment determined by CCAC criteria.
- Adults and children assessed and treated in private clinic for hearing issues.

SECTION 6: PRACTICE REFLECTION

This section allows you to identify emerging needs in your workplace that may affect your intervention (changing patient demographics, growing waiting lists etc.). Reflecting on your practice in this way may result in you developing a Learning Goal to address the issue.

LEARNING GOAL EXAMPLES:

- To learn more about College requirements for the provision of Telepractice in order to provide intervention to patients who are unable to attend out-patient clinics.
- To further my knowledge about providing service in groups to ensure that patients are receiving intervention in a timely manner.
- To learn more about 'triaging' to ensure safe and ethical prioritization of patients in my hospital setting.

Don't forget to SAVE as you complete or leave this section

4) PROFESSIONAL STANDARDS

BACKGROUND

Professional Standards are a fundamental component of the Quality Assurance Program. The five standards define quality practice and articulate the public's expectation when receiving service from members of the College.

The Professional Standard categories were initially developed based on legislative requirements (e.g. *Regulated Health Professional Act, 1991* (RHPA), *Health Care Consent Act, 1996* (HCCA), *Personal Health and Information Protection Act, 2004* (PHIPA) as well as CASLPO Regulations, Code of Ethics, Position Statements and Practice Standards and Guidelines. The Practice Standards are reviewed on an ongoing basis to ensure that the indicators are current and reflect changes in the professions.

Recent changes encourage evidenced-based learning, and effective peer learning and review.

Annual completion of your Professional Standards allows for ongoing self-evaluation which is critical for quality practice.

Professional Standard Categories

Completing this section is the basis of the self-assessment process. It is designed to help you evaluate whether you meet all of the components of each of the following standards.

1. Management Practice – Audiologists and speech-language pathologists manage their practice in an accountable manner.
2. Clinical Practice – Audiologists and speech-language pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.
3. Patient Centred Practice – Audiologists and speech-language pathologists ensure that their patients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient's interests should be primary.
4. Communication – Audiologists and speech-language pathologists communicate effectively.
5. Professional Accountability – Audiologists and speech-language pathologists are accountable and comply with legislation.

HOW TO COMPLETE THE PROFESSIONAL STANDARDS' SECTION

Each of the five standards is defined by a number of behavioural indicators. Rating yourself on the indicators helps you to determine whether you **meet the standard** or if you **need work to meet the standard.**1. Click on the box  next to **Examples of Meeting the Standard** to find a list of activities for each indicator. These examples help you understand what each behavioural indicator is evaluating and suggest evidence that you might provide to

show that you are meeting the standard. The given examples are <u>not</u> intended to be an exhaustive list, nor do you have to have evidence for all of the examples listed.

2. Determine whether you **meet the standard** for each indicator. Use your best professional judgement based on what you believe would be a fair and objective assessment of your practice. Consider what a reasonably diligent audiologist or speech-language pathologist would do in similar circumstances. Members should use this concept when evaluating their practices.

3. You may select **need work to meet the standard** to show that although you have an understanding of the indicator, you need further work to apply the behaviour to your practice in a consistent manner. If you decide that you **need work to meet a standard**, you will automatically be directed to develop a Learning Goal and collect CLACs to help you **meet the standard**.

4. Some of the indicators may not apply to your practice. If this is the case, select **Non-applicable (N/A).** Please note, very few indicators would be N/A for members who are engaged in direct clinical care.

5. The **Comments** box is provided for a variety of purposes. You may want to write

specific examples of activities that demonstrate how you **meet the standard**. You may also want to make note as to where evidence for the standard may be found to help you should you be peer assessed in the future. You may also add practice issues which otherwise might not be apparent, or activities you would like to pursue to help you meet the standard. CASLPO encourages flexibility and innovation when demonstrating compliance with the standards.

6. As mentioned earlier in the Guide (Home Page), the Peer Assessment is based on the SAT. Those members selected for Peer Assessment are required to upload evidence to show that they **meet the standard**. Unless you are being Peer Assessed, you are not required to upload evidence when you complete your SAT, but you can if you find it helpful.

7. Practice Standard 5, Professional Accountability

   As a regulated professional, you are required to be aware of all of CASLPO documents and to review in detail or consult those documents that relate to your area of practice. Please consider the documents listed and check those documents you have reviewed in detail during the last year.

   Members who work in group practices may want to collect evidence of **meeting the standard** that applies to the whole group such as institutional policies or joint service delivery planning and initiatives.

   In 2017 you are required to review the Position Statement on Professional Relationships and Boundaries (2013) and the accompanying Questions and Answers.

Don't forget to SAVE as you complete or leave this section

UNEMPLOYED MEMBERS

If you are an unemployed General or Academic member, you will select **Non Applicable** for the majority of indicators. When you are employed, access your online SAT and rate yourself on the Professional Standard indicators to help you to determine whether in your new position you **meet the standard** or if you **need work to meet the standard**. You do not have to resubmit to CASLPO until the following January.

Some indicators will still apply, for example:

2.2 I continually acquire knowledge and skills necessary to provide quality service

3.6 I maintain patient confidentiality at all times (for previous patients)

4.3 I communicate effectively and collaboratively with members of my profession, other professions and/or co-workers

4.4 I accurately communicate my professional credentials, to my patients and others

5.1 I have reviewed in detail, specific documents that relate to my current practice

EXAMPLES OF EVIDENCE FOR MEETING THE STANDARD

Evidence needs to be current, **not older than three years**.

Remember, you do not have to upload the evidence to your SAT unless you are being Peer Assessed.

1. MANAGEMENT PRACTICE

Audiologists and Speech-Language Pathologists manage their practice in an accountable manner.

1.1 I have criteria to begin and end intervention (intervention refers to screening, assessment and management).

- Documentation of clinical decisions following assessment/consultation.
- Documentation of clinical decisions to discharge a patient.
- Referral and discharge criteria are documented in a policy or in patient file.
- Criteria made available to the patient or referral source(s).
- Employer, agency or funding criteria.

Any type of evidence that shows a decision-making process for the commencement and completion of intervention is acceptable. This may be documented in a policy, but does not have to be. Such policies may include a rationale for assigning priorities to groups of patients to be seen or caseload constraints that exclude types of patients from being seen.

With assessment services or consultation, documentation of a recommendation for no further intervention would be an example of criteria to end intervention. If further intervention is recommended, documentation of the rationale would also be evidence.

There are times when the patient may determine that they have completed an intervention for a variety of reasons such as moving, changing service providers etc. Some types of intervention do not have a discreet ending, for example, a patient receiving ongoing hearing aid services. However, these patients might end a phase of intervention.

1.2 I maintain records, which accurately reflect the services provided.

- The minimum requirements specified in the Records Regulation 2015
- A system that records the date and purpose of each professional contact with a patient, whether in person, telephone or electronic
- A financial record where a member bills the patient directly or through a third party

The most likely evidence will come from your patient files to show that you are maintaining records that reflect your services. Please refer to the Records Regulation 2015 Section 32 2) 1-17 to ensure that your records are complete and reflect the services you provide.

If in the course of your practice you bill patients or a third party, refer to the Records

Regulation 2015

To determine compliance with this indicator you can also refer to the checklists under the Peer Assessment section of the SAT in the Tools box on the left hand side of the page.

1.3 I perform the controlled act of prescribing a hearing aid for a hearing impaired person (RHPA 27(2) 10) according to practice standards and the position of the college.

- Review to Practice Standards and Guidelines (PSG) regarding Prescription of Hearing Aids.
- Documentation of the required elements that make up a prescription of a hearing aid
- Review of the RHPA Controlled Acts

There are 14 controlled acts defined in Section 27 of the RHPA. When audiologists perform the controlled act "Prescribing a hearing aid for a hearing impaired person" the relevant Preferred Practice Guideline must be followed and documented. This constitutes your evidence.

1.4 I have been delegated a controlled act (RHPA 27, 28, 29) and perform that controlled act according to the position of the college.

If you do not perform controlled acts or delegated controlled acts, select the Non- Applicable box.

- Review of delegation of controlled acts according to the Position Statement on Acceptance of Delegation of a Controlled Act 2000.
- Documentation on delegation
- Review of the RHPA, Delegation of a Controlled Act (28.1)
- Communications with others regarding delegation of Controlled Acts

When speech-language pathologists or audiologists accept delegation of controlled acts, the requirements set out in the Position Statement Acceptance of Delegation of a Controlled Act, 2000 must be followed. Again, documentation demonstrating that you are following the Position Statement is evidence that you are meeting the standard.

1.5 I am accountable for support personnel providing intervention under my direction (for example, communicative disorders assistants and rehab assistants).

- Documentation of appropriate supervision/and services provided by support personnel.
- Documentation that the patient consents and is informed of who will be providing service.
- Evidence of integration of support personnel into service delivery team.
- Job descriptions of support personnel reflecting appropriate responsibilities and skill sets.

This indicator applies to the situations where you supervise support personnel or audiology or speech-language pathology graduate students who provide direct intervention to patients for

whom you are responsible. Evidence will typically be from patient files or supervision logs. Please refer to the following Position Statements: Use of Supportive Personnel by Speech Language Pathologists, 2007, Use of Supportive Personnel by Audiologists, 2013, and Supervision of Students of Audiology and Speech- Language Pathology, 2002.

The indicator does NOT apply to those personnel you consult with, for example, an educational or teaching assistant in a school or personal support worker employed by CCAC or a Long Term Care home. It also does not apply to family members or friends assisting a patient with a home program or providing general stimulation and conversational support.

1.6 I ensure that all materials and equipment (includes clinical tools, assessment and therapy materials) used in my practice are current, in proper working order and calibrated as required.

- Equipment service record meets the requirement of the Records Regulation 2015.
- Current calibration certificates.
- Procedures to ensure that assessment and therapy materials are in operational order.
- Inspection of materials reveals that clinical materials are complete and ready for use.
- Evidence of periodic checks of equipment.

This indicator encompasses all materials and/or equipment used in intervention. It would include assessment test batteries and therapy materials particularly those tests and therapy programs which include numerous parts or pieces as well as i-Pads, AAC equipment, audio tape and video tape recorders and equipment which requires calibration. All required materials must be readily accessible for clinical use. Where equipment calibration is required it should be based on the most current applicable standards and/or manufacturers' recommendations.

1.7 I follow health and safety procedures and practices.

- Health and safety policy and infection control procedures.
- Attendance at lectures such as those dealing with infection control, fire prevention or safety.
- Examples of cleaning procedures for equipment and materials and hand washing protocols.

You are required to follow policies to ensure a safe practice environment for patients, yourself and any staff you may supervise or employ. The Infection Prevention and Control Guidelines for SLPs, 2010, and Infection Prevention and Control Guidelines for Audiologists, 2010, outline procedures that must be followed.

Evidence of the application of infection control procedures relevant to the practice environment needs to be documented. This could include a hand washing protocol, use of gloves, and disinfection of equipment, materials and clinical space. Examples of safety procedures could include ensuring safe entrance to the practice environment in inclement weather, or the wearing of lead aprons in the radiology suite.

1.8 I am knowledgeable about mandatory reports outlined in the RHPA schedule 2, sections 85.1-85.5 and the *Child and Family Services Act*, 1990

- RHPA Schedule 2, Section 81-85
- Redacted mandatory report
- Mandatory report template
- Communications with others regarding mandatory reports

2. CLINICAL PRACTICE

Audiologists and Speech-Language Pathologists possess and continually acquire and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.

2.1 I practice within the limits of my competence as determined by education, training and professional experience.

- Evidence of a patient referral to another professional when the expertise required exceeds that of the member.
- Demonstration of setting priorities when caseload demands exceed the Member's
    - ability to provide competent service.
- Documentation of the acquisition of specific skills required by caseload demands.

This indicator allows you to show how competence is maintained in the face of an ever-changing workplace. Challenging situations may include: being referred a patient with an unusual diagnosis, being assigned an unfamiliar caseload or managing large caseloads. You would demonstrate meeting the standard by making efforts to pursue education or training to gain the required competence. You may increase your knowledge and skills through independent learning or by arranging formal/informal mentorship opportunities. Comments from a performance appraisal, documentation of independent learning, notes of contact with experienced members, or documentation of discussions with the employer or funder can also be included.

2.2 I continually acquire knowledge and skills necessary to provide quality service.

- Acquisition of CLACs in areas relevant to your current or planned practice in accordance with the Quality Assurance Regulation.
- Documentation of the application of new learning into practice.
- Evidence that education, training and professional experience has contributed to your knowledge, skills and judgement.

Developing the required Learning Goals and documenting CLACs is sufficient evidence for this indicator. You might want to show how learning activities relate to learning goals and how they have made a difference to your practice.

2.3 I use intervention procedures based on current knowledge in the fields of audiology and/or speech language pathology incorporating evidence based research and advances in technology.

- Evidence of practice meetings to discuss evidence based and best practices.

- The member is able to show that procedures used are accepted practices (such as following Practice Standards and Guidelines or evidenced-based practices).
- Evidence of any type of program to promote quality care such as quality assurance or continuous quality improvement activities.

The goal of evidence-based practice is the integration of clinical expertise/expert opinion, external scientific evidence, and patient perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals you serve (ASHA).

You are expected to show that the clinical, research or management methods employed in your practice are current, valid and reliable, where possible. Documented rationale for non-standardized procedures would show that there are instances where evidence-based techniques have not been established. In this case sound clinical judgement based on accepted practices or common professional knowledge would dictate the chosen course of action. You are encouraged to collect your own evidence for therapeutic techniques which you believe to be effective. Evidence of professional consultation with other colleagues in the form of discussions or professional meetings devoted to improving service delivery would be acceptable. Further, evidence of knowledge of advances in intervention technology may take the form of learning about recently updated equipment.

2.4 I use intervention procedures that are appropriate to the patient's abilities.

- Use of non-standardized procedures or modification of existing procedures to accommodate the abilities of patient.
- Use of age appropriate materials or procedures.
- Use of standardized tests or inventories where the published norms coincide with the age of the patient.
- Compliance with the Position Statement on Alternative Approaches to Intervention 2002, and Position Statement on Use of Telepractice Approaches in Providing Services to Patients 2004.

The purpose of this indicator is to allow you to demonstrate sensitivity to the challenges and potential barriers a patient may face in the course of receiving clinical service. The most appropriate assessment tools should be used giving sufficient information to develop realistic goals with the patient. The procedures and tools used in management must be appropriate for the patient's abilities.

In addition, if you choose to use specialized or alternative techniques of delivering service, you must justify the use of such techniques in the context of the needs and wishes of the patient, as outlined in Position Statement Alternative Approaches to Intervention, 2002.

2.5 I use intervention procedures that are appropriate to the cultural and linguistic background of the patient/substitute decision maker (SDM).

- Documentation of discussion with family, significant others or other members of cultural/linguistic milieu to establish appropriate intervention approaches.
- Documentation of consideration of the member's cultural biases, which may impact on the intervention.
- Documentation of accommodations made to account for cultural and linguistic diversity

in intervention materials and procedures.

You are expected to follow the Guide Service Delivery Across Diverse Cultures and show how the principles are incorporated into your practice. The focus of this indicator is on integrating cultural and linguistic sensitivity into intervention techniques and being both knowledgeable and sensitive to differences in social interaction.

You are encouraged to consider more than racial and linguistic diversity. Cultural differences may be subtle but can have a significant impact on how a patient and their circle of support view impairment and rehabilitation. Culture embodies the forms and ways of life of a person and encompasses areas including: language, race and ethnicity, gender, socio-economic status, disability, religion, age, and sexuality. Even though patients may speak the same language, their cultural background may have an impact on how you approach their care.

2.6 I monitor, evaluate and modify my intervention procedures based on patient outcome.

- Assessment and periodic re-evaluation are documented.
- Patient feedback regarding intervention is documented.
- Effectiveness of intervention is documented such as verification and validation of
    - hearing aids or patient's assessment or impact of intervention.
- Goal revisions are documented based on patient's response to intervention.
- In a consultative model, evidence comprises feedback provided from service providers such as support staff, teachers, nurses etc. and any subsequent recommendations.

This indicator ensures that all patient intervention is modified as necessary to maximize the patient's potential to achieve the goals of intervention. Meeting the standard would be demonstrated by recording results of assessment, using these results as a rationale for intervention decisions, and tracking responses in treatment sessions etc.

Your intervention may be indirect such as in a consultative model of service delivery. Information would be gathered from others involved with the patient if not directly from the patient.

The intervention may be limited to an assessment. Evidence of changes in assessment procedures or acknowledgement of the patient's expectations of outcome would be considered evidence of meeting the standard.

2.7 I seek feedback from others in my profession regarding my clinical practice.

- Documented face to face, e-mail, or telephone exchanges regarding complex case discussions
- Reviewing a report with a colleague
- Having a colleague observe your therapy for additional input
- Clinical special interest groups
- Clinical special interest blogs

Research into the area of continuing education tells us that one of the most effective forms of learning is peer-feedback. This can take a variety of forms, including a case discussion, a colleague observing you with a patient, a chart review with a colleague or a joint intervention

session. Attending clinical special interest groups or blogs is another example of peer learning. Any form of documentation that these activities (e.g. email, note in calendar) is evidence that you are meeting the standard.

3. PATIENT CENTRED PRACTICE

Audiologists and speech-language pathologists ensure that their patients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient's interests should be primary.

3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter.

- Documentation of informed consent to intervention
- Explanations of benefits, limitations and potential risks of devices and/or intervention
    - (assessment and/or management)
- Documentation of consent and rationale for novel or alternative interventions presented to patient
- Evidence that the nature of the intervention is fully explained

You must always obtain informed consent to treatment from patients according to the *Health Care Consent Act,* 1996. While the patient is not required to sign a consent form, evidence that a discussion regarding valid informed consent to intervention needs to be documented. If you determine that the patient does not have the capacity to consent to treatment, then you would document that you informed the patient and obtained consent from the SDM.

CASLPO requires that members obtain informed consent for screening, assessment as well as treatment as laid out in the Position Statement on Consent to Provide Screening and Assessment Services, 2014.

Particular attention must be paid when obtaining consent to provide novel or less commonly accepted intervention practices, as outlined in the Position Statement on Alternative Approaches to Intervention, 2002. You must inform patients of your rationale for selecting this approach. In these circumstances documentation of such discussions would constitute evidence of meeting the standard.

3.2 I obtain and document consent to collect, use, retain and disclose personal health information, as required.

- Documentation of consent to collect and use personal health information in the course of providing care.
- Documentation of any consent to release health information to anyone outside of
    - individual's circle of care.
- Documentation of "locked information".
- Privacy policy which outlines the requirements of PHIPA.
- Hospital/Institution privacy posters

Patients must always give knowledgeable consent for the collection, use and disclosure of personal health information. This indicator ensures that you follow the *Personal Health*

Information and Protection Act, 2004 (PHIPA). Following the initial assessment, determine whether you are in the 'Circle of Care' regarding the collection, use and disclosure of personal health information. While the patient is not required to sign a consent form, evidence that information was discussed, evidence regarding personal health information needs to be confirmed and/or documented. This information may be provided in the privacy policy that is made available to patients.

3.3 I consult with the patient and/or SDM when establishing intervention plans and/or courses of action.

- Documentation that recommendations were reviewed and agreed upon with the patient.
- Documentation of changes to the treatment plan at request of the patient.
- Meetings with patient and/or team.
- Evidence that patient's perspective is reflected in your plan.

The hallmark of patient centred care is involvement of the patient in all aspects of clinical and discharge decision-making. If the intervention is exclusively assessment, consultation with the patient could consist of a review of the assessment procedures, a discussion of the type of expected results, consideration of how the results will determine a further course of action or outlining how the results will answer the questions that motivated the assessment. Any type of documentation of this discussion would be considered evidence of meeting the standard.

You must ensure that consultation with patients occurs in all stages of intervention. This may include reviewing surveillance material as part of an assessment. Documentation of adherence to the Position Statement on the Use of Surveillance Material in Assessment, 2000 would constitute evidence of meeting the standard.

3.4 I set intervention goals that describe realistic outcomes for patients.

- Documentation of discussion of the patient's needs arising from assessment results.
- Documentation of goals of intervention.
- Documentation of patient outcomes, improvement, maintenance of function or quality of life as appropriate to the patient's condition.
- Use of patient centred questionnaires for information regarding patient's goals and intervention.

The purpose of this indicator is to ensure that intervention is appropriate for the individual patient. This may require on-going counselling with the patient's expectations are unrealistic. When applying this indicator to assessment or consultation services, your assessment results and recommendations are considered to be evidence that you have met the standard.

3.5 I respect the patient's and/or SDM's decision to decline intervention.

- Documentation of information and/or education provided to the patient.
- Documentation of a patient's decision to decline intervention (this would not preclude mandatory reporting in cases where a parent refuses intervention on behalf of a child, and the clinician feels a report under the Child and Family Services Act 1990 is warranted.)

- Documentation of failure to attend appointments with reasons, if available.

Patients have the opportunity to refuse intervention at any time in the process. In the provision of patient centred care it is important to be sensitive to the patient's reaction to the intervention, even if the patient is unable to clearly express thoughts and opinions. Patients may find it difficult to decline or end intervention and thus may express their intention in subtle ways. This may be more prevalent in situations where the patient's opinion differs from yours. Evidence that you have taken into account the patient's perspective, regardless of the method of how this is expressed, would be considered as meeting the standard.

3.6 I maintain patient confidentiality at all times.

- Written statement available to the public, which describes health information practices, how to reach a contact person, information regarding access to and correction of the health record, and how to complain regarding personal health information breeches or issues regarding confidentiality.
- Policies and procedures to support confidentiality.
- Evidence of records stored securely in an office or in transit.
- Secure use of communications, for example, telephone, e-mail, texting, encryption etc.

The maintenance of confidentiality is the basis of trust between you and the patient. This requires respect and vigilance in order for your service to be credible and effective. Members must be compliant with the *Personal Health Information Protection Act, 2004*. The development of a culture, which shows a high regard for patient confidentiality, is encouraged. This would entail not having conversations relating to patient information in public, concealing any identifying health information and storing personal health information where only appropriate access is possible. Any type of evidence to support these practices would be considered meeting the standard.

4. COMMUNICATION

Audiologists and speech-language pathologists communicate effectively.

4.1 I use language that is appropriate to the age and cognitive abilities of the patient to facilitate comprehension and participation.

- Samples of patient handouts.
- Use of plain language.
- Use of language that is respectful to the patient but is modified to enhance comprehension.
- Examples of materials that facilitate communication and enhance patient expression and/or comprehension.
- Sufficient time allowed for patient meetings whenever possible.
- Use of appropriate assistive listening devices.

The therapeutic relationship between you and the patient is predicated on effective, responsive and sensitive communication. As communication professionals, you have an

obligation to assist and enhance patient communication within the therapeutic environment. This extends to SDMs and others involved in the patient's care. Any evidence which demonstrates an understanding of patients' communication needs and abilities and the use of strategies to enhance communication and hearing would be acceptable.

4.2 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient.

- Documentation of rationale for choice of language of intervention.
- Documentation of use of an interpreter and translator.
- Documentation of use of an informant to provide linguistic and cultural information.
- Documentation of efforts made to accommodate language and culture of the patient when an informant is not available.
- Use of plain language.

You must ensure that you use communication which is consistent with the Position Statement Service Delivery to Culturally and Linguistically Diverse Populations, 2000. The focus is on communicating with sensitivity to meet the cultural and linguistic needs of your patients. If your patient does not speak English or French fluently, the use of a professional or independent interpreter is preferred practice. However, it is recognized that this is not always possible due to constraints beyond your control. In such a situation you would use strategies to address the linguistic and cultural diversity of patients using available resources.

4.3 I communicate effectively and collaboratively with members of my profession, other professions and/or co-workers.

- Documentation of joint problem solving.
- Documentation of discussions with other professionals involved with the patient, for example hospital rounds or in-school team meetings.
- Maintenance of appropriate behaviour in challenging situations.
- Evidence of positive interprofessional relations within the work setting (such as performance appraisal).
- Adherence with Position Statements on Concurrent Intervention Provided by CASLPO Members, 2015 and Resolving Disagreements Between Service Providers, 2006.

The best interests of the patient are served when professionals work together and maintain positive professional relationships. This indicator provides you with the opportunity to show your abilities as a productive team member. This applies to sole practitioners as well as those based in multidisciplinary practice environments. When two CASLPO members are both providing clinical service to a patient, the Position Statement on Concurrent Intervention by CASLPO Members, 2015 must be followed. You must also adhere to the Position Statement on Resolving Disagreements Between Service Providers, 2006 in cases where professionals disagree about patient care.

4.4 I accurately communicate my professional credentials to my patients and others.

- Use of appropriate title (oral and written).

- Evidence of accurate communication of competence, education, training and experience such as in resume or promotional material.
- Wearing appropriate identification such as a name badge.
- Able to provide evidence of registration with CASLPO (e.g. display certificate, produce membership card and/or inform patients/employers of the Register found on the website www.caslpo.com).

You should take advantage of opportunities to interact with the public to advocate for the professions as well as promoting professional practice in your place of work. However, in doing so, you must ensure that the information regarding your professional credentials is accurate and follows regulations. Consult CASLPO's Code of Ethics, 2011, Proposed Regulation for Advertising, 2013 and the Professional Misconduct Regulation, 1993. If you have a doctorate, you must ensure that you are compliant with the Position Statement on Use of the Title "Doctor", 2003

5. Professional Accountability

Audiologists and Speech-Language Pathologists are accountable and comply with legislation, regulations, Code of Ethics and other By-laws, and practice standards.

5.1 I have reviewed in detail, specific documents that relate to my current practice.

You are expected to be aware of the Legislation, Regulations, Practice Standards and Guidelines, Position Statements, and Code of Ethics that are relevant to your practice. These documents form the foundation underlying the public protection mandate of CASLPO. However, not all these documents will apply to all practices.

Some documents will need to be reviewed in greater detail according to your current area of practice. Consider the documents listed and check those documents you have reviewed over the last year. For example, in this past year you may have read one or two that relate for a particular clinical concern such as a substitute decision maker providing consent. Check those documents you have read over the last year.

5) LEARNING GOALS

LEARNING GOALS

The development of Learning Goals is an integral part of the Quality Assurance Program and helps you to define the scope and purpose of continuous learning. You must develop at least **three** Learning Goals every year that relate to your self-assessment and/or your professional roles and responsibilities. You can develop more than three goals taking into consideration career planning, developing skills in other areas of speech language pathology and audiology, but Learning Goals must relate to clinical, education, research, sales or management practice.

Goals can be added at any time during the year, for example, when you change your job, or your role within your current employment. They may also be created to capture continuous learning opportunities that arise that do not fit into your existing goals.

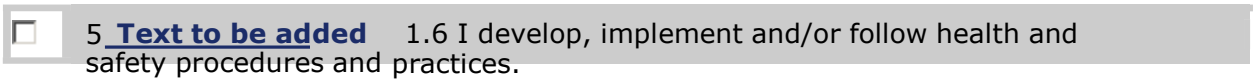
The Learning Goals must include:

- A statement of **what** you will learn and
- The **purpose** for the learning

The online SAT includes a template which allows you to create Learning Goals quickly and easily.

- If you documented an issue from the **Practice Description** section, develop a
  - Learning Goal to help you address the issue (see Learning Goal examples below).

- If you determined that you **need more work to meet the standard** on one or more of the indicators in the Professional Standards, the SAT automatically directs you to formulate a Learning Goal to help you **meet the standard**. You will see 'Text to be Added' and to the right the indicator which requires a Learning Goal (see Learning Goal examples below).



GETTING STARTED

Either click on 'Text to be added' or 'Create New Learning Goal'. You will be taken to the Goal writing page. Here you will see the Goal number which automatically gets populated, the Standard Indicator, if applicable, and the Learning Goal.

SMART GOAL METHODOLOGY

CASLPO recommends the SMART goal methodology as best practice and encourages you to create Learning Goals that are:

Specific

Measurable

Appropriate

Realistic

Time Limited

1. SPECIFIC GOALS

You need to clearly define what is to be learned and the purpose for your learning. The pull-down menus give you choices to help you to develop a specific goal statement that articulates what you want to learn and why you want to learn it:

To learn more about …	in order to …
To acquire knowledge of …	to provide …
To further knowledge of …	to ensure …
To keep current with …	to improve …

Examples of Specific Learning goals

Vague: "To learn more about stuttering"	Specific: "To learn about a range of stuttering treatment procedures for children in order to provide effective stuttering intervention in the school setting."
Vague: "To learn more about teaching"	Specific: "To further knowledge about adult learning styles to ensure the most effective method of imparting information to my adult patients."

2. MEASURING GOALS

Effective continuing education requires you to return to your Learning Goals on an ongoing basis to measure the effectiveness of your goal and learning. The SAT provides you with two forms of measurement:

PROGRESS TO MEETING MY GOAL and IMPACT ON MY PRACTICE

As you reflect on the learning you have undertaken you can determine whether you have made progress to meeting your goal by selecting from the pull down menu:

- None
- Minimal
- Moderate
- Significant

You can also measure if the learning has had an impact on your role or responsibilities by selecting:

- None
- Minimal
- Moderate
- Significant

Your self-reflection might lead you to consider a different form of learning to help you meet your goal, or to create a new Learning Goal which might be more effective for you in your current situation.

3. APPROPRIATE GOALS

Appropriate Goals relate to your area of practice. There should be a clear relationship between your goals and the area in which you work, be it clinical, educational, research, sales, management or a combination of the above. Practice driven goals will improve your quality of service to the public, research and those you supervise.

Examples of Appropriate Learning Goals

Vague: "To learn about Autism"	Clear: "To learn more about behaviour modification techniques with Autism Spectrum Disorder to improve my therapy approach with patients who exhibit negative behaviours".
Vague: "To learn more about statistics"	Clear: "To further knowledge in inferential statistics in order to measure the effectiveness of a clinical intervention in aphasia therapy groups."

4. REALISTIC GOALS

When considering whether or not your goal is realistic or reasonable you should ask yourself: "Does this enhance my learning? Is it in my area of practice? Can I achieve this goal?" In order to enhance your knowledge and skills, you may have to break down a goal into reasonable steps:

Example of Realistic Goals

Vague:"To keep current with stroke research"	Clear: "To further my knowledge in the latest evidence based research on dysphagia screening to ensure that I am using the most effective dysphagia screening tool for stroke patients.

5. TIME LIMITED

The Quality Assurance program requires you to evaluate your Learning Goals on an annual basis. If you feel that you still need further learning in order to meet your goal you can carry that goal over from one year to the next. We do not recommend that you carry over your Learning Goal to a third year; instead you should consider rewriting the goal statement to focus on an achievable goal.

Don't forget to SAVE as you complete or leave this section

LEARNING GOALS WHILE ON LEAVE

From time to time you might take a parental, medical or other type of leave from your job but choose to remain a general or academic member. Even though you are not working, you are still required to comply with the Quality Assurance Program which includes completing your SAT, developing Learning Goals and collecting CLACs. To help you comply with the Quality Assurance Program while you are on leave, we have devised some sample Learning Goals and ways for you to collect CLACs.

Parental/Other Leave examples:

To keep current with College regulations and standards to ensure that the service/role I provide upon my return is current, legal and ethical.

To further knowledge of 'capacity to consent' in order to preserve patients' rights when obtaining informed consent to assess or treat.

EXAMPLES OF LEARNING GOALS

1. MANAGEMENT PRACTICE

Audiologists and Speech-Language Pathologists manage their practice/role in an accountable manner.

To learn more about community resources that patients may use on discharge in order to develop criteria to end intervention that is in the patient's best interest.

To learn more about the documentation practices in different practice settings to determine ways to improve record keeping and ensure on-going compliance with CASLPO standards.

To acquire knowledge about current practices for hearing aid prescription in order to ensure that CASLPO standards and guidelines are being met.

To learn more about delegation from colleagues who have been delegated the management of tracheoesophageal voice prostheses to ensure that all the requirements of accepting delegation of a controlled act are met.

To learn more about 'feedback' skills in order to provide effective supervision to supportive personnel.

To acquire knowledge of efficient time management skills in order to provide appropriate student supervision and manage caseload demands. To further knowledge of calibration requirements in order to ensure that the equipment used in my practice meets both CASLPO and international standards.

To acquire knowledge of new infection control standards and procedures to ensure that our standards are up-to-date.

2. CLINICAL PRACTICE

Audiologists and Speech-Language Pathologists possess and continually acquire and use the knowledge and skills necessary to provide quality clinical services within their scope of practice.

To learn more about behaviour techniques and strategies to incorporate into clinical practice in order to improve my management of children on the autistic spectrum.

To further knowledge of caseload management strategies to increase efficiency yet meet patient needs.

To further knowledge of promoting pre-literacy skills in order to meet the needs of my caseload in the classroom.

To acquire knowledge in treatment of patients with tinnitus in order to apply the latest evidenced based approaches in therapy.

To further knowledge of evidence-based practice in hearing aid prescription in order to provide current and effective service to the hearing impaired individuals in my practice.

To learn more about assessment and therapy goal setting and outcome measures to improve application of this data in my practice.

To learn more about attitudes regarding hearing loss in children in the cultures represented in my practice in order to provide sensitive and effective intervention and follow through.

To improve my knowledge of food preferences from different cultures to ensure provision of culturally sensitive dysphagia management.

3. PATIENT CENTRED PRACTICE

Audiologists and Speech-Language Pathologists ensure that patients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient's interests should be primary.

To further knowledge of requirements for consent in order to provide ethical care to my caseload.

To acquire knowledge about the documentation requirements for consent discussions to ensure that I am in compliance with the legislation.

To further knowledge of PHIPA requirements in order to preserve my patients' rights regarding their personal health information. To acquire knowledge of creating and updating my privacy policy to ensure that the policy is current and correct.

To acquire knowledge of effective strategies to engage patients in treatment discussions to ensure that I am following a patient centered approach.

To further knowledge of the literature in outcome measures to determine what are reasonable expectations for progress in therapy for the patients on my caseload.

To learn more about goal setting and revising goals based on patient performance to ensure appropriate expectations regarding progress and outcome.

To further knowledge of patient reasoning underlying refusal to continue therapy in order to support these decisions.

To learn more about procedures to support confidentiality in order to comply with the constructs found in PHIPA.

4. COMMUNICATION

Audiologists and Speech-Language Pathologists communicate effectively.

To learn about effective communication techniques in order to maximize patient relationships.

To further knowledge of what supports patients require when processing information under stress to improve their understanding and recall of information.

To further knowledge of the use of pictures, graphics and other visual aids to improve comprehension skills of nonverbal patients.

To learn about interpreter services to ensure that their services are effective during assessment sessions.

To further knowledge of nonverbal communication techniques to use where interpreter services cannot be found to enhance the patient's understanding in treatment.

To learn more about team dynamics to ensure my effective participation as an interdisciplinary team member.

To further knowledge of the College's advertising requirements to ensure that the information on my website meets College standards.

5. PROFESSIONAL ACCOUNTABILITY

Audiologists and Speech-Language Pathologists are accountable and comply with legislation.

To further knowledge on the differences between consent to treatment and consent to gather, use and disclose information to ensure the correct application of legislation to practice.

To learn more about Scope of Practice to ensure that appropriate services are being provided and referrals to other health professionals are being appropriately made.

6) CONTINUOUS LEARNING ACTIVITY CREDITS (CLACS)

Continuous learning ensures that you remain current in your role and responsibilities and are able to provide the most appropriate, up to date, quality service.

Continuous Learning Activity Credits or CLACs are activities that you pursue to help you to meet your Learning Goals. Consequently, any CLACs that you earn must relate to one of your Learning Goals.

The rationale for the CLAC program is based on principles derived from the adult learning and continuing professional development literature. This body of work maintains that professional development is enhanced when it is:

- Self-directed: you decide what you need to learn
- Goal oriented: increases the likelihood of changing behaviour
- Occurs in different environments with a variety of activities
- Interactive: peer discussion is especially effective
- Evaluated: you determine if the learning has had an impact on your practice
- Evaluated externally: to help identify areas in need of development

CLACS – IMPORTANT POINTS

- You must acquire at least **15 CLACs** for each calendar year
- **One hour's** activity equals **one CLAC**
- You can claim in **.25** increments; if you read an article for 30 minutes, claim 0.5 CLACs
- CLACs must relate to one of your Learning Goals
- When you submit your online SAT in January, you must show 15 CLACs for the previous year
- You can acquire more than 15 CLACs in one year, but cannot carry extra CLACs over from one year to the next
- You will automatically be given one CLAC each year for reviewing your SAT, and developing a minimum of three Learning Goals

HOW TO COMPLETE YOUR CLACS

1. Click on **'Learning Goals'** across the top of the page or in the **Tools Box** on the left hand side.
2. Select and click on the Learning Goal for which you have earned CLACs.
3. You will be sent to the **Goal Writing Page** for that goal.
4. Below your Goal you will see **CLAC Detail**, click on **'Add New Activity'** which is on the bottom left hand side of the page.
5. Write a summary of your learning activity in the **Learning Activity Summary** box. Be sure to include details about your learning activity such as the **title and presenter** of the event you attended or the **name and author of the article** you read etc.
6. Add the number of CLAC hours. If you spent **90 minutes** on your learning activity, then document **1.5 CLACs**.
7. Add the **date** of the learning activity
8. From the pull-down menu, select either **'Group Learning'** or **'Independent Learning'** (to determine the category, see below).
9. If you wish, you can upload information about your CLACs, for example a conference brochure, course outline or an article. This is optional, unless you are selected for a peer assessment.

Don't forget to SAVE as you complete or leave this task

CLAC CATEGORIES

There are two categories for you to select from to describe your learning activity, **Group Learning** and **Independent Learning**. There are **NO limits** on the number of CLACs for either category. Remember, your CLACs have to relate to one of your Learning Goals.

GROUP LEARNING:

Any type of goal-directed learning that involves participating in group settings, such as:

- Conferences
- Presentations
- Workshops
- Seminars
- Webinars
- Invited speakers
- Courses or Lectures
- 'Lunch and Learns' with a clinical theme
- Educational rounds
- Peer/other professional clinical/educational/performance discussion/observation
- Special Interest Group meetings
- Vendor's presentations
- Professional/regulatory councils, committees etc.
- Professional/regulatory focus groups

INDEPENDENT LEARNING:

Any type of goal-directed independent study that involves reading, reviewing or researching, for example:

- Professional Journal articles
- Text books
- CASLPO documents
- Educational videos
- Clinical caseload research
- Presentations/courses given
- Courses taken
- Mentorship/supervision/clinical guidance
- Committee work for CASLPO or association (contributions to the
- Communication technology
- Manufacturer/technology updates

SUPERVISION OF STUDENTS AND CLACS

Some of you may be supervising students who interact with patients for the purposes of providing speech-language pathology or audiology intervention. You are able to collect CLACs as long as it entails **learning** on your part and is connected to one of your Learning Goals.

LEARNING GOAL: To keep current with cochlear implant technology in order to support student learning in the clinic environment.

LEARNING GOAL: To learn more about effective feedback methods to ensure a positive supervisory relationship and promote learning.

TEACHING AND CLACS

Some of you will be involved with teaching or instructing. If preparation for courses/lectures/classes involves **new learning**, and that learning is connected to one of your Learning Goals, then you may collect CLACs. However, if you have taught the course recently and do not intend to research new information, you may not collect the hours.

LEARNING GOAL: To keep current with the latest evidenced based research on Literacy acquisition for second language learners to ensure that my course content is current and applicable for SLP graduate students.

FURTHER LEARNING OPPORTUNITIES

If a learning opportunity arises that applies to your role, but does not relate to one of your current Learning Goals, develop another Learning Goal and document the CLACs. For example, if you work with adults primarily with aphasia, apraxia and dysarthria and an opportunity arises to attend a workshop on evaluating computer applications (apps) for adults with acquired communication disorders, develop a Learning Goal such as:

LEARNING GOAL: To learn more about computer applications for people living with communication barriers in order to act as a resource to patients who express interest in augmenting their communication with an i-Pad.

LEAVE OF ABSENCE AND CLACS

If you are on a parental leave, or a leave for any other reason, and you chose to remain a General or Academic member, you are still required to develop your learning goals and collect CLACs. While you are on leave develop a Learning Goal that applies to your role or responsibilities, but that you can meet, for example,

LEARNING GOAL: To keep current with College regulations and standards to ensure that the service I provide upon my return is up to date, ethical and complies with legislation and regulations.

CLACS:

1.5 Read ex.press

0.5 Reviewed "What's New" section on CASLPO Website

1.0 Read CASLPO Forum power point slides

ACTIVITIES NOT CONSIDERED TO BE CLACS

- Learning about your agency's new data collection system
- Setting up an office
- Marketing your business
- Teaching volunteers to help with record management and filing
- Administrative staff meetings that do not involve an education component
- Personal development activities (e.g. horseback riding, yoga)

Note: Members may NOT claim CLACs for activities which are part of a remediation order by the College, such as a Specified Continuing Education and Remediation Program (SCERP) required by the Inquiries Complaints and Reports Committee (ICRC) or the Quality Assurance Committee (QAC). SCERPs could include courses or other learning activities.

ADDITIONAL INFORMATION

For more information, please contact:

College of Audiologists and Speech Language Pathologists of Ontario (CASLPO)

Tel: 416 975 5347, Toll free: 1 800 993 9459

e-mail: caslpo@caslpo.com