College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

THE NON-CLINICAL SELF-ASSESSMENT TOOL GUIDE

JANUARY 2020

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1) Introduction – Submission Overview

1A) BACKGROUND

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

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

A. Continuing Education or Professional Development designed to:

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

B. Self, peer and practice assessments

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

NON-CLINICAL SAT (NC-SAT)

You have selected the NC-SAT. This means 100% of your time is spent in administration, management, education, instruction, research, fund-raising, industrial sales, or any combination of the above. You only provide patient intervention on an **exceptional** basis, for example, filling in for an absent colleague in an emergency.

1B) PURPOSE OF THE NC-SAT

REGISTRANT

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

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

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

THE COLLEGE

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

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

1C) WHICH SELF-ASSESSMENT TOOL SHOULD I COMPLETE?

These are the SAT options:

- Clinical SAT (English and French)
- Non-Clinical SAT (English and French)

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

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

Clinical SAT **Instrument d'auto-évaluation**	**Non-Clinical SAT** **Instrument d'auto-évaluation non clinique**
I screen, assess, manage, treat, consult, educate patients and their families or significant others on a regular basis (part-time or full-time)	My position entails 100% management, administration, education, research and/or sales
The majority of my role is management, administration, education, research and/or sales, but I also provide minimal patient intervention on a **regular** basis: • Working in a screening clinic once a month	My position entails 100% management, administration, education, research and/or sales. Under **exceptional** circumstances I do a minimal amount of clinical intervention or consultation, for example: • filling in for an absent clinician • providing a small facet of intervention for demonstration/teaching purposes

• One or two private patients per year	• consulting to a registrant or another regulated health professional about one of their patients
I am a researcher who directly screens, assesses or treats participants with speech, language, swallowing or hearing disorders	
I directly supervise a university speech, language, swallowing or hearing clinic providing patient intervention. I am the responsible SLP or audiologist for the patient's intervention	
I am currently unemployed, but when working screen, assess, manage, treat, consult and/or educate patients and their families on a regular basis	

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

Tel: 416 975 5347, Toll free 1800 993 9459 extension 226

or email acarlingrowland@caslpo.com

1D) NC-SAT SUBMISSION PROCESS

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

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

ONLINE SECURITY

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

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

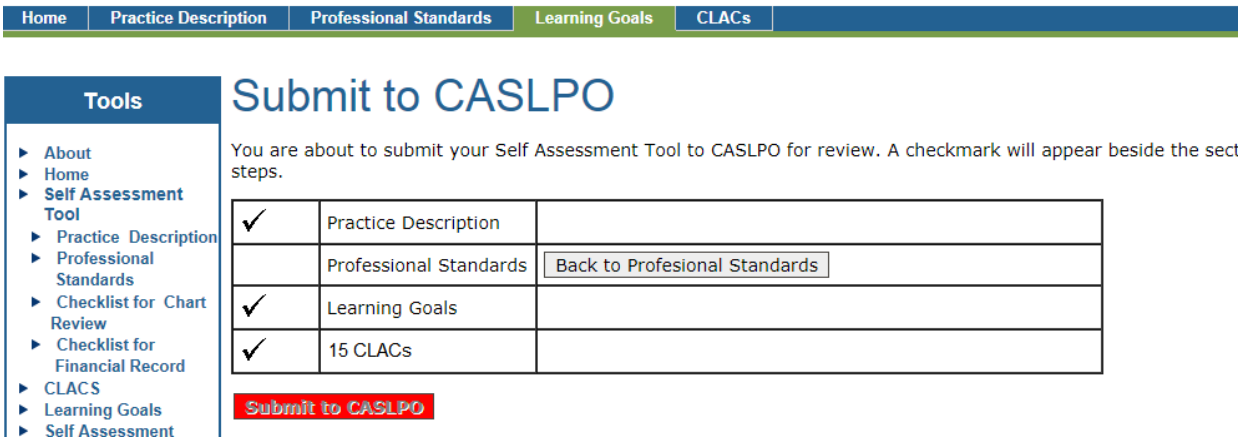
SERVER: The SkilSure servers are located in a state-of-the-art secure facility. Uploaded files are stored outside and separately from the web server file system. That means even if the application was compromised, malicious parties would be unable to access your uploaded evidence files.

1E) HOW TO SUBMIT YOUR NC-SAT

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

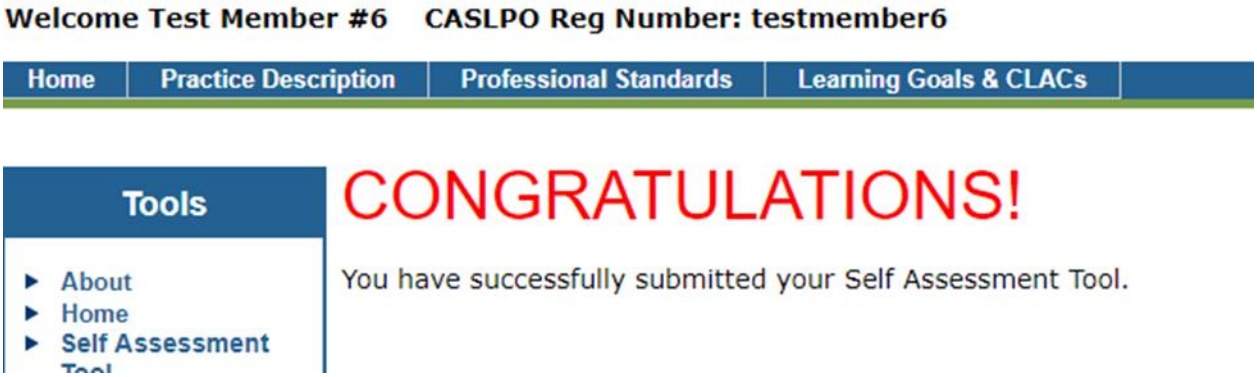
When you have completed every section, click on the red button to submit your NC-SAT.

You will then see the following screen:



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

When you have successfully submitted you will see the following message:



1F) WHAT HAPPENS AFTER YOU SUBMIT

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

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

Aggregate data includes:

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

ADVANTAGES OF ONLINE SUBMISSION

1. Convenience – You can complete or update your online NC-SAT at any time to suit you.
2. Access to documents - The NC-SAT links you to relevant CASLPO documents.
3. Examples provided - the NC-SAT provides examples of different types of evidence for Professional Practice Standards.

4. Drop down menus - the NC-SAT has drop down menus to help with both Learning Goal development and collection of CLACs.
5. Storage – you can keep all your information regarding Learning Goals and CLACs from year to year.

2) NC-SAT PRACTICE DESCRIPTION

Your NC-SAT begins with an opportunity to describe your work or practice setting. This section is designed to help you evaluate your role within the context of your work environment. You might have a number of roles: for example, researcher and educator. This section will help focus your thinking for the Practice Standards, Learning Goals and Continuous Learning Activity Credits (CLACs).

LEAVE OF ABSENCE

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

UNEMPLOYED REGISTRANTS

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

SECTIONS 1- 5

Sections 1-5 require you to check all information relevant to your individual practice and setting. This may entail checking multiple boxes in one section.

SECTION 6: ROLES AND RESPONSIBILITIES

This is your opportunity to describe further your role and responsibilities

SECTION 7

If you are selected for non-clinical peer assessment, please complete the contact information.

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

3) PROFESSIONAL STANDARDS

3A) BACKGROUND

Professional Standards are a fundamental component of the Quality Assurance Program. The five standards define quality practice and articulate the public's expectation when receiving service from audiologists and speech-language pathologists (SLPs).

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

The Professional Standard categories for non-clinical registrants were adapted from the Clinical SAT by the Quality Assurance Committee. Annual completion of your Professional Standards allows for ongoing self-evaluation which is critical for quality practice.

3B) PROFESSIONAL STANDARD CATEGORIES

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

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

3C) HOW TO COMPLETE THE PROFESSIONAL STANDARDS' SECTION

Each of the five standards is defined by several behavioural indicators. Rating yourself on the indicators helps you to determine whether you **meet the standard** or if you **need work to meet the standard.**

1. Click on the box ⊞ next to **Examples of Meeting the Standard** to find a list of activities for each indicator. These examples help you understand what each

behavioural indicator is evaluating and suggest evidence that you might provide to show that you are meeting the standard. The given examples are not intended to be an exhaustive list, nor do you have to have evidence for all of the examples listed.

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

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

4. Some of the indicators may not apply to your role or responsibilities. If this is the case, select **Non-applicable (N/A)**.

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

6. Practice Standard 5, Professional Accountability
   As a regulated professional, you are required to be aware of all CASLPO documents and to review in detail or consult those documents that relate to your area of practice. The College may also require you to review a document. Please consider the documents listed and check those documents you have reviewed in detail during the last year.

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

UNEMPLOYED REGISTRANTS

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

Some indicators will still apply, for example:

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

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

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

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

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

3D) EXAMPLES OF EVIDENCE FOR MEETING THE STANDARD

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

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

MANAGEMENT PRACTICE

Audiologists and speech-language pathologists manage their practice/role in an accountable manner.

1.1 I develop and/or implement policies that reflect organizational/agency criteria to begin and end intervention that are in compliance with legislation, CASLPO's regulations and standards of practice.

- Referral and discharge criteria/policies
- Employer, agency or funding criteria
- Agency Policy and Procedures: discharge, transition, initiation of intervention, eligibility
- Course schedules for SLP/AUD issues
- SLP/AUD priority matrix
- Video-fluoroscopic Study of Swallowing priority matrix
- Study outlines (academic)
- Communications with registrants regarding beginning and ending intervention

Any type of evidence that shows a decision-making process for the commencement and completion of intervention is acceptable.

1.2 I develop and/or implement record keeping processes that ensure the organization/agency is compliant with the CASLPO Records Regulation.

- Chart Audit review tool

- Self-peer documentation audit
- Letters/emails to parents re intervention and records
- Report templates
- Contract with provider agencies detailing requirements of record keeping/data sharing
- Supervision summary re records
- Discharge note
- Clinical documentation of client info
- Record keeping criteria/policies
- Record keeping curriculum
- Blank examples of record templates
- Communications with registrants/students regarding records

Please refer to the Records Regulation, 2015 Section 32, 2) 1-17 to ensure that records are complete and reflect the services provided.

If in the course of your role/responsibilities patients or a third party is billed for services, refer to the Records Regulation, 2015 Section 33 – Maintaining a Financial Record.

1.3 I develop and/or implement the documentation and processes for the controlled act of prescribing a hearing aid, delegation of Controlled Acts and Medical Directives.

- Review of the Controlled Act of prescribing a hearing aid defined in Section 27 of the RHPA.
- Documentation of the delegation and the Medical Directives
- Acceptance of delegation of controlled acts in accordance with the Position Statement on Acceptance of Delegation of a Controlled Act, 2000
- Adherence to the Position Statement on Delegation of Controlled Acts 2000
- Ear Nose Throat (ENT) medical directive
- Medical directive template
- Documentation of the delegation and the Medical Directives

1.4 I develop and/or ensure appropriate clinical processes for members who supervise support personnel providing intervention to patients under their direction.

- Support personnel supervision policies
- Communications with registrants regarding appropriate supervision
- Completed Staff Performance Reviews
- Evidence of integration of support personnel into service delivery team
- Job descriptions of support personnel reflecting appropriate responsibilities and skill sets

- Communication Disorders Assistant (CDA) proposal
- Screen shot-online training re kindergarten screening
- Position summary for support personnel (SP)
- Communication note with SP
- Care plans as monitoring sheets with SP
- Review of Use of Supportive Personnel by Speech Language Pathologists, 2007, Use of Supportive Personnel by Audiologists, 2013, and Supervision of Students of Audiology and Speech- Language Pathology, 2002.

The indicator does NOT apply to registrants who consult to agencies, for example, an educational or teaching assistant in a school or personal support worker, not to those personnel registrants work with but do not supervise, for example Hearing Instrument Specialists/Practitioners. It also does not apply to family members or friends assisting a patient with a home program or providing general stimulation and conversational support.

1.5 I ensure all materials and equipment used in work are maintained, are current, in proper working order and calibrated as required.

- Equipment service record meets the requirement of the Records Regulation, 2015
- Calibration certificates are current
- Materials are current and up to date
- Policies to ensure that assessment and therapy materials are operational
- Communications with registrants/students regarding equipment maintenance
- Procedures to ensure that assessment and therapy materials are in operational order
- Inspection of materials reveals that clinical materials are complete and ready for use
- Evidence of periodic checks of equipment

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

1.6 I develop, implement and/or follow health and safety procedures and practices.

- Organization/agency Health and Safety and Infection Control policy procedures
- Attendance at lectures dealing with infection control, fire prevention or safety
- Communications with registrants/students regarding health and safety
- Emails on radiation safety evidence
- Radiation Safety training

- Policy and Procedures: Workplace Hazardous Materials Information System (WHMIS), slips, falls, cleaning, disinfecting toys/equipment
- WHMIS certificate
- Certificates of staff receiving Health and Safety training
- Review of The Infection Prevention and Control Guidelines for SLPs, 2010, and Infection Prevention and Control Guidelines for Audiologists, 2010,

1.7 I Am Knowledgeable About Mandatory Reports Outlined in the RHPA Schedule 2, Section 85.1-85.5 and in the *Child and Family Services Act*, 1990

- Redacted mandatory report
- Mandatory report template
- Communications with others regarding mandatory reports
- Child Abuse policy email
- Reporting suspected child abuse
- Children Aid Society reporting protocol & case scenario examples

1.8 I am knowledgeable about the Conflict of Interest Standards and my professional judgement is not influenced by personal or financial factors

- Documented rationale regarding why a brand of equipment or specific product is recommended (hearing aid, software, apps, augmentative alternative communication device, voice amplification device etc.)
- Documented conversations with patients regarding benefits, credits, commissions the registrant may receive for the sale of hearing aids and other equipment or products
- Documentation/declaration of conflict of interest regarding research
- Agency policies and procedures on receiving gifts from patients, families and companies
- Agency policies and procedures regarding service admission and discharge criteria
- Agency policies and procedures regarding staff providing additional private services
- Documented process of providing patients and families other private SLPs, or referring them to the CASLPO Find a Practitioner or to OSLA
- Documented process of providing patients and families 2 to 3 choices of lawyers or case managers
- Staff meeting minutes regarding conflict of interest issues
- Reading/discussing CASLPO documents on conflict of interest

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 and counsel members I supervise or educate to practice within the limits of competence as determined by their education, training and professional experience.

- Performance appraisal policies/forms
- Documentation of the acquisition of specific skills
- Video-fluoroscopy Study of Swallowing policy
- Self-peer documentation audit form
- Education course schedule
- Performance appraisal excerpt
- Policy & Procedure employee performance management
- Performance management & planning template
- Contract with provider agencies to hire SLPs only

2.2 I am aware and I facilitate the use of intervention procedures based on current knowledge in the fields of audiology and/or SLP incorporating evidence based research and advances in technology.

- Evidence of AUD/SLP staff meetings to discuss evidence based and best practices
- Policies and procedures showing evidenced based practice (EBP) and/or advances in technology are being used
- Dissemination of EBP articles and/or advances in technology to registrants/students
- AUD/SLP council agenda/minutes
- Intervention policies eg. tinnitus or swallow screen policy
- Course schedule showing inclusion of evidence-based practice
- Email re: tele-supervision and EBP
- Best practice working group minutes
- Best Practice sign up sheets
- Meeting minutes re use of current technology

The goal of evidence-based practice is the integration of clinical expertise/expert opinion, external scientific evidence, and patient perspectives to provide quality services reflecting the interests, values, needs, and choices of the individuals you serve (ASHA 2005).

2.3 I develop, comply, and facilitate compliance with practices/processes that are appropriate to the abilities and cultural and linguistic background of the patient/ Substitute Decision Maker (SDM) served.

- Use of age-appropriate materials or procedures
- Use of non-standardized procedures or modification of existing procedures to accommodate the abilities of patient

- Documentation of accommodations made to remove cultural and linguistic bias in intervention materials and procedures
- Training program in cultural competency and diversity
- Communications with registrants/students regarding culturally responsive intervention
- Posters presented at conference
- Published material
- Power point re: executive function
- Consent forms in different languages
- Invoice of culturally responsive materials
- Evidence of training on cultural responsiveness
- Newsletters
- Review of the Guide for Service Delivery Across Diverse Cultures

The purpose of this indicator is to allow you to demonstrate sensitivity to the challenges and potential barriers patients may face in the course of receiving clinical service.

Cultural differences may be subtle but can have a significant impact on how a patient and their circle of support view impairment and rehabilitation.

2.4 I develop and maintain a professional network for seeking feedback and sharing guidance regarding my professional practice.

- Attending special interest groups, meetings or reviewing blogs/articles
- Communications with others in a similar position regarding professional practice
- Performance review, 360 survey feedback
- Management training on interpersonal skills
- Letter/email giving feedback on presentation by registrant
- Presentation or Course evaluations
- Emails re: clinical services management across large area

Research into the area of continuing education tells us that one of the most effective forms of learning is peer-feedback.

PATIENT CENTRED PRACTICE

Audiologists and speech-language pathologists ensure that 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 take reasonable efforts to ensure that I am and the organization/agency is knowledgeable about obtaining and documenting consent for all intervention plans or courses of action and any significant changes thereafter.

- Medical Directive working copy re consent
- Consent forms
- Human subject research consent forms
- Project outlines including consent info
- Documenting consent to care plan
- Evidence of Consent to involve SLP students/referrals to other agency/assessment/treatment
- Agency contracts stipulating consent is required
- Intake forms with consent evidence
- Agency Policy & Procedures on consent
- Policies and procedures regarding consent to treat
- Communications with registrants/students regarding consent to treat
- Review of Consent to Provide Screening and Assessment Services, 2014.

All registrants and students must always obtain informed consent to treatment from patients/ Substitute Decision Makers according to the *Health Care Consent Act,* 1996.

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. Patients must be informed of the rationale for selecting this approach.

3.2 I take reasonable efforts to ensure that I and the organization/agency are knowledgeable about obtaining and documenting consent to collect, use, retain, and disclose personal health information and that processes comply with the legislation.

- Policies and procedures regarding consent to collect, use, retain, and disclose personal health information
- Copies of consent forms and information given to patients.
- Communications with registrants/students regarding consent to collect, use, retain, and disclose personal health information
- Privacy policy which outlines the requirements of PHIPA
- Corporate policy on PHIPA
- Release of information evidence
- Circle of Care booklet-explanation
- Review of the *Personal Health Information and Protection Act, 2004* (PHIPA).

Patients/ SDMs must always give knowledgeable consent for the collection, use and disclosure of personal health information. While patients /SDMs are not required to sign a consent form, evidence of policies that require information to be discussed regarding personal health information would suffice.

3.3 I develop and/or follow policies to maintain patient confidentiality at all times.

- Confidentiality policies and procedures
- Copies of consent forms and information given to patients or participants which outline confidentiality measures
- Communications with registrants/students regarding patient confidentiality
- Evidence of records stored securely in an office or in transit
- Secure use of communications, for example, telephone, e-mail, texting, encryption etcetera
- Email to privacy officer
- Poster evidence re confidentiality
- Policy & Procedures on privacy and confidentiality
- Confidentiality agreements signed by research assistants/students etc.
- Agency contract requirements
- Confidentiality policies and procedures

Registrants and students must comply with the *Personal Health Information and Protection Act, 2004*.

COMMUNICATION

Audiologists and speech-language pathologists communicate effectively.

4.1 I use language that is appropriate to the abilities and the cultural and linguistic background of those with whom I communicate.

- Samples of patient/client handouts
- Examples of customized communications and or materials that take into account the abilities and the cultural and linguistic background of others
- Samples of communications with staff
- Documentation of use of plain language
- Use of interpreters and translators
- AUD/SLP council minutes
- Transgender Initial Questionnaire
- Newsletter re: plain language in research and communication
- Bilingual report

- English as a subsequent/second language material for families
- Review of the Guide for Service Delivery Across Diverse Cultures.

As communication professionals, you have an obligation to ensure that patient communication within the therapeutic environment with registrants and students is effective.

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

- Collaboration in the development of interprofessional processes
- Evidence of joint problem solving
- Documentation of discussions with other professionals or registrants of the public regarding intervention
- Evidence of positive interprofessional relations within the work setting such as performance appraisals or student evaluations
- Email communication with SLPs
- Brochures on health care team projects
- Student evaluations referring to communication
- Emails with other agencies
- Email with other professionals re mandatory reports
- Manager 360 feedback
- Committee responsibilities or terms of reference
- Review of Concurrent Intervention by CASLPO Members, 2015 and the Position Statement on Resolving Disagreements Between Service Providers, 2006

4.3 I accurately communicate my professional credentials.

- Use of appropriate title (oral and written)
- Evidence of accurate communication of competence, education, training and experience such as in resume or promotional material
- Wearing appropriate identification such as a name badge
- Able to provide evidence of registration with CASLPO (e.g. display certificate, produce card or inform the patient or employer of the Public Register on the CASLPO website).
- ID badge
- Resume
- CASLPO card
- Credentials in email signature
- Picture of signage/business card

In your non-clinical role, there are many opportunities to interact with the public, other processionals, faculty etc. and to advocate for the two professions. If you have a doctorate, you must ensure that you are compliant with the Position Statement on Use of the Title "Doctor", 2003.

4.4 I adhere to standards when advertising services and products to the public through all mediums

- Examples of advertising materials
- Link to company website
- Link to all social media sites
- Review and discussion of CASLPO documents and forums on advertising
- Review and discussion Canadian standards authority

PROFESSIONAL ACCOUNTABILITY

Audiologists and speech-language pathologists are accountable and comply with legislation, regulations, Code of Ethics and other By-laws, and practice standards.

5.1 I have reviewed or consulted in detail, specific documents that relate to my current role.

You are expected to be aware of the Legislation, Regulations, Practice Standards and Guidelines, Position Statements, and Code of Ethics that are relevant to your role and responsibilities.

5.2 I behave in a professional manner in all facets of my non-clinical role

- Effectively interacting/communicating with professionals
- Employers' codes of conduct
- Employment policies that include professionalism
- Performance evaluation/appraisal reports
- Documentation of interprofessional collaboration
- Documentation of dealing with patient, family, student, registrant or professional conflict
- Advertising examples showing tasteful, dignified, ethical and professional content

4) NC-SAT LEARNING GOALS

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

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

The Learning Goals must include:

A statement of **what** you will learn and

The **purpose** for the learning

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

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

GETTING STARTED

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

SMART GOAL METHODOLOGY

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

Specific

Measurable

Appropriate

Realistic

Time limited

1. SPECIFIC GOALS

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

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

Examples of Specific Learning goals

Vague: "To learn more about managing staff"	Specific: "To learn about a range of performance appraisal methodologies in order to provide the most appropriate and effective feedback to staff"
Vague: "To learn more about teaching"	Specific: "To further knowledge about adult learning styles to ensure the most effective method of imparting information to my students."

2. MEASURING GOALS

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

PROGRESS TO MEETING MY GOAL and IMPACT ON MY PRACTICE

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

None	Moderate
Minimal	Significant

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

None	Moderate

Minimal Significant

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

3. APPROPRIATE GOALS

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

Examples of Appropriate Learning Goals

Vague: "To learn more about research"	Clear: "To further knowledge in inferential statistics in order to measure the effectiveness of a clinical intervention in aphasia therapy groups."
Vague: "To improve hearing aid support to audiologists"	Clear: "To further knowledge in evidence-based research to ensure that the information I give customers and audiologists is current, relevant and grounded in evidence."

4. REALISTIC GOALS

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

Example of Realistic Goals

Vague: "To keep current with stroke research"	Clear: "To further my knowledge in the latest evidence-based research on dysphagia screening to ensure that the SLP department is using the most effective dysphagia screening tool for patients with stroke."
Vague: "To keep current with vestibular research"	Clear: "To further my knowledge in the latest evidence-based research of balance assessments for the elderly to improve patients' balance, independence and quality of life."

5. TIME LIMITED

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

4B) LEARNING GOALS WHILE ON LEAVE

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

Parental/Other Leave examples:

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

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

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

4C) EXAMPLES OF LEARNING GOALS

PRACTICE REFLECTION

This allows you to identify emerging needs in your workplace that may affect your roles and responsibilities (changing patient demographics, growing waiting lists, increased student enrolment etc.).

LEARNING GOAL EXAMPLES:

- To learn more about College requirements for the provision of audiology/SLP telepractice in order to teach students to provide effective intervention through this medium.
- To learn more about the development of triage policies to ensure safe and ethical prioritization of patients in the hospital setting.

MANAGEMENT PRACTICE

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

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

To further knowledge of the College's record keeping requirements to ensure that documentation practices in human research trials comply with the Records Regulation.

To learn more about appropriate communication and 'feedback' skills in order to provide effective supervision of staff.

To acquire knowledge of new infection control standards and procedures by reviewing online resources to ensure that our standards and policies are up-to-date.

CLINICAL PRACTICE

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

To further knowledge of evidence-based practice in verification and validation of hearing aid prescriptions in order to ensure staff provide current and effective service to hearing impaired individuals.

To further knowledge of caseload management strategies for staff to improve efficiency yet meet patient needs.

To learn more about attitudes regarding hearing loss in children in the cultures represented in the clinic location in order to promote sensitive and effective intervention and follow-through.

To acquire knowledge of food preferences from different cultures to ensure students learn to provide culturally sensitive dysphagia management.

PATIENT CENTRED PRACTICE

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

To further knowledge of PHIPA requirements to ensure the preservation of patients' rights.

To further knowledge of requirements for consent to treat in order to promote ethical care.

To acquire knowledge about procedures for managing patient information when providing treatment in the community to ensure personal health information.

COMMUNICATION

Audiologists and Speech-Language Pathologists communicate effectively.

To learn more about effective communication techniques in order to maximise communications with patients and members of the public.

To learn more about effective use of interpreter services to ensure that their services are maximized during assessment sessions.

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

To acquire knowledge of communication and management techniques in order to defuse conflict and provide a positive work environment.

PROFESSIONAL ACCOUNTABILITY

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

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

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

5) CONTINUOUS LEARNING ACTIVITY CREDITS (CLACS)

Continuous learning ensures that you remain current in your role and responsibilities and/or area of research or practice and therefore are able to provide the most appropriate, up to date, quality service.

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

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

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

5A) CLACS – IMPORTANT POINTS

- You must acquire at least **15 CLACs** for each calendar year
- **One hour's** activity equals **one CLAC**
- You can claim in **0.25** increments; if you read an article for 30 minutes, claim 0.5 CLACs
- CLACs must relate to one of your Learning Goals
- When you submit your online SAT in January you must show 15 CLACs for the previous year
- You can acquire more than 15 CLACs in one year, but cannot carry extra CLACs over from one year to the next
- You will automatically be given one CLAC each year for reviewing your SAT, and developing a minimum of three Learning Goals

5B) HOW TO COMPLETE YOUR CLACS

1. Click on **'Learning Goals'** across the top of the page or in the **Tools Box** on the left hand side.
2. Select and click on the Learning Goal for which you have earned CLACs.

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

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

5C) CLAC CATEGORIES

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

GROUP LEARNING:

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

- Conferences
- Presentations
- Workshops
- Seminars
- Webinars
- Invited speakers
- Courses or Lectures
- 'Lunch and Learns'
- Educational rounds
- Peer/other professional clinical/educational/performance discussion/observation
- Special Interest Group meetings

- Vendor's presentations
- Professional/regulatory councils, committees etc.
- Professional/regulatory focus groups

INDEPENDENT LEARNING:

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

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

SUPERVISION OF STUDENTS AND CLACS

Some of you may be supervising students or research assistants who do not interact with patients for the purposes of providing speech-language pathology or audiology intervention. For example, supervising graduate students who are carrying out meta-analysis research, or who are placed in an industrial sales environment. You are able to collect CLACs as long as it entails learning on your part and is connected to one of your Learning Goals.

Learning Goal: To keep current with cochlear implant technology in order to support student learning in the sales environment.

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

CLACs:

1.5 Read article on Adults with Cochlear Implants

1.0 Watched university video on effective supervision of students

TEACHING AND CLACS

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

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

CLACs:

1.5 Read article on literacy acquisition in refugee populations

1.0 Attended webinar on barriers to literacy acquisition

FURTHER LEARNING OPPORTUNITIES

If a learning opportunity arises that applies to your role, responsibility, area of research or practice, but does not relate to one of your current Learning Goals, develop another Learning Goal and document the CLACs. For example, if your place of work offers a course on 'Teaching Y Generation Students' or 'Performance Appraisal for Anxious Employees', devise a Learning Goal and collect the CLACs.

LEAVE OF ABSENCE AND CLACS

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

"To keep current with College regulations and standards to ensure that the information I provide staff upon my return is up to date, ethical and complies with legislation and regulations."

CLACs:

1.5 Read ex.press

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

1.0 Read CASLPO Forum power point slides

ACTIVITIES NOT CONSIDERED TO BE CLACS

- Learning about your agency's new data collection system
- Setting up an office
- Marketing your business

- Teaching volunteers to help with record management and filing
- Administrative staff meetings that do not involve an education component
- Personal development activities (e.g. horseback riding, yoga)

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

ADDITIONAL INFORMATION

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