College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

# INITIAL PRACTICE PERIOD GUIDELINES

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# CHAPTER 1: INTRODUCTION

**This chapter includes:**

- ✓ The purpose of CASLPO's Initial Practice Period (IPP)
- ✓ The benefits of the IPP
- ✓ The regulatory requirements
- ✓ The requirements for employment

## PURPOSE

CASLPO's IPP has been in existence since 1994 and has been a key component of the Quality Assurance Program of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO).

The IPP is designed as a mentoring process to promote professional growth and skills development in members. It provides an opportunity for developing a firm foundation for effective independent practice. While the primary purpose of the IPP is the protection of the public, the IPP also promotes professional development and quality service provision by members.

The College's IPP should not be misunderstood as a period of supervision. The role of the mentor should not be confused with that of the supervisor. Rather, the IPP is a period of mentorship where the mentor's role is one of guidance and practice assessment and the Initial Practice Registrant (IPR) is accountable for all the health care services he/she provides.

The role of the mentor is to act as an experienced and trusted advisor. Clinical and professional accountability remains with the IPR. The IPP must be a minimum period of 6 months of employment, in which the IPR must provide a minimum of **500 hours** of patient care. As well, the College requires that the assigned mentor provide a minimum of 2 hours of mentorship per week (or 8 hours of mentorship per month) over a 6 month period. Typically, this amounts to about 48 hours of mentorship.

## BENEFITS

### BENEFITS FOR IPRS:

- Development of new professional and personal skills.
- Support and guidance to facilitate integration into professional practice.
- Exposure to CASLPO practice standards, self-assessment and peer assessment processes.

## BENEFITS FOR MENTORS:

- Help shape the next generation of professionals.
- Learn or relearn from IPR and from their own mentoring.
- Exposure to new and different thinking styles, knowledge, and perspectives.

## BENEFITS FOR THE PUBLIC OF ONTARIO:

- Development of more knowledgeable CASLPO members with broader perspectives.
- Strengthen the professions.

# REGULATORY REQUIREMENTS

### ONTARIO REGULATION 21/12

REGISTRATION REQUIREMENTS

**8.** (1) The following are non-exemptible registration requirements for an initial certificate of registration:

1. Subject to subsection (2), the applicant must satisfy the non-exemptible requirements for a general certificate of registration as set out in subsections 5 (1) and (2).
2. The applicant must provide the Registrar with proof that he or she has an offer of employment in Ontario as an audiologist or speech-language pathologist.

(2) The Registrar may issue an initial certificate of registration to an applicant who has not completed the coursework or clinical practicum hours, or both, in a minor area of study if the applicant undertakes to complete the coursework and clinical practicum hours, as the case may be, during the term of the initial certificate of registration.

## CONDITION

**9**. It is a condition of an initial certificate of registration that the member practise under the mentorship of a holder of a general certificate of registration in accordance with the policies of the College.

## TERM OF CERTIFICATE

**10**. (1) Subject to subsection (2), the term of an initial certificate of registration is six months.

(2) The Registrar may extend the term of an initial certificate of registration for an additional period of no more than 18 months if either of the following circumstances exist:

1. The member has not completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months.
2. The member has completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months but, in the Registrar's opinion, the

member does not have the skills or competency necessary to be issued a general certificate of registration.

### CANADIAN MOBILITY

**11**. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the requirement of paragraph 1 of subsection 8 (1) of this Regulation is deemed to have been met by the applicant.

(2) Despite subsection (1), the applicant is not deemed to have satisfied the non-exemptible registration requirement set out in paragraph 2 of subsection 5 (1) that the applicant must be a Canadian citizen or a permanent resident of Canada or be authorized by the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.

(3) Where the applicant is unable to satisfy the Registrar that the applicant practiced the profession to the extent that would be permitted by an initial certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) The applicant is deemed to have met the requirements of paragraph 5 of section 3 where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), the applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

## EMPLOYMENT REQUIREMENTS

### PRIMARY EMPLOYMENT SETTING

- For the issuance of an initial certificate of registration, the applicant must submit evidence to the College of his or her offer of employment or contract in Ontario as an audiologist or speech-language pathologist.
- The IPR's primary employment setting is the place where the IPR is employed as an audiologist or a speech-language pathologist, if the IPR is only employed at one location in Ontario.
- In the event that the IPR is employed in more than one location in Ontario, the IPR's primary business address shall be the location where the IPR generally works, or anticipates to work, the most hours.
- If the IPR is employed at more than one location in Ontario and works at each location an equal number of hours, the IPR shall designate one location as his/her primary business.

## SECONDARY EMPLOYMENT SETTING

- An IPR wishing to engage in professional practice at a secondary employment setting may do so if a second contract for the secondary employment setting is submitted.
- A mentor must also be found for the secondary employment setting.

## PRIVATE PRACTICE

- The College recommends that the IPR work within an established clinical setting for the first two years.
- However, an IPR wishing to supplement his/her income may engage in private practice in addition to his/her primary employment.
- If the IPR is engaged in private practice, the IPR must be mentored for this setting.
- The IPR must also develop learning goals related to private practice in the IPR's mentorship contract.

# CHAPTER 2: ROLES AND RESPONSIBILITIES

**This chapter includes:**

- ✓ The role and responsibilities of the Initial Practice Registrant (IPR)
- ✓ The role and responsibilities of the mentor
- ✓ The role and responsibilities of the College

## INITIAL PRACTICE REGISTRANT (IPR)

1. The IPR is responsible for identifying a mentor with a general certificate of registration and a minimum of four years of professional practice in the professional area (audiology or speech-language pathology) in which mentorship is provided and the mentor should possess the competencies outlined in Chapter 3 (pages 11 and 12): The IPR may contact the College to obtain assistance in identifying a mentor.
2. The IPR shall submit a *Mentorship Guidance Contract* for approval by designated College staff. This contract must be received within 30 days of beginning employment in Ontario.
3. The IPR shall notify the College in writing of any plan to change the approved contract. Any change requires the approval of the College.
4. The IPR must commit to the time required.
5. The IPR must prepare learning goals. The IPR must be prepared to ask for specific guidance and advice on their learning goals.
6. The IPR must be fully prepared each time he or she meets with and or communicates with their mentor.
7. The IPR must maintain a copy of their contract and evaluation reports. Please note that CASLPO's By-law 2011-3 states, a member shall pay a fee for the following service:
   9.4.1 The fee for copying documents from a member's file is $50.00 per request including the first twenty-five pages, and $1.00 per page thereafter.
8. The IPR must be ready to provide their mentor with updates on his or her activities.
9. The IPR must, within **30 days** of receipt of notification of their successful completion of the IPP, apply for a general certificate of registration and pay a fee adjustment to the College to reflect the change in class from an initial certificate of registration to a general certificate of registration.

## MENTOR

1. Mentors must have an up-to-date and completed Self-Assessment Tool
2. In most cases, one mentor will provide guidance. Where the College has approved it, more than one mentor may be involved in providing guidance to the IPR.

   The mentor must discuss his/her expectations with the IPR in advance of the commencement of the IPP.

3. Mentors are responsible for submitting completed evaluation reports to the College.
4. Exploitation of the IPR by the mentor is grounds for professional misconduct.
5. The College prohibits remuneration of mentors by an IPR. Transfer of funds between employing agencies is not prohibited. This includes mentors in private practice. (i.e. a private practice mentor may be reimbursed by the agency employing the IPR, however the IPR must not be expected to reimburse his/her mentor directly.)
6. The mentor is not responsible for the patients/clients under the care of the IPR. It is the IPR who has the ultimate responsibility for all care provided. If the mentor observes substandard practice that may result in harm to the patient/client, the mentor has an obligation to intervene. Apart from this extreme example, the mentor serves as a consultant to the IPR to assist in the transition from IPR to general member of CASLPO.

## COLLEGE

College staff is available to provide support to the IPR and the mentor.

1. The College shall maintain an inventory of mentors of IPRs, which shall be reviewed periodically to ensure that the mentors are not in default of their certificates of registration.
2. Designated College staff shall be responsible for approving *Mentorship Guidance Contracts* and evaluation reports. Approval of *Mentorship Guidance Contracts* shall be based upon guidelines established by the College.
3. If a conflict arises and cannot be resolved in the workplace, the College is available to provide assistance.
4. Designated College staff shall be responsible for notifying the IPR of successful completion of the initial practice period.

In circumstances where professional practice standards are not achieved or where the mentor does not recommend the IPR for general registration, IPRs will be referred to the Registration Committee for review.

# CHAPTER 3: POLICIES

**This chapter includes:**

- ✓ The required qualification for a mentor
- ✓ The required duration of a contract
- ✓ The number of mentored hours required
- ✓ The methods for providing guidance
- ✓ The methods for providing the IPR with feedback
- ✓ The requirements for supervision of supportive personnel

## QUALIFICATIONS OF MENTOR

Mentors must have the following qualifications:

1. Mentors must hold a general certificate of registration in the professional area (audiology or speech-language pathology) in which mentorship is provided.
2. Mentors must have a minimum of four years of professional practice in the professional area (audiology or speech-language pathology) in which mentorship is provided and mentors should possess the following competencies:
    a. Has in-depth knowledge of relevant regulatory requirements and professional standards;
    b. Has in-depth knowledge of and demonstrates evidence-based clinical practice
    c. Has considerable knowledge and experience in the area that the IPR is working;
    d. Has leadership qualities in their interactions with others;
    e. Has the ability to provide constructive feedback;
    f. Has the ability to manage misunderstandings, limitations and conflicts;
    g. Who demonstrates behaviours that are supportive and reflective; and
    h. Who demonstrates behaviours of observational feedback and shares experiences.
3. Mentors must not be in default of their certificates of registration.

In circumstances where the mentor does not meet the above criteria, the Initial IPR must contact College staff to obtain approval of a mentor with alternate qualifications.

## DURATION OF INITIAL PRACTICE PERIOD

- The IPP must be a minimum period of **6 months** of employment, in which the IPR must provide a minimum of **500 hours** of patient care.
- The IPP may be extended. If an extension is required please contact mentorship@caslpo.com at least 4 weeks before the end of your 6 month contract.
- Extensions cannot exceed 18 months beyond the date of issuance of the IPR certificate.

A member's initial certificate of registration expires 24 months after the issuance of the certificate if:

- The IPR has not fulfilled any conditions placed on his or her certificate of registration as a result of the Registration Committee Order, for additional coursework and practicum in the minor professional area; or
- The IPR does not have the skills or competency necessary to be issued a general certificate of registration.
- The IPR has not been employed for sufficient hours within the first 24 months in order to fulfill the IPP regulations.

If a member's initial certificate of registration expires, the individual must re-apply for registration.

## NUMBER OF MENTORED HOURS REQUIRED

- Mentors must provide a minimum of **48 hours** of guidance during the Initial Practice Period.
- A minimum of **24 hours** of guidance is required, in each half segment of the IPP. (i.e. At least 24 hours of guidance must be provided during the first 12 weeks of the IPP and at least 24 hours of guidance must be provided during the second 12 weeks of the IPP.)
- Although it is preferable that two hours of guidance is provided per week, it is also possible to accumulate the hours over one full day (i.e. 8 hours) per month.

## METHODS OF GUIDANCE

- Observation of the IPR interacting clinically with patients/clients either directly or via video is mandatory and must include discussion regarding the direct interaction. The College no longer requires a specific number of hours of direct observation. However, the mentor must provide sufficient observation of the IPR to comment on whether or not the IPR has complied with CASLPO's practice standards.
- Methods of guidance may include any technique which permits the mentor to assist in the development of professional competencies in the context of the work/practice setting.
- Guidance is to be provided by:
  - Observing the IPR with clients
  - Video conferencing or reviewing videotapes or audiotapes of clinical sessions
  - Directing clinical management discussions (either in person, via text/email or telephone conferences)
  - Reviewing written reports
  - Leading administrative management discussions (either in person, via text/email or telephone conferences)

# MECHANISM FOR FEEDBACK

- A mechanism for providing the IPR with feedback must be discussed and agreed upon when the IPR and mentor complete their contract.
- Feedback to the IPR may be provided in the following manner:
  - Face to face meetings
  - Video conferencing
  - Written communication
  - Telephone conferences
  - Email

It is recommended that a permanent record of feedback be maintained.

- Alternative methods of providing feedback not listed above, must be specified in contract.

# SUPERVISION OF SUPPORTIVE PERSONNEL

- It is recommended that an IPR should not supervise supportive personnel during his/her IPP. However, the College understands that this is not always possible.
- If the IPR is required to supervise supportive personnel during his/her IPP, the IPR must review and adhere to the following positions statements regarding the use of supportive personnel and guidance must be provided by the IPR's mentor regarding the use of supportive personnel during the IPP:

**FOR AUDIOLOGISTS**

**FOR SPEECH-LANGUAGE PATHOLOGISTS**

# CHAPTER 4: PROCEDURES

**This chapter includes:**

- ✓ The steps for the mentoring process
- ✓ How to set learning goals and select learning activities
- ✓ How to collect evidence of compliance
- ✓ How to resolve conflict
- ✓ How to evaluate the IPR
- ✓ The steps to follow when changing employment midway through the IPP
- ✓ The appeal process

## STEPS FOR MENTORING

The IPP must be a minimum period of 6 months of employment, in which the IPR must provide a minimum of **500 hours** of patient care. As well, the College requires the assigned mentor to provide a minimum of 2 hours of mentorship per week (or 8 hours per month) over a 6 month period. Typically, this amounts to about 48 hours of mentorship. The role of the mentor is to act as an experienced and trusted advisor. Clinical and professional accountability remains with the IPR.

The following is an example of a Mentorship Guidance Schedule for IPR's working >= 21 hours a week and 24 weeks of Mentorship.

### MONTH ONE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD) SUGGESTED ELEMENTS TO START THE IPP

Suggested elements to start the IPP

1. Set aside a minimum of 2 hours during the first month of practice. Typically the initial orientation to the IPP will take more time in the first two week period, and may be more than 8 hours over the month. In the initial month it is the expectation that the IPR will complete an orientation to the workplace and CASLPO, begin initial clinical practice with guidance, complete the mentoring contract and set learning goals. All health and safety and risk situations are carefully reviewed.

2. Where applicable, the mentor checks to ensure that the IPR has completed orientation to:
    i. Facility, workplace, staff, other relationships
    ii. Responsibilities as Speech-Language Pathologist or Audiologist
    iii. Caseload expectations
    iv. Time and schedule expectations, hours of operation
    v. Human Resource Standards
    vi. Policies and Procedures of Organization
    vii. Risk Standards of Organization

viii. Role of Mentor for IPP, and Role of Supervisor
ix. Time line for orientation, review of documents for workplace

3. Review of IPP Procedures:
   i. Set up mentoring agreement and schedule
   ii. Set up timeline for review of CASLPO documentation by IPR
   iii. Review *Mentorship Guidance Contract,* including Guidance Plan and Conflict Resolution
   iv. Review workplace / clinic procedures, and relationship to CASLPO standards
   v. Review CASLPO *Self-Assessment* Professional Practice Standards including Management Practices, Clinical Practice, Patient/Client Centred Practice, Communication, and Professional Accountability within the Self-Assessment Tool.
   vi. Introduction to CASLPO Electronic Reference: Review CASLPO *Registration, Quality Assurance and Professional Misconduct*.
   vii. Review Professional expectations (identification and professional credential usage as Speech-Language Pathologist or Audiologist with CASLPO registration, dress code, personal presentation, timeliness, organization strategies etc.)
   viii. Review *Code of Ethics* and potential Risk Situations within IPP and who to contact for support for difficult decisions and situations
   ix. Review *Preferred Practice Guidelines* for current caseload
   x. IPR and Mentor discuss setting up of learning goals. IPR completes Learning Goals Section of *Mentorship Guidance Contract*
   xi. Set up mentor availability for questions or assistance

4. IPR submits *Mentorship Guidance Contract* by end of month to College (within 30 days of IPP initiation) with a copy to the Mentor.

### MONTH TWO: (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD.)

IPR completes in depth review of CASLPO standards and legislation requirements, and CASLPO preferred practice guidelines related to current caseload and responsibilities. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of IPR.

i. Continue learning goals plan with mentor guidance.

ii. Clinical Management Practice Review: Observational practice and review IPR's examples of initial assessments, intervention and recommendations. Review Patient/Client Centred Practice: Review of IPR's compliance with consents, client-centred goal setting and goal setting and intervention plans with realistic outcomes, respect for client decision to decline intervention. Reflect on IPR's documented evidence and criteria for beginning and ending intervention. Review CASLPO standards for record keeping and legislation regarding records and privacy. Review of *Health Care Consent Act, Personal Health Information Protection Act, Obtaining Consent for Services: A Guide for Audiologists and Speech Language Pathologists, Consent to Provide*

*Screening and Assessment Services, Use of Surveillance Materials in Assessments*.

iii. Risk Review: Discuss any risk situations that have presented during IPP. Discuss what constitutes a risk occurrence. Share reflective practice on strategies that could be used for potential situations. Discuss *Code of Ethics* and what constitutes an ethical issue. Review a potential or actual ethical issue, and a framework for ethical decision making. Review health and safety procedures to protect the patient/ client, family, public, and the health care provider. Review where to access information regarding risk and occurrences. Review CASLPO and regulated health profession standards regarding risk. Review guidelines regarding controlled acts, alternative approaches to intervention, universal precautions, cleaning of equipment, infection prevention and control, immunization, client protection, sexual abuse, and duty to report.

iv. Review of materials and equipment used appropriate to the caseload, standards for materials and equipment, servicing and calibration.

v. Team, Co-worker Relationships Review: Discuss roles of Speech-Language Pathologist or Audiologist within a client-centred team and relationships with others. Review legislation including *Regulated Health Professions Act, Audiology and Speech-Language Pathology Act* and CASLPO standards, and position statements including *Professional Relationships and Boundaries, Resolving Disagreements between Service Providers, Guidelines for Supportive Personnel, Supervision of Students of Audiology and Speech Language Pathology, Concurrent Intervention Provided by CASLPO members, Advertising, Conflict of Interest, Changing Hearing Aid Prescriptions, Use of the title Doctor*. Share experiences of consultation, collaboration and education, practice of conflict resolution and reflect on experiences of IPP.

vi. Clinical Practice Review: Observational Practice and review IPR's examples of initial assessments, intervention and recommendations. IPR demonstrates outcome measurement and modification of intervention procedures. IPR demonstrates evidence and practice based on research/ best practices. IPR discusses and demonstrates ongoing learning and currency: shadowing of colleagues, access to research, journals, webinars, and ongoing educational opportunities to support learning goals. Mentor assists with guidance of ongoing learning strategies and gives further guidance on learning goals.

vii. Review of Communication: Observational Practice and review of IPR's examples of responsiveness to needs of patient/ client and family and their environmental context. Reflective practice on issues of responsiveness, communication and sensitivity to patient/ client age, interests, cultural and linguistic backgrounds, abilities, language, cognition, comprehension goals and needs. Discuss examples of caseload challenges, and how to improve communication strategies, goals and intervention to meet patient/client needs. Review of CASLPO position statement on *Service Delivery to*

*Linguistically and Culturally Diverse Populations*, where to access further information on diverse populations, Use of Telepractice *Approaches to Providing Services to Patient/ Clients*, use of translation or interpretive services.

viii. IPR submits *Self-Assessment: IPR's Interim Evaluation Form*, progress on learning goals, with collection of evidence to support compliance with CASLPO standards and learning goals by end of second month (30 days before IPP Interim Report) to Mentor.

### MONTH THREE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD.)

IPR completes in depth review of CASLPO preferred practice guidelines and regulation for records. IPR continues to work on learning goals in preparation for the interim evaluation at the end of the third month. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of IPR.

i. Management Practice Review: Review IPR's examples of recording of evidence during sessions with patient/client, assessments, consultations, intervention, progress notes, discharge notes and security of patient/client information. IPR completes in depth review of CASLPO *Draft Regulations for Records, Checklist for Chart Review, Checklist for Financial Record* and checks for compliance with the privacy legislation including the *Personal Health Information Protection Act* as well as *Freedom of Information and Protection of Privacy Act*, Municipal Freedom and Protection of Privacy and Orders of the Information and Privacy Commissioner of Ontario. Mentor reviews understanding and compliance with information security: confidentiality, protection of personal information, release of information, handling of paper files, notebooks, double locked system (e.g. locked file/ locked office or car), and encryption of electronic devices. Over the month, IPR continues with learning goals on management practice and submits 5 charts for review to the mentor by end of the month for the interim evaluation.

ii. Clinical Practice Review: Review of IPR's knowledge and compliance with Preferred Practice Guidelines. Over the month, IPR reviews all other Preferred Practice Guidelines not previously addressed in month one. Discussion with mentor regarding challenges of caseload, reflection on progress, and collaboration with mentor for strategies for continuous learning. Further discussion on strategies to gain further knowledge to comply with Preferred Practice Guidelines.

iii. Professional Accountability Review: Over the month, IPR checks review of all Regulations, Preferred Practice Guidelines, Position Statements, *Code of Ethics* and relevant legislation. IPR discusses any particular issues related to compliance with mentor. Additional legislative acts such as *Child and Family*

*Services Act, Education Act, Public Health Act* impacting service delivery in the IPR workplace should be discussed with supervisor in workplace; IPR can discuss any issues with mentor and they may review together.

iv. Learning Goals Progress Check: IPR collaborates with mentor to support learning and continues plan.

*Interim Evaluation Report*: Final week of month the mentor is expected to evaluate the IPR's level of compliance with the practice standards midway through the IPR's IPP.

The *Interim Evaluation Report* form must be completed by the IPR's mentor after the mentor has reviewed the following:

- The IPR's 1st Self-Assessment form;
- The IPR's progress in achieving their learning goals;
- The IPR's progress with their collection of evidence of compliance; and
- A review of at least 5 of the IPR's patient/client files.

It is recommended that:

1. The mentor complete the *Interim Evaluation Report* at least two days before the Initial Evaluation Report meeting and give a copy to the IPR to review before the meeting.

2. The mentor and IPR meet at a pre-determined place and time to review the Interim Evaluation Report and plan for the final three months of the IPP.

The mentor and IPR must sign the report. The IPR is welcomed to add additional comments which are added to the report.

Mentor submits *Mentor's Interim Evaluation Report* to College with a copy to the IPR.

### MONTH FOUR (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD)

IPR follows the plan developed after the *Interim Evaluation Report* further developing the Learning Goals Plan for the final three months. IPR discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload challenges, clinical reporting of evidence, and learning progress. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of IPR.

### MONTH FIVE (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD)

IPR continues Learning Goals Plan and completes evidence. IPR discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload, clinical reporting, and learning progress. Mentor provides a minimum of 2 hours of

mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of IPR. In final week of month (30 days before *Mentor's Final Evaluation Report*), IPR submits *Self-Assessment*: *IPR's Final Evaluation Form* and Learning Goals Document to Mentor for review prior to the Final Evaluation.

### MONTH SIX (APPROXIMATELY 84 HOURS OF PATIENT/CLIENT CARE PROVIDED BY IPR DURING THIS PERIOD)

Month six (approximately 84 hours of patient/client care provided by IPR during this period.) IPR continues Learning Goals Plan, and accumulates any missing evidence. IPR discusses any issues regarding compliance with CASLPO professional accountability, challenges with communication, caseload, clinical reporting, and learning progress. Mentor provides a minimum of 2 hours of mentorship per week as per mentorship agreement and schedule. Using observation and constructive feedback, mentor guides reflective practice of IPR.

Final Evaluation: In the final week of month six, mentors are expected to evaluate the IPR's level of compliance with the practice standards at the end of the IPP using the *Mentor's Final Evaluation Report*

The *Final Evaluation Report* form must be completed by the IPR's mentor after the mentor has reviewed the following:

- The IPR's 2nd Self-Assessment form;
- The IPR's progress in achieving their learning goals;
- The IPR's completed catalogue of evidence of compliance; and
- A follow-up review of the IPR's patient/client files.

It is recommended that:

1. The mentor complete the *Final Evaluation Report* at least two days before the *Final Evaluation Report* meeting and give a copy to the IPR to review before the meeting.

2. Mentor and IPR meet at a pre-determined place and time to review the *Final Evaluation Report*.

The mentor and IPR must sign the report. The IPR is welcomed to add additional comments which are added to the report.

## SETTING LEARNING GOALS

The IPR must derive learning goals that relate to indicators of the *Mentorship Guidance Contract*. In devising a learning goal, the IPR should reflect on what they need to learn in order to comply with the indicators and then determine how they will learn that information.

The indicator that the IPR is addressing must be specified in the IPR's learning goal. Learning activities may be summarized on the learning activity summary form. These details should include relevant dates, titles and authors of readings and presentations, websites searched and titles, dates and instructors of courses.

During the IPR's IPP, the IPR will review their progress in meeting their learning goals before the IPR's interim evaluation and again before the IPR's final evaluation. In the appropriate column of the learning activities forms, the IPR should briefly comment on any successes or difficulties they may have encountered in achieving their goals.

Before the IPR's interim evaluation, the IPR is also expected to reflect on how much progress has been made towards achieving their learning goals and how the defined learning activities have affected their practice.

The IPR must indicate the progress made in meeting their specific learning goals using the following scale:

- No progress;
- Moderate progress; or
- Great progress.

The IPR must also indicate the impact of the learning activity on their practice using the following scale:

- No impact;
- Little impact; or
- Significant impact.

IPRs should always make this rating in relation to their clinical service delivery. There is no requirement that the progress and impact ratings be at any specific level; there is no right answer. The College understands that it may be difficult for the IPR to anticipate progress and the impact of their learning on clinical care so it may be that some ratings will be low. The College will expect, however, as the IPR becomes a general member, the member will revise the learning goal or learning activity in an attempt to better meet the learning goals and increase the impact of the continuing education on clinical care. The basic premise of the self-directed learning program is that it will have a positive impact on the quality of care provided by the member.

Evaluating the effectiveness of learning in this way can help a member determine if a goal is resolved or if it was unsuccessful or poorly formulated, in which case the goal will not be carried over to the next year. It can also help determine if the learning is in fact having any effect on clinical care. If not, both the goals and learning activities would need to be re-evaluated.

## CRITERIA FOR LEARNING GOALS

All learning goals must:

1. Define and specify the information to be learned and incorporate the purpose of the learning.

2. Include sufficient detail to determine if the learning objective was met.
3. Relate to the IPR's clinical practice.

4. Refer to a learning activity.
5. Address any area that the IPR needs to learn in order to comply with the indicators in the *Mentorship Guidance Contract*.

| **Professional Practice Standard** | **Refer to a learning activity** | **Define the information to be learned** | **State the purpose** | **Relate to practice** |
|---|---|---|---|---|
| **Management Practices** | To learn more about and to follow | *Health and safety and risk management procedures and practices* | In order to | *Provide services that meet or exceed standards of practice* |
| **Clinical Practices** | To keep current with | *Knowledge in the field* | To provide | *Evidence-based treatment* |
| **Patient/Client Centred Practices** | To acquire knowledge about | *Informed consent* | In order to determine | *Benefits, limitations and risks of intervention* |
| **Communication** | To learn more about | *Communication techniques and consultation skills* | To facilitate | *Client comprehension and participation and to provide high quality care* |
| **Professional Accountability** | To further knowledge of | *CASLPO regulations, preferred practice guidelines, position statement, code of ethics, and relevant legislation* | In order to | *Provide services that meet or exceed standards of practice* |

## LEARNING ACTIVITIES

Learning goals define the learning. Learning activities provide the means to meet the learning goals.

Learning activities must fall into one of the following headings:

1. Courses Taken or Given – Any type of workshop, distance education initiatives (such as web based e-learning), lecture, university course, or in service education.
2. Self-Study – Any type of goal directed self-study which involves new learning such as reading, material review, preparation time for presentations (for new learning only) and manufacturer/technological updates. These learning activities must:
    a. Be related to the learning goal; and
    b. Be specified in the detailed learning activity log form.
3. Clinical Guidance Activities – This includes study groups.
4. Contributions to the Profession – Any type of committee work for CASLPO or professional association committee activity.
5. Practice Management – This includes completion of the IPR *Self Assessment Tool*.

Examples of learning activities that should <u>not</u> be included:

- Setting up an office
- Writing advertisements for private practice
- Sending letters to potential referral sources and patient/clients
- Using volunteers to help with record management and filing
- Using specific equipment or therapy and testing procedures
- Increasing compliance with documentation requirements
- Administrative staff meetings that do not involve an educational component
- Any team building activities or social activities that do not involve clinical or professional practice (i.e. horseback riding or yoga courses for personal relaxation)

# EVIDENCE OF COMPLIANCE

Each behavioural indicator must be demonstrated by collecting examples of compliance. These are to be used to assist in understanding what each behavioural indicator is meant to evaluate. A list of examples of evidence is provided in Appendix IX. The examples are listed as possible samples and are not meant to be an exhaustive list. IPRs are to feel free to supply their own examples of compliance based on their practices. For some indicators, compliance with any **one example** (whether from the Guide or devised by the member) would be sufficient. For others, certain examples of compliance are required. (See Indicator 1.2 "I

maintain records, which accurately reflect the services provided." for an example of an indicator where all the examples of compliance are required to be consistent with the Proposed Regulation for Records.). However, when submitting evidence of compliance for the mentor's review, only **one example** of evidence is required to be submitted.

Examples of compliance can come from any number of sources. IPRs are urged to be creative when choosing and documenting evidence of compliance. The examples should truly reflect an IPR's practice, thus the use of flexibility and resourcefulness will assist the IPR. Some common sources include correspondence such as memos and email, minutes from meetings, organization standards, testimony of peers, performance appraisals, interdisciplinary protocols, and article collections. IPRs should not feel limited by these examples. Innovation and imagination are encouraged. It is also important to remember that only **one example** of evidence is required for each indicator when submitting evidence for the mentor's review.

IPRs must collect documentation of evidence of compliance. There are numerous advantages to cataloguing evidence of compliance as it becomes available.

The advantages of compiling evidence of compliance are to:

- Promote a more thorough understanding of the indicator;
- Alert the member to practice issues which might otherwise not be apparent;
- Provide documentation of quality in practice;
- Retain evidence which might not be kept routinely such as policy statements or communication within the practice setting with colleagues and administrators which describe rationale and documentation for certain practices;
- Assist the member in compiling evidence of compliance for Peer Assessment.

IPRs may want to use Appendix III to assist in compiling a catalogue of evidence of compliance.

# CONFLICT RESOLUTION

If a conflict arises, the IPR and mentor should immediately attempt to resolve the conflict directly.

The following steps may be used to resolve the conflict:

1. Identify and define the issues;
2. Generate possible solutions;
3. Choose and implement best solution; and
4. Evaluate by follow-up.

If a problem or conflict persists, the IPR and mentor should turn to the third party in their organization identified in the IPR's *Mentorship Guidance Contract* for assistance.

However, if there is no possible resolution, the IPR and mentor should contact the College as it may be necessary to terminate the current mentorship contract. If this occurs, the IPR

must find a new mentor within 30 days of the termination of the *Mentorship Guidance Contract*.

# EVALUATION

A number of behavioural indicators, which reflect the standard, follow each of the professional practice standards. Mentors are required to assess how well the IPR meets the standard for each indicator based on both the evidence submitted for the paper review as well as the evidence obtained during mentoring sessions. If an indicator does not apply to the IPR's practice the peer assessor would indicate NA "non-applicable" and include the IPR's explanation provided on his or her self-assessment.

## MEETING THE STANDARD OR NOT

| 2 | 1 | NA |
|---|---|---|
| MEETS THE STANDARD | NEEDS WORK TO MEET THE STANDARD | NON APPLICABLE |

The Mentor must determine whether the evidence presented by the IPR in the paper review and during mentoring sessions represents what a reasonably diligent audiologist or speech-language pathologist would provide as evidence in similar circumstances. This is sometimes referred to as the concept of due diligence. Mentors should use this concept when evaluating the IPR's practices.

**RATING DESCRIPTORS:**

### 2 – MEETS THE STANDARD

- IPR's self-assessment is thorough and reliable
- Evidence is well prepared and understanding of indicator is well documented
- Deficiencies are self-identified
- Functions competently and effectively
- Appropriate response to situation
- Performance not affected by minor errors
- No cause for concern

### 1 – NEEDS WORK TO MEET THE STANDARD

- IPR's self-assessment not thorough enough
- Evidence of compliance is incomplete and needs improvement

- Deficiencies may or may not be self-identified
- Generally appropriate response to situation
- Performance impeded by errors
- Efforts to improve compliance have not been effective enough

## CHANGING EMPLOYMENT MIDWAY THROUGH MENTORSHIP

If an IPR wishes to change employment midway through his/her mentorship, the IPR must:

1. Inform their mentor when the IPR has accepted a new position; and
2. Inform the College in writing of the termination of the current *Mentorship Guidance Contract*.

The IPR's report to the College must include:

1. The number of weeks of mentorship completed with current mentor;
2. The number of hours of mentorship completed with current mentor;
3. The number of hours of patient care provided during mentorship;
4. A statement from current mentor regarding the progress of the IPR's Initial Practice Period; and
5. The signatures of the IPR and the IPR's mentor.

The College will review the information provided to determine the remaining number of hours and weeks of mentorship that the IPR must complete in order to satisfy CASLPO's requirements for successful completion of the IPP.

The IPR must submit a new *Mentorship Guidance Contract* to the College within 30 days of starting their new position.

## APPEAL

If at the end of the IPR's IPP, the IPR's mentor does not recommend the IPR for general registration, the College will contact the IPR in writing regarding their mentor's assessment and the College will recommend an extension of the IPR's IPP.

If the IPR disagrees with their mentor's assessment, the IPR may request an appeal, in writing. This request for an appeal must include the reason that the IPR does not agree with their mentor's assessment.

After the College receives the IPR's appeal, the College will review the submission and issue a decision.

# CHAPTER 5: FORMS

**This chapter includes:**

- ✓ Mentorship Guidance Contract
- ✓ Mentor's Interim Evaluation Report
- ✓ IPR Self-Assessment – Interim Evaluation
- ✓ Mentor's Final Evaluation Report
- ✓ IPR's Self-Assessment – Final Evaluation
- ✓ Checklist for Chart Review
- ✓ Checklist for Financial Records
- ✓ Checklist for Compiling Evidence of Compliance

## MENTORSHIP GUIDANCE CONTRACT

The mentor and IPR must complete a *Mentorship Guidance Contract* form to identify, in writing, a guidance plan and the IPR's learning goals for the IPP.

The IPR must submit a copy of his/her *Mentorship Guidance Contract* to the College within **30 days** of the IPR starting his/her IPP. This due date will be specified by the College's Program Assistant (Registration Services) in an email message when the IPR is issued their initial certificate of registration.

The IPR must submit a completed mentorship guidance contract to the attention of the College's Program Assistant (Registration Services) by one of the following methods:

1. Via fax at 416-975-8394;
2. Via email at mentorship@caslpo.com; or
3. Via mail at CASLPO, 3080 Yonge Street, Suite 5060, Box 71, Toronto, ON M4N 3N1.

Both the IPR and the mentor must keep a copy of the mentorship guidance contract for their own records.

Please be advised that the IPR shall be charged the following fees if the College is asked to provide replacement or additional documents:

- The fee for copying documents from a member's file is $50.00 per request including the first twenty-five pages, and $1.00 per page thereafter.

## INTERIM EVALUATION REPORT

Mentors are expected to evaluate the IPR's level of compliance with the practice standards midway through the IPP using the *Mentor's Interim Evaluation Report*.

The *Interim Evaluation Report* form must be completed by the IPR's mentor after the mentor has reviewed the following:

- The IPR's 1st self-assessment form;
- The IPR's progress in achieving their learning goals;
- The IPR's progress with their collection of evidence of compliance; and
- In accordance with the confidentiality requirements of the employment setting, a review of at least 5 of the IPR's patient/client files.

The documents mentioned above are to be used by the mentor to evaluate the IPR's progress. The IPR must provide these documents to their mentor at least 30 days before the *Interim Evaluation Report* is due.

It is recommended that:

1. The mentor complete the *Interim Evaluation Report* at least two days before the initial evaluation report meeting and give a copy to the IPR to review before the meeting.
2. The mentor and IPR meet at a pre-determined place and time to review the *Interim Evaluation Report* and plan for the final three months of the IPP.

The mentor and IPR must sign the report. The IPR is welcomed to add additional comments which are added to the report.

The mentor must submit a completed *Interim Evaluation Report* to College with a copy to the IPR.

The IPR's self-assessment form, learning activities log and evidence of compliance documents should not be submitted to the College.

Both the IPR and the mentor must keep a copy of the *Interim Evaluation Report* for their own records.

### DUE DATE

The due date for the *Interim Evaluation Report* is calculated by the College and provided to the IPR and mentor when the IPR is notified by the College of the approval of his/her *Mentorship Guidance Contract*.

The due date of the *Interim Evaluation Report* shall be calculated as the midpoint of the contract plus 30 days.

## FINAL EVALUATION REPORT

Mentors are expected to evaluate the IPR's level of compliance with the practice standards at the end of the IPP using the *Mentor's Final Evaluation Report*.

The *Final Evaluation Report* form must be completed by the IPR's mentor after the mentor has reviewed the following:

- The IPR's 2nd self-assessment form;
- The IPR's progress in achieving their learning goals;

- The IPR's completed catalogue of evidence of compliance; and
- A follow-up review of the IPR's patient/client files.

It is recommended that:

1. The mentor complete the *Final Evaluation Report* at least two days before the *Final Evaluation Report* meeting and give a copy to the IPR to review before the meeting.

2. Mentor and IPR meet at a pre-determined place and time to review the *Final Evaluation Report*.

The mentor and IPR must sign the report. The IPR is welcomed to add additional comments which are added to the report.

The mentor must submit a *completed Mentor's Final Evaluation Report* to College with a copy to the IPR.

The IPR's self-assessment form, learning activities log and evidence of compliance documents should not be submitted to the College.

Both the IPR and the mentor must keep a copy of the *Final Evaluation Report* for their own records.

### DUE DATE

The due date for the *Final Evaluation Report* is calculated by the College and provided to the IPR and mentor when the IPR is notified by the College of the approval of his/her mentorship guidance contract.

The due date of the *Final Evaluation Report* shall be calculated as the end date of the contract plus 30 days.

## SELF ASSESSMENT TOOL

The IPR must rate his/her compliance on the indicators listed in the IPR self-assessment form and also comment on his/her progress on each of the individual goals listed in his/her *Mentorship Guidance Contract*.

The IPR must complete and submit the following to their mentor:

- 1st self assessment – 30 days before the *Interim Evaluation Report* is completed by the IPR's mentor; and
- 2nd self assessment – 30 days before the *Final Evaluation Report* is completed by the IPR's mentor.

## LEARNING ACTIVITIES LOG

The IPR may summarize their learning activities on the learning activity summary form. These details should include relevant dates, titles and authors of readings and presentations, websites searched, and titles, dates and instructors of courses.

Interim Evaluation:

The IPR's learning activity log must include:

- At least one learning goal for each of the five professional standard;
- A record of any learning activities completed;
- A rating regarding progress and impact on practice for each learning goal.

The IPR must complete and submit their learning activities log to their mentor 30 days before the *Interim Evaluation Report* is completed by the IPR's mentor.

An updated learning activities log is also to be submitted to the IPR's mentor 30 days before the mentor's *Final Evaluation Report* is completed by the IPR's mentor.

The IPR's self-assessment and learning activity log should not be submitted to the College.

# CHECKLIST FOR CHART REVIEW

The IPR is required to "maintain records, which accurately reflect the service provided.

The *Checklist for Chart Review* is an optional checklist that may be used by the IPR or mentor to determine if all the required elements of a record are in place.

The *Checklist for Chart Review* should not be submitted to the College.

# CHECKLIST FOR FINANCIAL RECORDS

If the IPR bills clients directly or through a third party, the financial record must contain information concerning the services performed and the amount billed.

The *Checklist for Financial Records* is an optional checklist that may be used by the IPR or mentor to determine if all the required elements of a financial record are in place.

The *Checklist for Financial Records* should not be submitted to the College.

# CHECKLIST FOR COMPILING EVIDENCE OF COMPLIANCE

The *Mentorship Guidance Contract* and evaluation reports contain behavioural indicators. The IPR must collect documentation of evidence of compliance for each behavioural indicator.

The *Checklist for Compiling Evidence of Compliance* is an optional checklist that may be used by the IPR when compiling and cataloguing evidence of compliance.

The *Checklist for Compiling Evidence of Compliance* should not be submitted to the College.

# CHAPTER 6: NEXT STEPS

**This chapter includes:**

- ✓ Completion of the IPP
- ✓ Applying for a General Certificate of Registration
- ✓ Obtaining a Wall Certificate and an Updated Wallet Card
- ✓ Completing the Online Self-Assessment Tool (SAT) and Continuous Learning Activity Credits (CLACs)

## COMPLETION OF IPP

Successful completion of IPP includes:

- Completion of a minimum of 24 weeks of mentored practice;
- Completion of a minimum of 48 hours of mentored practice;
- Completion of a minimum of 500 hours of patient care; and
- Mentor's recommendation for general registration.

The IPR has successfully completed their IPP when the above-mention criteria have been satisfied and the College has reviewed and approved the IPR's *Final Evaluation Report*.

The IPR will be contacted via email regarding the College's approval of their *Final Evaluation Report* and the steps for applying for a general certificate of registration.

The Registrar may extend the term of an initial certificate of registration for an additional period of no more than 18 months if either of the following circumstances exist:

1. The member has not completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months.
2. The member has completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months but, in the Registrar's opinion, the member does not have the skills or competency necessary to be issued a general certificate of registration.

## GENERAL REGISTRATION

Upon receipt of a written confirmation from the College of the successful completion of the IPP, the IPR must submit the following to the College's Program Assistant (Registration Services) within 30 days:

1. A completed IPR application form for a general certificate of registration; and
2. Prorated fee adjustment.

By-law 2011-3 states:

"Where an initial member applies to change the class of registration to a general certificate for the remainder of the registration year, the member must pay a prorated fee adjustment according to the number of months remaining in the registration year for which the general certificate is issued."

An invoice will be sent to the IPR via email to indicate the fee amount required.

**Conditions of General Registration:**

The following are the conditions of a general certificate of registration:

1. The member shall provide 750 hours of patient care or related work in audiology and/or speech-language pathology during every three-year period that begins on the day that the member is issued a general certificate of registration.

2. The member shall immediately inform the Registrar in writing in the event that the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of the profession.

If a general member fails to meet the condition for providing 750 hours of patient care or related work in audiology or speech-language pathology, the Registrar may refer the member for a peer and practice assessment.

If the general member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of the profession, the Registrar may give the member notice of intention to suspend the member and may suspend the member's certificate of registration within 30 days after notice is given.

# WALL CERTIFICATE AND WALLET CARD

Members who are registered in the Initial class will be issued a registration card only.

A wall certificate and an updated wallet card will be issued after the IPR has paid all applicable fees and his/her application for a general certificate of registration has been processed.

# ONLINE SELF ASSESSMENT TOOL AND CLACS

General members are required to complete the SAT every year and collect 15 Continuous Learning Activity Credits (CLACs).

Access to the SAT online is though our website, www.caslpo.com under "Quick Links". When first logging on, remember:

- User Name is your registration number
- Password is your last name

**Be sure to change your password as soon as you login.**

When IPRs first become General Members, they are given a grace period in which they are not required to complete the SAT. However, as of January, following the date the IPR becomes a General Member, they are required to complete their SAT and submit it to the College, as all other members. So for example, if the IPR becomes a General Member in February 2015, they may wait until January 2016 to go online and complete their SAT.

However, new general members are encouraged to review the SAT online as soon as possible so they are better prepared to complete it when required.

# APPENDIX I: SAMPLE LEARNING GOALS

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

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

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

To acquire knowledge of policy development to set admission criteria for intervention to ensure that all accepted patients/clients can be provided with service that meets their needs.

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

To further knowledge of the College's record keeping requirements by reviewing College publications to ensure that documentation practices are compliant.

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

**1.3 I perform controlled acts according to Preferred Practice Guidelines and Position Statements.**

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

To gain mentorship by 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.

**1.4 I am accountable for support personnel providing intervention under my direction.**

To learn more about communication and feedback skills to provide effective supervision of supportive personnel.

To acquire knowledge of efficient time management skills in order to provide appropriate student supervision and manage caseload demands.

**1.5 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.**

To further knowledge of calibration requirements in order to ensure that the equipment used in my practice meets CASLPO and international standards.

To learn about protocols for equipment maintenance from colleagues with similar practices in different practice environments.

**1.6 I follow health and safety procedures and practices.**

To improve my knowledge of infection control procedures in my practice setting by attending available education sessions and consulting with infection control staff.

To acquire knowledge of infection control standards and procedures by reviewing on line resources

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.**

To learn more about techniques and strategies to incorporate into clinical practice in order to improve my treatment of children with autism.

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

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

To continue learning and refining skills in promoting preliteracy skills in preschool children.

To gain more knowledge in treatment of patients/clients with tinnitus by reviewing the literature on treatment approaches and applying and evaluating these approaches in therapy.

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

To continue to acquire knowledge of evidence-based practice in hearing aid prescription in order to provide quality service to the hearing impaired individuals in my practice.

To learn more about assessment and therapy goal setting and how colleagues measure outcomes and apply this data to practice.

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

To continue to expand my knowledge about new technology and advances in hearing aid performance to provide patient's/client's with appropriate and effective amplification options.

To increase knowledge of available assessment tools to ensure that patient's/client's receive a meaningful evaluation of their language skills.

**2.5 I use intervention procedures that are appropriate to the cultural and linguistic background of the patient/client/Substitute Decision Maker (SDM).**

To learn more about perception of hearing loss in children in the cultures represented in my practice.

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

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

To acquire knowledge of clinical outcome measures to be utilized in determining when to discharge a patient/client.

To learn more about setting appropriate goals for my patients/clients by literature review and consultation with colleagues.

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

Research shows that one of the most effective methods of learning is from peer discussions and/or observations regarding specific cases or general approaches.

PATIENT/CLIENT CENTRED PRACTICE - Audiologists and Speech-Language Pathologists ensure that their patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client'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.**

To continue to update knowledge of requirements for consent by reading CASLPO Today and sharing information with colleagues.

To acquire knowledge about the documentation requirements for consent discussions by reading the Desk Reference and sharing information with study group.

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

To continue to update knowledge of requirements of PHIPA by reading CASLPO Today and reviewing the website of the Privacy Commissioner of Ontario.

To acquire knowledge about creating and updating my privacy policy by taking available courses, consulting with colleagues, and reviewing CASLPO and legislative requirements.

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

To acquire knowledge about effective strategies to engage patients/clients in discussions about treatment options.

To further knowledge about the type of information and format of presentation patients/clients prefer in order to understand their intervention choices.

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

To gain more knowledge about the literature in outcome measures to determine what are reasonable expectations for progress in therapy for the patients/clients on my caseload.

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

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

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

To continue to learn about how to anticipate a patient's/client's decision to decline intervention by reviewing literature and blogs written by patients/clients of their experiences in treatment.

**3.6 I maintain patient/client confidentiality at all times.**

To learn more about procedures to support confidentiality by reviewing decisions on the website of the Information and Privacy Commissioner.

To acquire further knowledge about procedures for managing patient/client information when providing treatment in the community and working with colleagues to find ways to increase the protection of this information.

## 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/client to facilitate comprehension and participation.**

To further knowledge of what supports patients/clients require when processing information under stress or when disappointed with results.

To expand knowledge of the comprehension development of children to use in the creation of easily understood handouts to explain common communication disorders to a paediatric population.

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

To continue to learn about effective use of interpreter services by working with the interpreters in my facility to ensure that their services are maximized during assessment sessions.

**4.3 I communicate constructively, effectively, and collaboratively with my peers/team/co-workers, including members of other professions.**

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

To acquire knowledge of communication techniques to diffuse conflict.

**4.4 I accurately communicate my professional credentials, to my patients/clients and others.**

To further knowledge of the College requirements to ensure that the information on my business cards meets College standards.

To learn more about how College requirements to ensure that the marketing materials for my private practice meet the College standards.

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

**5.1 As a regulated professional you are required to be aware of all of CASLPO documents (see below). Some documents need to be reviewed in detail**

**according to your area of practice. Please consider the documents listed and check those documents you have reviewed in detail this year.**

| Documents | Applies to Audiology | Applies to Speech Language Pathology | Check documents that you have reviewed in detail |
|---|---|---|---|
| **LEGISLATION** | | | |
| Audiology and Speech-Language Pathology Act, (1991) | ✓ | ✓ | |
| Regulated Health Professions Act (1991) | ✓ | ✓ | |
| Health Care Consent Act (1996) | ✓ | ✓ | |
| Personal Health Information Protection Act (2004) | ✓ | ✓ | |
| **REGULATIONS** | | | |
| Registration Regulation 21/12 2012 | ✓ | ✓ | |
| Quality Assurance Program Regulation 373/12 2012 | ✓ | ✓ | |
| Professional Misconduct Regulation 749/93 1993 | ✓ | ✓ | |
| Proposed Regulation for Advertising | ✓ | ✓ | |
| Proposed Regulation for Conflict of Interest | ✓ | ✓ | |
| Proposed Regulation for Records | ✓ | ✓ | |
| **BY-LAWS** | | | |
| BY-LAW NO. 2011-5<br>Relating generally to Certificates of Authorization for Professional Corporations | ✓ | ✓ | |
| BY-LAW NO. 2011-7<br>Relating generally to Professional Liability Insurance | ✓ | ✓ | |
| BY-LAW NO. 2011-8<br>providing for a **Code of Ethics** for the Members of the College | ✓ | ✓ | |
| **POLICIES** | | | |
| Sexual Abuse Prevention Program 2013 | ✓ | ✓ | |
| **PROFESSIONAL STANDARDS** | | | |
| Preferred Practice Guideline for The Prescription of Hearing Aids to Adults, 2001 | ✓ | | |
| Preferred Practice Guideline for the Prescription of Hearing Aids to Children 2002 | ✓ | | |

| Documents | Applies to Audiology | Applies to Speech Language Pathology | Check documents that you have reviewed in detail |
|---|---|---|---|
| Preferred Practice Guideline for Cerumen Management, 2005 | ✓ | | |
| Preferred Practice Guideline for Ear Impressions, 2005 | ✓ | | |
| Practice Standards and Guidelines for Hearing Assessment of Adults. 2008 | ✓ | | |
| Practice Standards and Guidelines for Hearing Assessment for Children. 2008 | ✓ | | |
| Preferred Practice Guideline for Cognitive-Communication Disorders 2002 | | ✓ | |
| Practice Standards and Guidelines for Dysphagia 2007 | | ✓ | |
| Practice Standards and Guidelines for Stuttering 2013 | | ✓ | |
| Practice Standards and Guidelines for the Assessment of Children. 2008 | | ✓ | |
| Practice Standards and Guidelines for the Assessment of Adults. 2012 | | ✓ | |
| National Infection Prevention and Control Guidelines (2010) | ✓ | ✓ | |
| **POSITION STATEMENTS** | | | |
| Acceptance of Delegation of a Controlled Act | ✓ | ✓ | |
| Alternative Approaches to Intervention | ✓ | ✓ | |
| Changing Hearing Aid Prescription | ✓ | | |
| Concurrent Intervention | ✓ | ✓ | |
| Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person | ✓ | | |
| Consent to Provide Screening and Assessment Services | ✓ | ✓ | |
| Resolving Disagreements Between Service Providers | ✓ | ✓ | |
| Use of Supportive Personnel by Audiologists | ✓ | | |
| Use of Supportive Personnel for Speech Language Pathologists | | ✓ | |
| Professional Relations and Boundaries | ✓ | ✓ | |
| Supervision of Students | ✓ | ✓ | |
| Service Delivery to Culturally Diverse Populations | ✓ | ✓ | |
| Telepractice | ✓ | ✓ | |

| Documents | Applies to Audiology | Applies to Speech Language Pathology | Check documents that you have reviewed in detail |
|---|---|---|---|
| Use of Surveillance Material in Assessments | ✓ | ✓ | |
| Use of the title "Doctor" | ✓ | ✓ | |
| Equipment Servicing Requirements by Audiologists | ✓ | | |
| Disclosure of Test Materials & Data | ✓ | ✓ | |
| **RESOURCE GUIDES** | | | |
| Obtaining Consent for Services | ✓ | ✓ | |
| School Board Guide for SLPs (2010) | | ✓ | |
| Canadian Guidelines on Auditory Processing Disorder (2012) | ✓ | ✓ | |

# APPENDIX II: SAMPLE EVIDENCE OF COMPLIANCE

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

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

Any type of evidence that suggests a decision making process for the commencement and completion of intervention may be provided. All records should have some reference for the rationale for beginning and completing intervention. This may be documented in policy but does not have to be. Such policies may include rationale for assigning priorities to groups of patients/clients to be seen or caseload constraints that exclude types of patients/clients from being seen.

In the case of a consultative practice or a practice which primarily focuses on assessment, documentation of a recommendation for no further intervention would be an example of criteria to end intervention. In such a case, where further intervention is recommended, documentation of rationale could also be an example of compliance.

If further follow-up is indicated but it is at the discretion of the patient/client, this fact should also be documented. In cases where patient/client function is monitored for extended time periods, criteria for discharge may be at the patient/client's discretion and attendance at follow-up appointments is considered implied consent to continue intervention.

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

The following items must be included in all patient/client records (Proposed Regulation for Records Section 5 (2)):

a. The patient's or client's name and address and phone number;

b. The date of each of the patient's or client's visits with the member, unless this information is available from some other readily accessible source;

c. The name of the referring source;

d. Pertinent history of the patient or client or reference where this information may be found;

e. Reasonable information about assessments and treatments performed by the member and reasonable information about significant clinical findings, identification/assessment, and recommendations made by the member;

f. Reasonable information about significant recommendations made by the member for examinations, tests, consultations or treatments to be performed by any other person;

g. Every written report received by the member with respect to examinations, test, consultations, or treatments performed by other professionals or a reference to where the reports are available;

h. Reasonable information about advice given by the member and every pre-treatment or post-treatment instruction given by the member;

i. Reasonable information about every controlled act within the meaning of subsection 27(2) of the *Regulated Health Professions Act, 1991*, performed by the member;

j. Reasonable information about every delegation of a controlled act within the meaning of Subsection 27(2) of the *Regulated Health Professions Act 1991*, by the member including the name of the person to whom the act was delegated;

k. Reasonable information about every referral of the patient or client by the member to another professional;

l. Any reasons a patient or client may give for cancelling an appointment;

m. Reasonable information about every ***relevant and material service activity*** that was commenced but not completed, including reasons for the non-completion;

n. A copy of every written consent related to the member's service to the patient or client.

The following item must be included in all patient/client records (Proposed Regulation for Records Section 2):

Each member shall maintain a system that records the date of each contact with a patient or client whom the member assesses or treats.

The following item must be included in all patient/client records where the member bills the client directly or through a third party (Proposed Regulation for Records Section 4 (2)):

The financial record must contain the following information concerning the services performed and the amount billed:

a. The recipient of the services;

b. The provider of the services;

c. The date the services were performed;

d. The nature of the services performed;

e. The unit fee for the services;

f. The total charge for the services;

g. Whether payment has been received for the services;

h. The date and source of the payment.

In determining compliance with this indicator the checklists in Appendices I and II of the *Self-Assessment Tool* may be utilized. Each column in the checklist can be coded to refer back to a specific patient/client record. These are for member use only and are not required for submission to the College, in the event that the member is randomly selected to submit the *Self-Assessment Tool*.

### 1.3 I perform controlled acts according to Preferred Practice Guidelines and Position Statements.

Controlled acts are the 13 restricted acts defined in Section 27 of the RHPA. When audiologists perform the controlled act for hearing aid prescription the relevant Preferred Practice Guideline must be followed. (Prescription of Hearing Aids to Adults, 2000, Prescription of Hearing Aids to Children, 2002). This controlled act must not be delegated according to the Position Statement on Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person 2000. In addition, if an audiologist changes a hearing aid prescription the Position Statement on Changing Hearing Aid Prescriptions, 2000, must be followed.

When speech-language pathologists or audiologists accept delegation of controlled acts then the requirements set out in the Position Statement Acceptance of Delegation of a Controlled Act 2000 must be met.

If the member does not perform controlled acts or delegated controlled acts, the Non Applicable category would apply.

### 1.4 I am accountable for support personnel providing intervention under my direction.

This indicator is not meant to apply to situations where the member may work in the same environment with unregulated personnel who do not provide audiology or speech-language pathology services (such as in the case of rehabilitation aides or teachers' aides.) Note that where audiology or speech-language pathology services are provided by unregulated personnel, this must be done under the supervision of the member. This indicator is also not meant to apply to family members assisting a patient/client with a home program or providing general stimulation and conversational support.

This indicator is intended to apply to the situations where members choose to use unregulated personnel to augment the intervention they provide or in situations where a member is supervising audiology or speech-language pathology students. In such instances the service provided by the unregulated personnel would be the ultimate responsibility of the member. This would include but not be limited to audiology and speech-language pathology students and supportive personnel. In these instances the requirements outlined in the Position Statements Guidelines for the Use of Supportive Personnel, 1997, and Supervision of Students of Audiology and Speech-Language Pathology, 2002, would need to be met.

### 1.5 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.

This indicator is meant to encompass any materials and/or equipment used in intervention. It would include assessment batteries and therapy materials particularly those tests and

therapy programs which include numerous parts or pieces as well as audio tape and video tape recorders and equipment which requires calibration. The purpose of this indicator is to ensure that all the required materials are readily accessible for clinical use and that the required parts are not broken or unusable. Where calibration is required it should be based on the most current applicable standards.

**1.6 I follow health and safety procedures and practices.**

The member is required to show awareness and implementation of policies to ensure a safe practice environment for patients/clients, members and any staff a member may supervise or employ. Evidence of the application of infection control procedures specific to the practice environment which include a hand washing protocol would meet the requirement. Guidelines that determine use of gloves, disinfection of equipment, materials and clinical space with rationale may also demonstrate compliance. Safety procedures could consist of ensuring safe entrance to the practice environment in inclement weather.

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.**

This indicator allows the member to demonstrate how competence is maintained in the face of developing professional knowledge and challenges encountered in the practice environment. Challenging situations may include being assigned an unfamiliar caseload or managing large caseloads. The member would demonstrate compliance by making efforts to gain the competence or increase efficiency by self-study or by arranging formal/informal mentorship opportunities. Examples of compliance could include comments on these skills in a performance appraisal, documentation of time management skills, notes of contact with experienced members or documentation of discussions with the employer or funder.

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

Compliance with this indicator would be documentation of an up-to-date Continuing Learning Activity program. A member would need to show that at least three Learning Goals have been identified per year and the associated learning activities. The member might want to show how learning activities relate to learning goals and how learning goals relate to practice. This might also be an opportunity for the member to explain the progress and impact on practice statements.

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

The member is expected to show that the methods employed in practice have validity. Documented rationale for non-standard procedures would be evidence that there are many instances where evidence-based techniques have not been established, yet sound clinical judgement would dictate the chosen course of action. It is recognized that only a small percentage of clinical techniques are evidence-based. Members are encouraged to be aware

of those techniques as well as collecting their own evidence for techniques, which they believe to be effective. In the absence of evidence-based techniques, members should rely on accepted practices or common professional knowledge. Evidence of professional consultation with other colleagues would be a type of example of compliance. This could take the form of consultation as challenges arise or routine discussions such as regular professional meetings devoted to improving service delivery. Further, evidence of consideration and knowledge of current technology for intervention may take the form of recently updated equipment, use of a variety of technology, etc.

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

The purpose of this indicator is to allow the member to demonstrate sensitivity to the challenges and potential barriers a patient/client may face in the course of receiving clinical service from a member. The focus is on utilization of intervention techniques, which will support the formulation of realistic goals and expectations for the intervention (to be contrasted to the communication techniques referred to in indicator 4.2).

In addition if members choose to use specialized techniques of delivering service (such as Telepractice) or techniques which may not be widely accepted (such as alternative approaches to intervention), they must be prepared to provide justification which supports the use of such techniques in the context of the needs and wishes of the patient/client.

**2.5 I use intervention procedures that are appropriate to the cultural and linguistic background of the patient/client/Substitute Decision Maker (SDM).**

Linguistically Diverse Populations. This indicator provides an opportunity to demonstrate how these principles are incorporated into the member's practice. The focus of this indicator is on integrating cultural and linguistic sensitivity into intervention techniques and to be sensitive to differences in social interaction (to be contrasted with the communication techniques referred to in indicator 4.3).

Members are encouraged to look beyond the obvious signs of cultural and linguistic diversity and recognize that while cultural differences may be subtle they may have a significant impact on how a patient/client and their circle of support view impairment and rehabilitation. Members are reminded that even though patient/clients may speak the same language, their cultural background may have a significant impact on how the member approaches their care. For example, some cultures may:

- Require that the member be of the same sex as the patient/client;
- Dictate how hearing aids may be worn so as not to interfere with head coverings;
- Prohibit certain vocabulary items from being used in augmentative communication systems;
- Prohibit certain food items and/or require others.

Members should strive to be sensitive to linguistic and cultural issues, which may have an impact on the care they provide.

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

This indicator ensures that all patient/client interaction is adapted as necessary in order to maximize the patient/client's potential to achieve the goals of intervention. Compliance would be demonstrated by recording results of assessment and intervention and using these results as a rationale for decisions on how the intervention would proceed. Wherever possible and as required, objective verification and subjective validation should be obtained.

The intervention may be indirect on the patient/client's behalf such as in a consultative model of service delivery. Information may be gained from others involved with the patient/client if not directly from the patient/client.

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

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

Department meetings, case discussions, special interest groups, special interest blogs, E-mail exchanges, documented face to face or telephone exchanges etc.

Research shows that one of the most effective methods of learning is from peer discussions and/or observations regarding specific cases or general approaches.

PATIENT/CLIENT CENTRED PRACTICE - Audiologists and Speech-Language Pathologists ensure that their patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client'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.**

Patients/clients must always give informed consent to treatment according to the Health Care Consent Act. This indicator ensures adherence to the legislation and College requirements. While the patient/client is not required to sign a consent form, evidence that a discussion regarding informed consent to intervention needs to be documented.

CASLPO requires that members must obtain consent for screening, assessment, and treatment as delineated in the Position Statement on Consent to Provide Screening and Assessment Services, 2007.

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. Members must be sure to inform patient/clients of the novel or alternative nature of the approach and their rationale for selecting that approach. In these circumstances evidence of such a discussion would constitute evidence of compliance for this indicator.

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

Patients/clients must always give informed consent for the collection and use of personal health information. This indicator ensures adherence to the Personal Health Information and Privacy Act (PHIPA). While the patient/client is not required to sign a consent form, evidence that information was provided on the handling of personal health information needs to be

documented. This information may be provided in the privacy policy that is made available to patients/clients.

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

The hallmark of patient/client centred care is involvement of the patient/client in all aspects of clinical decision-making. If the intervention consists exclusively of assessment, consultation with the patient/client 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 or evidence that it occurred would be considered evidence of compliance

Members must ensure that consultation with patient/clients occurs in all instances of intervention. This includes reviewing surveillance material as part of an assessment. The Position Statement on the Use of Surveillance Material in Assessment requires that members advise the patient/client of the existence of the material and give them an opportunity to comment on its content. Documentation of adherence to this Position Statement would constitute evidence of compliance for this indicator.

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

The purpose of this indicator is to ensure that all intervention is appropriate for the patient/client. This requires on-going counselling with the patient/client during the intervention process. This would apply even if the intervention consisted of assessment only or brief consultation. This may involve collaboration with others involved with the care of the patient/client exclusively or in conjunction with the patient/client where consent for such collaboration is provide.

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

In the provision of patient/client centred care it is important to be sensitive to the patient/client's reaction to the intervention, even if the patient/client is unable to clearly express thoughts and opinions. Patients/clients may find it difficult to decline or end intervention and thus may express their intention in subtle ways. This may be more prevalent in instances where the patient/client's opinion differs from that of the member. Evidence that the member has taken into account the patient/client's perspective, regardless of the method of how this is expressed would be considered compliance.

### 3.6 I maintain patient/client confidentiality at all times.

The maintenance of confidentiality is the basis of trust between the patient/client and the member. This requires respect and vigilance in order for the service provided by the member to have credibility and be effective. Members are expected to be compliant with the Personal Health Information Protection Act, which requires:

- Written statement available to the public, which describes health information practices how to reach a contact person, information regarding access and correction of the health record, and how to complain regarding personal health information;
- Documentation of implied or express consent as appropriate to release personal health information;

- Evidence of discussion regarding uses and disclosures of personal health information without consent.

When clinical information is released, there must be documentation to support the patient/client's consent to the release of information. The development of a culture, which shows a high regard for patient/client confidentiality, is encouraged. This would entail for example, not having conversations relating patient/client information in public, carrying material to conceal any identifying information, and storing clinical information where only appropriate access is possible. Any type of evidence to support these attitudes would be considered good practice.

## 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/client to facilitate comprehension and participation.

The therapeutic relationship between a member and a patient/client is predicated on effective, responsive, and sensitive communication skills. The nature of communication is a crucial component to any intervention provided. As communication professionals, CASLPO members have an obligation to assist and enhance patient/client communication within the therapeutic environment. This obligation extends to substitute decision-makers and others involved in the patient/client's care. Any evidence, which demonstrates an understanding of this obligation and utilization of strategies to enhance communication, would be considered compliance.

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

The purpose of this indicator is to ensure that members use communication which is consistent with the Position Statement Service Delivery to Culturally and Linguistically Diverse Populations. The focus is on communicating with sensitivity to cultural and linguistic issues (to be contrasted with incorporating these principles into intervention techniques as outlined in indicator 2.5). While use of an informant is preferred practice, it is recognized that this is not always possible due to constraints beyond a member's control. In such a situation the member would demonstrate strategies to address the cultural and or linguistic diversity of patients/clients using available resources.

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

The best interests of the patient/client are served when professionals work together and maintain positive professional relationships. This indicator provides members with the opportunity to demonstrate their abilities as productive team members. This applies to sole practitioners as well as those based in multidisciplinary practice environments, as preferred patient/client care must always involve constructive interaction with others. When two members are both providing clinical service to a patient/client, the Position Statement on Concurrent Intervention by CASLPO Members, 2001 must be followed. Members must adhere to the Position Statement on Resolving Disagreements Between Service Providers, 2006 in cases where professionals disagree about patient/client care.

### 4.4 I accurately communicate my professional credentials, to my patients/clients and others.

Members should take advantage of opportunities to interact with the public to advocate for the professions as well as promoting individual practices. However, in doing so, members must ensure that the information communicated about the member and the member's practice is accurate. As well as being consistent with the Code of Ethics (Section 4.1), members should also consult the Proposed Regulation for Advertising, 1996, and Ontario Regulation 749/93: Professional Misconduct, 1993. In stating their titles, members must ensure that they are compliant with the Position Statement on Use of the Title "Doctor", 2003.

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

**5.1 As a regulated professional you are required to be aware of all of CASLPO documents. Some documents need to be reviewed in detail according to your area of practice. Please consider the documents listed and check those documents you have reviewed in detail this year.**

Members are expected to show knowledge of the Regulations, Preferred Practice Guidelines, Position Statements, Code of Ethics, and relevant legislation. These documents form the foundation underlying the public protection mandate of CASLPO. In certain instances, not all these documents will apply to all practices.

# APPENDIX III: CHECKLIST FOR COMPILING EVIDENCE OF COMPLIANCE

| **STANDARD/INDICATOR** | **SOURCE OF EVIDENCE** |
|---|---|
| 1.1 I have criteria to begin and end intervention (screening, assessment and all management). | |
| 1.2 I maintain records, which accurately reflect the services provided. | |
| 1.3 I perform controlled acts according to preferred practice guidelines and position statements. | |
| 1.4 I am accountable for support personnel providing intervention under my direction. | |
| 1.5 I ensure that all materials and equipment[1] used in my practice are current, in proper working order and calibrated as required. | |
| 1.6 I follow health and safety procedures and practices. | |
| 2.1 I practice within the limits of my competence as determined by education, training and professional experience. | |
| 2.2 I continually acquire knowledge and skills necessary to provide quality service. | |
| 2.3 I use intervention procedures based on current knowledge in the fields of audiology and/or speech-language pathology and consideration of available evidence-based techniques. | |
| 2.4 I use intervention procedures that are appropriate to the abilities of the patient/client. | |
| 2.5 I use intervention procedures that are appropriate to the cultural/linguistic background of the patient/client. | |
| 2.6 I monitor, evaluate, and modify my intervention procedures based on patient/client outcome. | |
| 2.7 I seek feedback from others in my profession regarding my clinical practice. | |
| 3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter. | |
| 3.2 I obtain and document consent to collect, use, retain, and disclose personal health information. | |

[1] Includes clinical tools, assessment and therapy materials

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| 3.3 I consult with a patient/client and/or SDM when establishing an intervention plans and/or course of action. | |
| 3.4 I set intervention goals that describe realistic outcomes for the patient/client. | |
| 3.5 I respect each patient/client's and/or SDM`s decision to decline intervention. | |
| 3.6 I maintain patient/client confidentiality at all times. | |
| 4.1 I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation. | |
| 4.2 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client. | |
| 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/clients and others. | |
| 5.1 I have reviewed in detail, specific documents that relate to my current practice. | |

# APPENDIX IV: GLOSSARY

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| **CASLPO** | Acronym for College of Audiologists and Speech-Language Pathologists of Ontario |
| **COMPLIANT** | The evidence before the mentor indicates that the IPR has an understanding of the indicator and the application of the indicator to the IPR's practice. A mentor may wish to rate a member at a level less than compliant if the evidence is insufficient to warrant a rating of compliance. |
| **CONSULT** | To consult with a patient/client encompasses any type of communication with a patient/client regarding the clinical intervention. Although this would include face-to-face communication, it could also include telephone conversations, written communication, or information given through any other individual in a multidisciplinary setting. In instances where the patient/client does not respond, the act of forwarding the information will constitute an attempt at consultation. |
| **DIRECT CLIENT CARE** | Professional activities on behalf of a client including:<br>Assessment of the hearing, communication, or swallowing abilities and needs of the client.<br>Recommending, developing, or implementing a treatment and/or management program based on the clients abilities and needs.<br>Counseling and consulting with the families /caregivers and/or other parties or individuals directly associated with the client.<br>Other client management activities such as discharge, referrals, follow-up, report writing, case conferences.<br>Conducting research in speech-language pathology or audiology that involves the assessment or management of patients with communication disorders. |
| **EVIDENCED-BASED PRACTICES** | Practices for which there is sufficient/strong empirical evidence that the practice is effective. |
| **GENERAL CERTIFICATE OF REGISTRATION** | A general certificate of registration is issued to an applicant who has met all the requirements for registration and has successfully completed an IPP, or has met the requirements for Canadian labour |

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| | mobility, or has two years of professional experience in an unregulated Canadian jurisdiction or outside of Canada. |
| **GUIDED PRACTICE** | Time spent with a mentor where the IPR is observed or provided with advice and guidance. |
| **INITIAL CERTIFICATE OF REGISTRATION** | An initial certificate of registration is issued to an applicant who has met the academic, clinical and language requirements for a general certificate and is practicing under the mentorship of a holder of a general certificate of registration in accordance with the policies of the College. |
| **INTERVENTION** | Intervention is used in this context to include any patient/client contact in the clinical context, including but not limited to screening, assessment, treatment, and management. |
| **INTERVENTION GOALS** | Intervention goals refer to the expected outcome of any type of clinical activity. These goals need to be addressed from the perspective of the patient/client. |
| **INTERVENTION PLAN** | An intervention plan refers to any type of clinical activity, which the IPR intends to engage in with the patient/client. This could include a proposed set of assessment techniques, a specific test or test battery, a therapy plan, goals (long-term or short-term) for therapy, the intention to provide a device or strategies to enhance function, referral to another professional, or any other proposal for clinical activity. |
| **IPP** | Acronym for Initial Practice Period |
| **IPR** | Acronym for Initial Practice Registrant |
| **LEARNING GOALS** | Learning goals are broad statements of the member's purpose for participating in continuous learning. Learning goals should address areas of practice where improvement may be required or may be used to enhance skills and develop techniques to improve clinical practice. |

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| **MENTOR** | A member of CASLPO with at least 4 years of professional experience or meets the competencies as outlined in this guide (See pages 7 – 8), who serves to guide an IPR through the first 500 hours of patient/client care in Ontario. |
| **MENTORSHIP** | A formal relationship between an IPR and mentor where the IPR obtains ongoing advice and guidance from an experienced professional in their field. |
| **MENTORSHIP GUIDANCE CONTRACT** | A form which outlines the terms of the agreement between the IPR and the mentor for the duration of the IPP. |
| **NON COMPLIANT** | There is no evidence to suggest any level of compliance. A mentor must consider all the evidence provided in the paper review and the mentored sessions before rating a member non compliant. |
| **PARTIALLY COMPLIANT** | If either on the paper review or the mentored sessions, the mentor sees evidence that the IPR had taken any steps to address the area(s) of non-compliance, a rating of partial compliance would be indicated. |
| **PATIENT CARE** | Professional activities that include Direct Client Care or Supervision of Direct Client Care |
| **PATIENT/CLIENT** | Patient/client refers to the individual receiving the service. Where appropriate, the patient/client may also encompass family, significant others, care givers, teachers, etc. |
| **PATIENT/CLIENT CENTRED CARE** | Patient/Client Centred Care refers to care which is driven as much as possible, by the patient/client's perspective. Patient/Client Centred Care would also include the family, significant others and the patient/client's environment where care would be enhanced by such inclusion or when the patient/client specifically requests such inclusions. |
| **PEER ASSESSMENT** | The Peer Assessment Program is the evaluative component of the Quality Assurance Program. In order to show that members are practicing according to the standards of the profession, members will be asked to provide documentation of their compliance with the Professional Practice Standards. |

**POSITION STATEMENT**

A position statement provides the collective opinion of the College's Council relating to practice issues, which may not be covered by a regulation or policy. Position statements (listed below) are often developed in response to registrants' questions and provide a framework within which practice decisions can be made. Registrants whose practice is not consistent with the position outlined by the College may be required to justify their conduct or actions.

**PRIVATE PRACTICE**

The practice of a profession independently and not as an employee.

**PROFESSIONAL PRACTICE STANDARDS**

The standards define quality practice and articulate the public's expectation when receiving service from audiologists and speech-language pathologists.

The following are CASLPO's five professional standards:

Management Practice - The standard that ensures that audiologists and speech-language pathologists manage their practice in an accountable manner.

Clinical Practice – The standard that ensures that 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.

Patient/Client Centred Practice - The standard that ensures that audiologists and speech-language pathologists treat their patients/clients with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interests should be primary.

Communication – The standard that ensures that audiologists and speech-language pathologists communicate effectively and with sensitivity to the needs of their patients/clients.

Professional Accountability - The standard that ensures that audiologists and speech-language pathologists are accountable and comply with legislation, regulations and by-laws of the College.

**REGISTRAR**

The Registrar of the College is an employee of the College who is appointed by Council. The Registrar of the College shall conduct the affairs of the College, oversee its programs and services, promote the goals and objectives of the College in accordance with the RHPA, Code, ASLPA, and the Regulations, By-laws, and policies of the

College, and shall perform such other functions as may be assigned to the Registrar from time to time by the Council.

**REGISTRATION**

In Ontario, registration is the term used by regulated health professions. People who are registered are granted a Certificate of Registration, or "have a licence".

**REGULATING BODY**

The organization that represents a particular profession. The provincial government establishes self-governing bodies known as regulatory bodies to protect the public by setting standards of practice and competence.

**RELATED WORK**

Professional activities that include:

Making decisions on the organization and delivery of clinical services in speech-language pathology or audiology.

Educating speech-language pathologist or audiologists concerning services or products that may be employed in the assessment or management of patients with communication disorders.

The administration for professional organizations where the member sets or maintains professional standards of practice for speech-language pathologists or audiologists.

**SELF ASSESSMENT TOOL**

The Self Assessment Tool is a self-reflective tool, designed to allow members to consider and evaluate their practices. It is to be used by members to identify learning goals.

**SOLO PRACTICE OFFICE**

A community-based professional practice/business composed of a single practitioner who delivers health services.

**SUPERVISION OF DIRECT CLIENT CARE**

Professional activities that include:

Overseeing and evaluating the clinical work of speech-language pathologists or audiologists (e.g. conducts performance evaluations or case reviews, assesses written reports, monitors professional standards)

Determining, on professional grounds, whether an individual client should receive or be discharged from speech-language pathology or audiology services.

Supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders.

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| **SUPERVISOR** | A supervisor oversees and is accountable for the health care services provided. |
| **SUPPORTIVE PERSONNEL** | Refers to non-regulated personnel who, following academic and/or on-the-job training assist members in the provision of clinical services as assigned and directed by members of CASLPO. For example communicative disorders assistants (CDA's) are supportive personnel. |
| **VIDEO CONFERENCING** | Video conferencing allows two or more locations to communicate through simultaneous two-way video and audio transmissions. Types of video conferencing include Skype, Facetime, etc. |

# APPENDIX V: FREQUENTLY ASKED QUESTIONS

**Can an IPR supervise supportive personnel within their mentorship period?**

The College does not recommend that IPRs take on a supervisory role but we do recognize that in some work settings, this role is unavoidable. Where an IPR works in an environment with supportive personnel, the IPR must review and adhere to CASLPO's positions statements regarding the use of supportive personnel and guidance must be provided by the IPR's mentor regarding the use of supportive personnel during their mentorship period.

**How many IPRs can one mentor provide guidance for?**

The College does not have a limit regarding the number of IPRs that one mentor may provide guidance for. It is the mentor's responsibility to ensure that he/she has sufficient time to devote to each IPR that he/she has committed to.

**How many years of experience do I need to be a mentor?**

Mentors must have a minimum of four years of professional practice in the professional area (audiology or speech-language pathology) in which mentorship is provided or as an alternative, the mentor must possess the following competencies:

a. Has in-depth knowledge of relevant regulatory requirements and professional standards;
b. Has in-depth knowledge of and demonstrates evidence based clinical practice;
c. Has considerable knowledge and experience in the area that the IPR is working;
d. Has leadership qualities in their interactions with others;
e. Has the ability to provide constructive feedback;
f. Has the ability to manage misunderstandings, limitations and conflicts;
g. Demonstrates behaviours that are supportive and reflective; and
h. Demonstrates behaviours of observational feedback and shares experiences.

Where possible, it is recommended that first time mentors share their mentoring responsibilities with an experienced co-mentor.

**Can an IPR be employed at two employment sites during their IPP?**

An IPR may be employed at two employment sites during their IPP. However, the IPR must be mentored at each employment site and a mentorship contract for each site must be submitted to the College.

Mentoring responsibilities may be shared between employment sites. For example, the IPR may be mentored for one hour per week at one site by one mentor and one hour per week at the second site by their second mentor.

**Should the IPR submit evidence of compliance to the College with their mentor's interim and final evaluation reports?**

The IPR's evidence of compliance must be reviewed by the IPR's mentor before the mentor completes the IPR's interim and final evaluations. However, the IPR is only required to submit their evidence of compliance to the College if requested.

**Should the IPR complete and submit the following documents to the College:**

1) **Review of Electronic Desk Reference;**
2) **Checklist for Chart Review;**
3) **Checklist for Financial Records; and**
4) **Checklist for Compiling Evidence of Compliance**

The documents mentioned above documents are tools that may be used by the IPR and their mentor to determine if compliance with the College's professional standards has been achieved. These documents are not be submitted to the College.

**Should the IPR submit their completed Self-Assessment to the College?**

The IPR's self-assessment must be reviewed by the IPR's mentor before the mentor completes the IPR's interim and final evaluations. However, the IPR is only required to submit their self assessment to the College if requested.

**What happens after the IPR's *Final Evaluation Report* has been submitted to the College?**

If the IPR has successfully completed the IPP, the College will contact the IPR after the IPR's *Final Evaluation Report* has been approved by College staff. The College will provide the IPR with an application form and an invoice to apply for a general certificate of registration. The IPR must complete their application for a general certificate of registration within 30 days of receiving notification of their successful completion of the IPP.

**When do IPRs receive a wall certificate?**

Wall certificates are not issued to IPRs. After the IPR has successfully completed their IPP and has becomes a general member, a wall certificate and a new registration card will be sent to the member.

**What happens if the IPR is unsuccessful in meeting the requirements of their IPP?**

If the IPR is unsuccessful in meeting the requirements for their IPP, the College will contact the IPR in writing regarding their mentor's assessment and the College will recommend an extension of the IPR's Initial Practice Period.

Ontario Regulation 21/12 states:

"The Registrar may extend the term of an initial certificate of registration for an additional period of no more than 18 months if either of the following circumstances exist:

1. The member has not completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months.

2. The member has completed the coursework and clinical practicum hours referred to in subsection 8 (2) by the end of the six months but, in the Registrar's opinion, the member does not have the skills or competency necessary to be issued a general certificate of registration."

If the IPR disagrees with their mentor's assessment, the IPR may request an appeal, in writing. This request for an appeal must include the reason that the IPR does not agree with their mentor's assessment.

After the College receives the IPR's appeal, the College will review the submission and issue a decision.

**Must guidance be provided at the IPR's employment site?**

Observation of the IPR interacting clinically with patients/clients either directly or via video is mandatory and must include discussion regarding the direct interaction. The College no longer requires a specific number of hours of direct observation. However, the mentor must provide sufficient observation of the IPR to comment on whether or not the IPR has complied with CASLPO's practice standards.

**The IPR must provide at least 500 hours of patient care during the IPP. What constitutes patient/client care hours?**

The College maintains the following definition of patient care:

PATIENT CARE includes Direct Client Care or Supervision of Direct Client Care where:

DIRECT CLIENT CARE is defined as professional activities on behalf of a client including:

- Assessment of the hearing, communication, or swallowing abilities and needs of the client.
- Recommending, developing or implementing a treatment and/or management program based on the clients abilities and needs.
- Counseling and consulting with the families /caregivers and/or other parties or individuals directly associated with the client.
- Other client management activities such as discharge, referrals, follow-up, report writing, case conferences.
- Conducting research in speech-language pathology or audiology that involves the assessment or management of patients with communication disorders.

SUPERVISION OF DIRECT CLIENT CARE is defined as:

- Overseeing and evaluating the clinical work of speech-language pathologists or audiologists (e.g. conducts performance evaluations or case reviews, assesses written reports, monitors professional standards).
- Determining, on professional grounds, whether an individual client should receive or be discharged from speech-language pathology or audiology services.
- Supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders.

**What happens if the IPR and mentor experience a conflict?**

If a conflict arises, the IPR and mentor should immediately attempt to resolve the conflict directly.

If a problem or conflict persists, the IPR and mentor should turn to the third party in their organization identified in the IPR's *Mentorship Guidance Contract* for assistance.

However, if there is no possible resolution, the IPR and mentor should contact the College as it may be necessary to terminate the current mentorship contract. If this occurs, the IPR

must find a new mentor within 30 days of the termination of the *Mentorship Guidance Contract*.

**What happens if an IPR is laid-off during their IPP and cannot find work to complete their IPP within 24 months of the issuance of their initial certificate of registration?**

If the IPR does not complete their IPP within 24 months of the issuance of their initial certificate of registration, the IPR's initial certificate shall expire and the IPR must re-apply for a certificate of registration with CASLPO.

**What would constitute "exploitation" by a mentor?**

CASLPO's Code of Ethics should be used by members of the College to guide their practice. The framework of CASLPO's Code of Ethics can be applied to most professional decisions. Mentors should not ask IPRs to do work that is not related to the IPR's position for which the IPR receives no credit or remuneration.