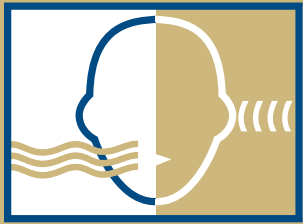


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WINTER 2011

CASLPO TODAY

**The OAFCCD: Partners
in Parent Engagement**

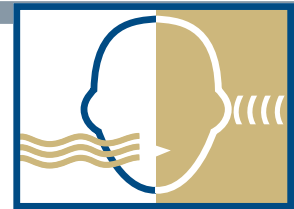
**Research in Bilingualism:
Busting the Myths**

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New Beginnings

As the last CASLPO Council meeting of the year wrapped up, I thought about what an eventful year 2010 had been for our regulatory College. The year began with our new Registrar, Brian O'Riordan, coming aboard. Six months later, he presented to Council an ambitious framework for a new set of Strategic Priorities, including major revisions to our foundational documents, such as our "Mission Statement" and "Core Values." Staffing arrangements were reorganized to better serve members, and new staff hired.

In October, we co-hosted a successful educational conference with the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) involving over 350 participants. As well, Council approved a new Registration Regulation to go into effect in 2011.

In the middle of the year, I became President. With the assistance of our dedicated staff and members of Council, the transition has been smooth. As I reflect back on 2010, I am struck by the realization that College governance cannot function at an optimal level without the involvement of the members of the College. It is with this in mind that I look at the year ahead.

Beginning in January 2011, the Self-Assessment Tool (SAT) was available to members on-line. This could not have been accomplished without the dedicated work of CASLPO staff and numerous member volunteers who participated in the pilot project. Going forward, it is clear that membership involvement in the on-line SAT will be crucial to the College's ability to ensure the public that our members are actively engaged in activities which will keep practices current and responsive to patient/client needs.

Members have also been asked recently to comment on our revised Records Regulation and will soon be asked for input on revisions to our Professional Misconduct Regulation. We hope to put in place new versions of our Advertising and Conflict of Interest Regulations and there will be consultation on these as well.

Also coming up for consultation will be a new set of governing bylaws that Council approved at its year-end meeting. Two of these bylaws, involving Fees and the Register cannot go into effect until after a period of member consultation. The Fees Bylaw contains recommendations for a series of changes to update fee levels which have remained the same since 2002. Members will also be asked to take part in a survey to determine how member services can be improved as well as how to promote public awareness of the profiles and practices of our two independent professions.

I have heard from some members that it is difficult to remain abreast of all that is happening at the College. *CASLPO Today* is one way to remain connected with what is happening. In 2011, CASLPO will be involved in many projects of critical importance to the membership. Ongoing issues pertaining to the Assistive Devices Program, the practice environment for those delivering services funded by



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Sasan Borhani, AUD, Vice-President

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PRESIDENT'S REPORT

Provincial government, National Competency Profiles for Initial Practice Registrants, the upcoming provincial election scheduled for October 2011 and compliance with the new legislation concerning access to services for Ontarians with disabilities, are only a few examples. Keep abreast of all of the latest information by checking for e-mail updates, reading CASLPO Today, visiting the CASLPO website, or attending a regional seminar, several of which are planned for 2011. Another way in which you can contribute and stay informed is by standing for election to Council. This year there will be elections for two Council seats in Eastern Ontario (District 1) and two in Southwestern Ontario (District 3). What a difference you could make!



As you can see 2011 will be a busy year for CASLPO and also for you, the members. I hope that you will be able to participate in the on-line self assessment tool and will be able to provide input to the documents available for consultation. Come out to a regional seminar and also give some thought to running for election to Council. **Members really do make all the difference!**

Vicky Papaioannou, President

COUNCIL HIGHLIGHTS

Council met on Friday December 10, 2010 and discussed the following:

1. Bylaw Review

The Registrar, B. O'Riordan, briefed Council on the process of the bylaw review thus far. Legal counsel was introduced and answered questions as they arose. Council members approved that Bylaws 1 – 8 be approved as amended with bylaws 3 and 6 being circulated to the membership.

2. Registration Regulation

B. O'Riordan updated Council on the process thus far regarding the Registration Regulation. C. Myrie updated Council on the feedback received from members and stakeholders regarding the Registration Regulation including the comments from the Fairness Commission regarding the Initial Practice Period and Canadian registrants. Further discussions will take place with the Fairness Commissioner as to what CASLPO can do to make this acceptable without removing this requirement.

The Registration Regulation was approved by Council in principle for submission to the Ministry of Health and Long-Term Care.

3. Strategic Priorities Implementation

B. O'Riordan updated Council on the status of the Strategic Priorities.

4. Registrar's Report

B. O'Riordan gave a brief report on the recent media article by Bob

Hepburn of the *Toronto Star* regarding the CCAC issue.

B. O’Riordan also gave a brief presentation regarding his appreciation for the hard work of Council & staff during his first year as Registrar, and the numerous accomplishments of the College.

5. Auditor’s Report re: 2009/2010 Fiscal Year

G. Katchin introduced and welcomed B. McKenzie (auditor) to the meeting. B. McKenzie briefed Council on the financial statements.

The financial statements were approved by Council, as presented, for publication in the Annual Report.

6. CASLPO 2010/2011 Budget

B. O’Riordan updated Council on the 2010/2011 proposed budget. G. Katchin apprised Council on some particulars in the budget, specifically the forecasted deficit of \$199,000.

Council approved the proposed budget.

7. Records Regulation

C. Bock updated Council on the process thus far regarding the Records Regulation. The Records Regulation was approved by Council as amended for recirculation and consultation.

8. National Competency Profiles

Council reviewed the document provided to them arising from the review conducted by each Committee of Council. A lengthy discussion took place during which several suggestions were made to be included in the response. Council approved the draft endorsement memo and chart as amended and recommended that the updated memo and chart be submitted to Canadian Alliance of Audiology and Speech Language Pathology Regulators (CAASPR).

9. CHIL – Joint Task Force

B. O’Riordan updated Council regarding recent communications with OSLA regarding CHIL, now renamed “Find a Practitioner.” Following a discussion, Council concurred with the recommendation that \$12,500 be

allocated to OSLA to fund CHIL for a six-month period while a joint CASLPA/OSLA/

CASLPO task force be created to assess the future of CASLPO’s participation in, and funding of, OSLA’s Find a Practitioner service.

10. CASLPO/OSLA Conference Report

B. O’Riordan and C. Bock updated Council on the success of the CASLPO/OSLA conference.

11. Bill 168 – Occupational Health and Safety Act Presentation

K. Luker presented a brief training session on workplace harassment and safety compliance requirements for CASLPO Council and staff.

12. Regulatory Monitoring – Committee Reports

Council reviewed the following Reports:

- a. Executive Committee
- b. Registration Committee
- c. Quality Assurance Committee
- d. Inquiries, Complaints and Reports Committee
- e. Audiology Practice Advisory Committee
- f. SLP Practice Advisory Committee

13. Governance Monitoring

Council reviewed Policies C5, L3, L5, L6, L7, L8, L10, L11, L12, L13, L16, and L17.

14. Fitness to Practice Committee Appointments

B. O’Riordan briefed Council on the requirements for CASLPO to have a Fitness to Practice Committee. Council approved that a Fitness to Practice Committee be appointed with members as follows:

- C. Moran
- V. Papaioannou
- J. Krawchenko
- B. DeSousa
- M. Petkoff

15. 2011 – 2012 Executive and Council meeting Dates

B. O’Riordan briefed Council on the rationale surrounding the proposed meeting dates for Executive and Council for 2011. Council approved the

proposed meeting dates for Executive and Council for 2011 and 2012.

16. Evaluator’s Report

N. Blake reported that the meeting was successful, effective, organized, and well-chaired, and there was a solid focus on focusing on the “best interests of the public”.

17a. Staffing Reorganization

B. O’Riordan updated Council on the timeline for hiring the new “Director of Professional Conduct.”

17b Registrar Performance Review – IN CAMERA

V. Papaioannou gave an update on the Performance Review process for the Registrar.

CASLPO Council Members



Back row (left to right): Bob Kroll, Luc DeNil, Sasan Borhani, Pauline Faubert, John Krawchenko, Sandi Singheil, Ferne Dezenhouse

Front row (left to right): Nancy Blake, Brian O’Riordan, Carolyn Moran, Meg Petkoff, Estrella Tolentino, Vicky Papaioannou, Paulina Finak

Absent: Bryan DeSousa, Cathrine Campbell, Jack Scott, Rosanne Lavallée-McNamee, Mary Suddick

PRACTICE SCENARIOS: PRACTICING IN THE AGE OF SOCIAL MEDIA

By Melanie Jones-Drost, Director of Professional Practice, Policy Development and Quality Assurance and Carol Bock, Deputy Registrar



Technology enables us to do things more quickly and in different ways than we have ever been capable of doing in the past – e-mailing a patient/client to set up an appointment, sending a quick text to your teenager to let him/her know you are on your way home, submitting your CASLPO registration renewal online, or keeping in touch with friends and relatives via Facebook or Skype.

In addition to the impact of social media on our personal lives, technology has touched our professional world with advances in electronic charting and initiatives such as CASLPO's online Self Assessment Tool and the public register. Unfortunately, many people overlook the potential impact that your personal use of technology can have on your professional lives. In addition to the obvious privacy risks associated in storing confidential patient/client information on your computer (see *CASLPO Today* articles in May and August, 2010), there are other considerations when using social media that you should be mindful of, for example:

- Is it appropriate to accept a friend request from a patient/client who contacts you on Facebook?
- Do you follow the same advertising guidelines when using Facebook, LinkedIn, or your website, as you would if publishing an ad in the Yellowpages?
- Is it appropriate to use the computer to access the Internet for personal use during work hours? Do you know your

employer's policy on this?

- Have you ever discussed a patient/client when e-mailing, messaging, or Skyping?

Situation 1

I read in the paper that a woman lost her job because she posted online that she was going to a celebration that night and, expecting to be out late, planned to call in "sick" to work the next day, which she did. Can my employer really fire me for that?

Employers can set policies that allow them to take disciplinary action for misconduct, insubordination, absenteeism, or other reasons typically outlined in employment agreements. What is key to this dismissal is that the individual who was fired failed to recognize that anything posted online – a comment or a picture, on a blog or any social network – can essentially be accessed by anyone with an Internet connection. In this age of instantaneous information, even people who are not your "friends" can quickly be notified of something you have said or done online. **Before adding that picture or tweeting that line, ask yourself if you have ever negatively judged someone as a result of something you have read or seen online, and would you say or do what you are about to post, in front of your employer or a patient/client?**

Situation 2

I work in a pre-school speech and

language program and have enjoyed many great conversations with the mother of one of my patients; we have a good rapport. Recently when I logged into my Facebook account I saw that I had a "friend request" from this person. I don't want to insult her by not accepting the request, but I'm not sure if I am allowed to do this. Can you tell me what CASLPO's position on this is?

Technology can blur the lines of distinction between personal and professional relationships. Regardless of the medium, while you are treating this woman's child you have a responsibility to maintain a therapeutic boundary (see *CASLPO Today* articles in February and May, 2009). As the professional you have inherently more power in the relationship than the patient/client or his/her parent because of your knowledge and authority to determine treatment for the patient/client.

As the professional it is also up to you to explain to the patient's mother that you cannot have a personal relationship while treating her child as it puts you in a conflict of interest. According to section 4 of the Conflict of Interest Regulation, *"it is a conflict of interest for a member to participate in any professional activity where the member's personal or financial considerations compromise or may compromise the member's judgment in that professional activity, or where such involvement may appear to provide the potential for the member's professional judgment to be compromised."* Or more

simply put, your personal relationship with the patient's mother may result in the patient receiving preferential treatment or it may appear this way to others who would see you listed as her "Facebook friend".

Situation 3

I recently contacted CASLPO because I started seeing patients privately and wanted to know what I had to do to register my practice. I was told that I need to provide a business address and phone number, in addition to verifying that I have liability insurance. I will not be seeing patients in my home and am not comfortable having my residential address listed on CASLPO's website under the Public Register because someone could easily find me using Mapquest. What can I do?

There are many online mapping tools such as Mapquest and Google Maps, that enable people to easily locate one another. CASLPO is required under the *Regulated Health Professions Act* to develop and maintain an online list of all members outlining, in part, their

business address(es) and business phone number(s). CASLPO recognizes that the professions of audiology and speech-language pathology are predominantly female-based and that your safety is of primary importance. For this reason, CASLPO will allow you to obtain a post-office box to be used as your business address. In addition to making use of this option, **CASLPO recommends that you do not list your home address or phone numbers on Facebook, MySpace, LinkedIn or any other online forum.**

Situation 4

Can I advertise on Facebook? What about having a profile on LinkedIn?

There are no restrictions on the type of medium used to advertise your practice. However, regardless of the format or technology, you are responsible for adhering to CASLPO's current Advertising Rules which state::

Ss. 2(1) An advertisement with respect to a member's practice must not contain:

a) anything that is false or misleading;

b) anything that, because of its nature, cannot be verified;

c) a reference to specialization in any area of practice or in any procedure or treatment unless the member holds a specialist certificate issued by the College, although nothing herein shall prohibit an advertisement that contains a reference to the member's scope of practice, or statement that the member has additional training in a particular area of practice, or a statement that the member's practice is restricted to a particular area of practice;

d) an endorsement by an organization that does not have expertise relevant to the subject matter of the endorsement;

e) a testimonial by a patient or client or former patient or client or by a friend or relative of a patient or client; or former patient or client;

f) a reference to a drug or to a particular brand of equipment used to provide services; or

g) anything that is distasteful, undignified, unethical or unprofessional.

Registrar's Investigation into the Conduct of a Speech-Language Pathologist

By Carol Bock, Deputy Registrar

When the employment of a member of a regulated health profession is terminated or suspended, the employer has a duty to make a report to the appropriate college. The following is the summary of such a matter, involving the work of a speech-language pathologist in Ontario.

Concerns

A speech-language pathologist (SLP) was terminated from part-time employment after several years at a treatment centre. Following a meeting with her employer about the inappropriate discharge of a child, the member requested a medical leave of absence. Although the employer did not accept the request, the member went on medical leave, and subsequently filed a union grievance claiming an unsafe work environment related to harassment and bullying by her supervisor. The employer investigated the speech-language pathologist's allegations and determined that she had been managed appropriately by the supervisor. The member subsequently received a letter indicating that she was required to return to work. When she did not return as expected, her employment was terminated.

In the report filed with CASLPO, the employer identified five major areas of concern:

1. Inappropriate discharge of clients as indicated in Regulation 749/93 Professional Misconduct.
2. Non-compliance with the College Position Statement on the Use of Support Personnel by Speech-Language Pathologists, as well as additional concerns related to the

3. supervision of an SLP.
3. Concerns related to the phone calls from parents.
4. Concerns regarding overall documentation, competency, and professionalism.

Member's Response

The member provided a response to the allegations, indicating that she felt she was the target of abuse and bullying by her immediate supervisor. She believed that her practices were consistent with her employer's standards, policies, and directives and that she took full responsibility for any errors which were pointed out to her in a timely, satisfactory manner. At a grievance hearing related to her termination, the member's termination was rescinded and all issues regarding her termination of employment were resolved through a settlement.

The member was the sole SLP on a multi-disciplinary team serving children with complex neurological and physical needs. In addition, a portion of her caseload was composed of children from the local preschool speech and language program. For a period of 7 years, the SLP worked with a communicative disorders assistant (CDA) in a team approach to serve the complex needs of the children. They also worked to develop a specialized program to serve the needs of non-verbal children. One of the members of the multi-disciplinary team became the member's immediate supervisor, and hired two other part-time SLPs to relieve the general caseload and manage the program for non-verbal children. As a result, the member's caseload was reduced. The

member received only one performance review under her former supervisor, and indicated she had a "clean record" and no complaints filed about her work or client interactions.

Within the next two years, the member was feeling overwhelmed with increasing workload demands. She made a request to attend the centre on additional days, a request which was not granted. Shortly thereafter, the CDA took an extended medical sick leave. The member attempted to include the CDA's clients within her schedule and to supervise an SLP student part-time. In the meantime, she received an e-mail message from her supervisor advising that a parent had left a message on the CDA's voice mail asking why her daughter had been discharged. The member contacted the parent and arranged for a follow-up visit at the child's school, and the parent was pleased. The member's supervisor subsequently requested a meeting to discuss concerns related to this child, and reminded the SLP to ensure that her telephone conversations with parents were documented. Upon receiving a written summary of the meeting with her supervisor, the member found that it misrepresented the discussion and included further accusations not addressed at the meeting. In the meantime, the member was placed on medical stress leave.

The Investigation

The investigation included a review of 29 client files and documents related to the concerns, and interviews of relevant individuals. The investigator also reviewed e-mail communications, letters and

minutes of meetings, and the copy of a performance appraisal.

Interview with the Supervisor

The supervisor provided details regarding the SLP's employment history, and indicated that she had been her colleague prior to having been promoted to the supervisory position. The supervisor related that she spoke to the member about her productivity in regard to the length of days and hours she was expected to work shortly after she became her supervisor. The SLP underwent one performance appraisal several years earlier, and met all job requirements at that time and received positive comments. The supervisor indicated that her performance appeared to have changed since that time, and that she and a colleague intended to work on a constructive plan of improvement following their meeting about the inappropriate discharge of a child.

The supervisor described concerns about the impact of the member's practices, indicating that many reports had not been printed and could not be retrieved through the information technology department. Thus, the file of every child seen in the last six years needed to be reviewed to ensure that the centre's main files reflected services received. They noted that the SLP's lack of documentation and possible deletion of client information resulted in charts remaining incomplete. An additional result of the member's actions was extra work for her colleagues and duplication of services that were provided but not documented in the children's files. Furthermore, the supervisor stated that the member had not completed outcome measures on all children, measures which are required by the provincial government.

The supervisor also stated that the SLP had not accepted responsibility for her actions and had deflected onto others through allegations of harassment and

bullying. They expressed concern about issues which had created a situation where the member could not be trusted to provide professional services due to inappropriate discharging of children, insufficient service to many, incomplete documentation, and dishonesty to her supervisor.

Interview with the Member

Shortly after the member began working under her new supervisor, she received a telephone call and a letter related to the fact that she was working inconsistent hours, was not being a team player, and used support personnel inappropriately. The member explained that for the preceding 10 years, she had flexible work hours to accommodate early morning sessions with infants. Aside from not using support personnel properly, the supervisor did not discuss any concerns about the SLP's practice competence. A copy of the letter indicates that it pertains to absenteeism and outlines expectations for daily work hours, vacation requests, sick leave, and requests to be absent on scheduled work days. The letter also reminded the member of appropriate use of the CDA according to CASLPO's position statement on this matter. The member decided to involve the union because the expectations exceeded the work hours for which she was hired and she wanted to protect her time to care for her own young children at home.

Approximately two and a half years later, the member was called to discuss with her supervisor the discharge of a child. The member explained to the investigator the situation related to the discharge of the child, and the typical transition plan. She described that certain children require flexibility in their discharge plan, and felt that this particular child had been adequately serviced. The member acknowledged that she could have documented her interactions with the parent more consistently, and adjusted her practice immediately.

A week later, the member received a letter summarizing her supervisor's expectations. She felt that it did not accurately represent the meeting discussion. The member stated that her supervisor managed two very distinct services (the treatment centre and the preschool program), and that both systems were constantly being blended. The SLP was frustrated by the lack of flexibility in transitioning children to school and in using her professional judgment based on the child's needs. She viewed the letter as a repeat of what had happened two years earlier, and was concerned that her supervisor was harassing her and would not stop.

In regard to the supervision of the CDA, the member indicated that her actions were within the guidelines provided by the College, contrary to her supervisor's comments. She stated that the CDA never assessed a child, made recommendations, or told parents the next steps unless given permission by the member to convey something specific. The CDA summarized only her own sessions, and attended meetings on the SLP's behalf if she could not attend and in order to gather information to relay to the SLP or convey information about her own sessions.

The College provided the member with a copy of the speech and language files excerpted from the hospital's main files for children named by her supervisor. After having reviewed the files in question, the member stated that she had made sound decisions for the children and worked in collaboration with parents in respect of their wishes for the children in her many years of practice at the centre. She further explained her system of documentation, which was admittedly onerous and not always consistent with the specific requirements of the centre. The member further indicated that completed reports were given to the departmental secretary, and that the matter of missing documents

could only be explained by clerical error (e.g., misfiling of documents).

College Review of Files and Documentation

The College completed a detailed examination of the evidence contained in the 29 client files as well as the member's day timer, minutes of meetings, e-mail correspondence, and performance appraisal. The results of this examination were considered at the meeting of a panel of the Inquiries, Complaints and Reports Committee. The panel noted that the member had no prior history or investigations with the College.

The Issues

The issues for the Inquiries, Complaints and Reports Committee to decide were whether: (1) The nature of the allegations, if true, warrant a discipline hearing in all of the circumstances; (2) If the allegations do warrant a discipline hearing, is the information in support of the allegations of a sufficient quantity and quality to require a hearing; and (3) If the allegations are not referred to a hearing, is some other action by the Inquiries, Complaints and Reports Committee appropriate?

Decision and Reasons

The decision of the panel was that the member be reminded to comply with CASLPO's **Records Regulation** and the

Position Statement on the Use of Support Personnel by Speech-Language Pathologists, and to improve communication with parents regarding discharge planning and transition to school services as well as documentation of all communication with parents.

In regard to the first concern about the inappropriate discharge of clients, the member's reports appeared to contain considerable detail. Based on the information before the panel and a review of the charts, there appeared to be a need for the member to fully document actions and services on contact notes in client files and to improve documenting reasons for decisions, informed parental consent, and conversations with parents, including those by telephone, in order to be able to respond to questions in the future. The panel reminded the member to discuss and document discharge plans with families for all children including those who are inactive and to ensure that families understand the information in appropriate detail and language. The member was further reminded to ensure that all methods for reaching families have been exhausted in accordance with the employer's policy.

In regard to the second concern about non-compliance with the **Position Statement on the Use of Support**

Personnel, the panel was of the view that the member appeared to have provided appropriate supervision. The panel reminded the member to document the type, amount and frequency of supervision and the types of directions and instructions given to support personnel under her supervision.

In regard to the third concern related to the returning of phone calls from parents, the member acknowledged that she had not documented every telephone call. The panel noted that the member had agreed to adjust her practice immediately when advised of this matter by her supervisor.

In regard to the fourth concern about overall documentation, competency, and professionalism, the panel was of the view that information in the files reviewed was insufficient to support the concern, although the member could have provided more specific documentation about unusual circumstances (e.g., inability to obtain a baseline in assessment, parental wish to decline services). The panel recognized that the member was not responsible for clerical staff performance, which may have contributed to misfiled or missing documents.

As a result of its investigation, the panel decided that other than the above-noted reminders, no further action be taken.

Allied Health Professional Development Fund

CASLPO members are once again being offered the opportunity to obtain financial assistance for professional development through the Allied Health Professional Development Fund (AHPDF) in 2010–2011.

The government of Ontario recognizes and values the important contribution made by allied health professionals to

the health care system. The Allied Health Professional Development Fund (AHPDF) is a HealthForceOntario (HFO) initiative designed to ensure the people of Ontario have access to the right number and mix of health care professionals, now and in the future.

Additional information can be found at www.ahpdf.ca or under the "What's

New" link on the CASLPO website at <http://www.caslpo.com/WhatsNew/tabid/124/Default.aspx>.

On the Road Again ...

CASLPO is going on the road again! This year CASLPO will be conducting another round of regional seminars. Members have told us that they find these seminars useful and informative. We plan to continue to meet members' high expectations for the provision of current and accurate information.

CASLPO Comes to Your Community

In the past, the response to CASLPO Regional Seminars has been overwhelmingly positive. This time we want to make sure that no one misses out. We have already scheduled

seminars in various locations across Ontario, but if you would like to see us in your community, specifically, please let us know.

Contact Carol Lammers via e-mail to clammers@caslpo.com or phone at 416 975 5347 x 214 or toll free at 1 800 993 9459 x 214 to have us come to your community or if you require more information.

CASLPO looks forward to meeting with you in 2011!

Watch for more information on the CASLPO website under "What's New."

The New CASLPO Records Regulation

By Carol Bock, Deputy Registrar

It has been 15 years since CASLPO's last review of issues related to the maintenance of health care records. Our 1996 document in this regard very much needs to be updated to reflect the many changes in legislation, as well as changes in practice environments since 1996. Several versions of the new Records Regulation have been sent out for feedback over the last two years. We have listened to your feedback, as well as advice from legal counsel and ministry representatives, and we are now confident that the version you have been sent most recently, the **Draft Records Regulation, 2011**, will likely be the version we send on for ministry approval.

If you have not already reviewed it, let me point out some of the significant changes in the **Draft Records Regulation, 2011**:

- Patient/client records will additionally include any mandatory

reports and any incident reports.

- There will be a specified retention period of 10 years for records of equipment servicing.
- There will be requirements for members to ensure records are transferred and retained appropriately when a practice is to close, for example when retiring.
- Records will need to be legible in English or French.
- You will be required to record the purpose of each professional contact with the patient/client, and whether the contact was made in person, by telephone or electronically.
- Electronic records requirements will be simplified.

The deadline for feedback is March 14, 2011. Please feel free to provide your feedback in writing by regular mail to the Registrar or by e-mail to caslpo@caslpo.com.

2011 Council Meetings

CASLPO Council meeting dates for 2011 have been scheduled for:

Friday March 4

Friday June 10

Friday September 30

Friday December 9

CASLPO members and the general public are welcome to observe Council meetings. The time and location of the upcoming meetings are posted on the CASLPO website under "what's new" at <http://www.caslpo.com/WhatsNew/tabid/124/Default.aspx>.

If you wish to join us, please notify Carol Lammers, Executive Assistant to the Registrar either by phone at 416-975-5347 x 214, toll free at 1-800-993-9459 x 214 or by e-mail at clammers@caslpo.com.

College Bylaws Revamped

By Brian O’Riordan, Registrar

At its December 2010 meeting, the Council of the College concluded its consideration of a revised set of bylaws. The adoption of the bylaws is a crucial component of good governance and will provide substantial and enhanced guidance to Council, as well as making the Council more accountable.

In all, the Council reviewed eight bylaws. These included a general bylaw relating to membership in the College, the composition of the College Council, election and meeting procedures, the parameters of the Office of Registrar, terms of reference for committees of council, and procedures for making and changing bylaws. In addition, Council also endorsed four other bylaws relating to borrowing, investing and banking, certificates of authorization for establishing professional corporations and the Code of Ethics. Council approved in principle a bylaw relating to personal professional liability insurance, but its provisions will only be fully enforced once the provincial government proclaims the new section of the *Regulated Health Professions Act* requiring members to provide proof to the College of the holding of such insurance.

The *Act* requires that there be consultation with the membership with respect to bylaws relating to fees and the public register. Council, therefore, approved versions of these bylaws for distribution to the members for comment, but will not give final approve to them until later in the year, after consultation has been completed. It is expected that these two bylaws will be shared with members shortly. The Fees Bylaw covers such matters as application and registration fees, annual membership fees, late and reinstatement fees and fee adjustments. Council has endorsed increases in these fee categories for the first time since 2002. A comprehensive information package will be sent to members explaining the background to these decisions and how they will lead to new and improved services for members.

Some Members Are Asking: “Why Am I Not Receiving E-Mails from CASLPO?”

CASLPO sends important information and updates to our members via e-mail on a regular basis. Because these e-mails are sent out in “bulk”, some spam filters see the e-mails from CASLPO as junk mail and these important messages never arrive in your inbox.

If you have not been receiving e-mails from CASLPO, please confirm your e-mail address with us by contacting Camille Prashad at cprashad@caslpo.com. If the e-mail address that we have is the correct one, we ask that you contact your Internet provider to ask that caslpo@caslpo.com be put on their “safe list” to ensure that the spam filter will allow CASLPO e-mails to be sent through directly to your inbox.

CASLPO – OSLA Conference - *Energized by Excellence* – Did You Experience the Excitement?

By Mary Cook, Executive Director, OSLA



The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) are pleased to report the overwhelming success of their first joint conference,

Energized by Excellence, held on October 21 and 22, 2010. The conference, Ontario’s foremost speech-language pathology and audiology event of the year, featured world-class keynote speakers and presenters, cutting-edge seminars, regulatory information from

CASLPO, networking opportunities, and a great trade show.

Energized by Excellence had over 350 registrants in attendance, mainly composed of audiologists, speech-language pathologists, communicative



CASLPO President, Vicky Papaioannou and OSLA President, Sharon McWhirter



Dr. Carla Johnson



Brian O'Riordan, Registrar, CASLPO and Mary Cook, Executive Director, OSLA



Richard Steinecke

disorders assistants, and students from the university programs.

The conference's purpose was to bring together the two most important facets of clinical excellence:

- Professional development derived from evidence-based research and practice, and
- Clinical practice based on the laws, regulations and standards that legally govern the professions in Ontario in order to protect the public.

The first day of the conference featured plenary speaker **Richard Steinecke**, senior partner in the law firm Steinecke Maciura Leblanc, LLP. He practices exclusively in the area of professional regulation and represents about three dozen regulators and associations across many professions. Steinecke's presentation, *Enhanced Accountability*, addressed the four types of regulation: restrictive, reactive, proactive, and transparent. He also spoke on new regulated health professions in Ontario, including psychotherapy, which could have an impact on SLPS providing cognitive support; Bill 124 and the changes to the Registration Process; the Interprovincial Labour Mobility Agreements; new mandatory reporting, notices, alternative dispute resolution, time limits extended on complaints, and the need for professional liability insurance. At lunch, **Bob Hepburn**, the

Toronto Star columnist, who has been writing recently about SLP services in the community home care sector, spoke about advocacy for the professions by the professionals. He encouraged the delegates to hold meetings with government officials in their communities to raise awareness of the services we provide to the public. He encouraged everyone to write letters and petitions and work with client/parent groups to advocate for the healthcare of the clients we serve.

CASLPO's Registrar, **Brian O'Riordan**, spoke at the conference of new initiatives that CASLPO is undertaking. We also heard from many outstanding researchers who presented their contributed papers on cutting-edge research in the speech-language and audiology fields. In the afternoon, CASLPO hosted several information sessions. The Ontario Association of Families of Children with Communication Disorders (OAFCCD) held a special general meeting and information session for the delegates and its members. **Christiane Kyte**, **Isabelle Giuliani**, and **Marie-Denyse Belec** presented on the Senior Kindergarten Intervention Program for Phonemic Awareness; **Dr. Jack Scott** presented on evidence-based practice in audiology; **Claire MacLean** and **Glen Sutherland** of the Ministry of Children and Youth Services spoke on the Ontario Preschool Speech and Language Program; and **Dr. Elizabeth Rochon**

focused on evidenced-based practice in aphasia and dementia therapy.

A Presidents' Reception was held in the evening, with OSLA President **Sharon McWhirter** presenting the OSLA Honours of the Association award to **Ruth Jones**, Chief of Speech, Hearing, and Vision at the Dufferin-Peel Catholic District School Board. CASLPO President **Vicky Papaioannou** presented the CASLPO Honour Roll award to recipient **Dr. Carla Johnson**, recently retired Associate Professor of Speech-Language Pathology at the University of Toronto. The evening ended with a fabulous performance by the East York Barbershoppers' "Double Quartet".

On Friday, four concurrent sessions were held: **Dr. Nikola Nelson** on Service Delivery by SLPs Working with School-Aged Students; **Dr. Marc Fey** on Narrative-Based Language Intervention and Early Communication Intervention for Children; **Dr. Lyn Turkstra** on Clinical Intervention for Individuals with Traumatic Brain Injury; and **Dr. Jay Hall** on Audiology Assessment of Three Populations – Auditory Processing Disorders, Tinnitus, and Hyperacusis.

The CASLPO-OSLA partnership was a great success! Evaluations of the conference filled out by the attendees indicated that 92% of the delegates were "very satisfied" or "satisfied" with the joint CASLPO-OSLA format, with 97%

of participants rating that they were either “very satisfied” or “satisfied” with the conference organization, and 97% indicating that they would attend a similar conference in the future. Many participants told us that they had encountered some colleagues not seen since their university days and what good, warm feelings and pride they felt within

the profession. This was truly a wonderful experience.

Thank you to all who attended and made the conference such a success. And the conference could not have been possible without the diligent leadership of the Conference Planning Chair **Joanne Shimotakahara**, and the Committee

Members **Sharon McWhirter** and **Mary Cook** for OSLA and **Carol Bock** for CASLPO. OSLA also gratefully acknowledges the tremendous contribution of CASLPO in making this conference possible. We look forward to the next joint conference!

CASLPO Continues to Contribute at the National Level

By Carol Bock, Deputy Registrar

As many of our members are aware, CASLPO was one of the founding members of the Canadian Alliance of Regulators (CAR) in 2006. This information-sharing consortium has recently taken a big leap forward, and experienced significant growth. This will have a positive impact on the professions of speech-language pathology and audiology across the country. The organization, which began with an informal meeting of three provincial registrars, is now made up of 14 directors, including two representatives from each regulated province (typically the Registrar and Council President).

Here are some of the highlights of the most recent meetings of the Board of Directors.

- CAR has adopted a new name to better reflect its activities: The **Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR)**
- CAASPR’s **mission**: CAASPR addresses common regulatory

issues on a national level to advance the practice and regulation of audiology and speech-language pathology in Canada. CAASPR facilitates the sharing of information and building of consensus on regulatory issues in order to assist member regulators in fulfilling their mandate of protecting the public interest.

- CAASPR’s 2010-2011 **workplan** includes the following priorities:
 - (1) *Capacity Building and Sustainability* – develop and strengthen the organization so that it will thrive as a national regulatory leader for the professions
 - (2) *Harmonization and Development* – make regulatory standards and procedures consistent or mutually compatible in order to facilitate interprovincial mobility
 - (3) *Collaboration and Communication* – identify and strengthen opportunities for partnership and collaboration
 - (4) *Evaluation and Planning* – select outcomes that will provide

accountability to each of CAASPR’s member provinces and funding sources

- CAASPR has received funding from the federal government to develop a model for the assessment of competence of applicants in the regulated provinces
- CAASPR will be developing an interprovincial agreement which will address public protection issues related to the use of telepractice

CAASPR has engaged one of CASLPO’s former Deputy Registrars, Karen Luker as a consultant, to spearhead the development of the organization and its goals. Watch for regular updates about CAASPR in future issues of *CASLPO Today*.

Changes to Your Liability Insurance Requirements May Be Coming

By Melanie Jones-Drost, Director of Professional Practice, Policy Development & Quality Assurance

Proposed changes to the *Regulated Health Professions Act (RHPA)* may require every health care professional to hold **personal** liability insurance coverage. Although **not yet proclaimed as law** the new wording under subsection 13.1 states that, “*no member of a College in Ontario shall engage in the practice of the health profession unless he or she is personally insured against professional liability under a professional liability insurance policy or belongs to a specified association that provides the member with personal protection against professional liability.*” This could mean that CASLPO members may not be sufficiently covered

by their current liability insurance.

As you can imagine, members of all health regulatory Colleges are concerned about the impact of this proposal and are seeking clarification around the term “personally insured.” Personally insured is interpreted as meaning liability insurance coverage that is **held by an individual, or a group policy that specifically names the individuals who are covered under the policy.**

To date, we have no indication from the Ministry of Health and Long-Term Care of when the proposed changes may take

effect. Although it may appear prudent to purchase personal liability insurance, it is not yet mandatory.

We will inform all CASLPO members of any new liability insurance coverage requirements in advance of these requirements taking effect.

CASLPO’s Proposed New Registration Regulation

By Colleen Myrie, Director of Registration Services

The *Ontario Labour Mobility Act, 2009*, was approved by the provincial legislature to facilitate the registration of applicants who are currently registered in another regulated Canadian jurisdiction, and labour mobility provisions were added to schedule two of the *Health Professions Procedural Code (the Code)* under the *Regulated Health Professions Act, 1991 (RHPA)*.

This legislation included a tight twelve-month deadline for colleges to amend their current registration requirements to comply with these new provisions. Some colleges expressed concerns about this deadline. As a result, Ontario Regulation 500/10 has been put in place to extend the time available to health regulatory colleges to amend their regulations and bylaws to conform to the labour mobility

provisions of the Code. Under the extension, amendments to registration regulations to conform to the labour mobility provisions must now be approved by the Lieutenant Governor in Council and filed by December 17, 2011.

In order to comply with the above-mentioned legislation, the College’s Registration Committee undertook a thorough review of our Registration Regulation and developed a proposal to amend CASLPO’s Registration Regulation.

The proposal includes the highlights outlined below.

For Labour Mobility

The new provisions allow an individual who is registered in another regulated jurisdiction in Canada to become

registered in Ontario with an equivalent certificate of registration without having to meet any additional training, experience, examinations or assessments requirements.

The following will occur under the new provisions: (1) An applicant from another regulated jurisdiction in Canada must provide evidence of their good standing and active practice with another regulated province. (2) An applicant who is in good standing in another province may be required to demonstrate that they can speak, read, and write in English or in French with reasonable fluency if such proficiency in the language of English or French was not a requirement for the granting of an out-of province certificate. (3) An applicant who is in good standing with an out-of-province certificate may

be required to meet the training, experience, examinations, or assessments required of other applicants if the applicant has not, within the three years prior to the submission of the application for registration, practiced the profession to the extent that would be required for the issuance of a certificate of registration for which the applicant is applying. (4) If an applicant presents a certificate that already has terms, conditions and limitations on it, equivalent terms, conditions and limitations may be imposed on an Ontario certificate.

For New Applicants

An applicant must have a professional master's degree in speech-language pathology or audiology, or both, from an accredited Canadian university program in communication sciences and disorders approved by council; or any other university in or outside of Canada that is determined by the registration committee to be equivalent to a professional master's degree from an accredited Canadian university program in communication sciences and disorders approved by Council in accordance with subsection (2).

An applicant must be a Canadian citizen or a permanent resident of Canada or be authorized by the *Immigration and Refugee Protection Act, S.C. 2001, c.27*.

An applicant must complete 20 hours of clinical practicum in the minor professional area. The requirement for clinical practicum hours in the minor professional area has been reduced from 35 hours to 20 hours.

The grandfathering provision from the regulation has been removed as the provision is no longer applicable.

Personal Professional Liability Insurance

In 2009, the legislature approved new requirements that, once proclaimed, will

require all regulated health professionals who engage in the practice of a health profession, to demonstrate to their College that they have personal professional liability insurance coverage.

The College is proposing to amend its Registration Regulation to establish a requirement for personal professional liability insurance. More information about this requirement will be available to members as the College develops new by-laws and policies regarding personal professional liability insurance.

Patient Care and Related Work Requirement

The College has extended the requirements for patient care and related work hours to 750 hours of patient care or related work hours over three years to provide greater flexibility to those members taking longer leaves of absence.

Administrative Provision for Suspensions and Revocations

The new provisions set out an administrative process for suspensions and revocations for administrative matters.

Evidence of Good Character

The new provisions set out the requirements for applicants to demonstrate good character. An applicant is required to provide details of any of the following that relate to the applicant and that occur or arise after the registration of the applicant:

- A conviction for a criminal offence or an offence related to the regulation of the practice of the profession in Ontario or in another jurisdiction, in or out of Canada;
- A finding or current proceeding of professional misconduct,

incompetency, fitness to practice or incapacity in Ontario in relation to another health profession or in another jurisdiction in or out of Canada in relation to the profession or another health profession;

- A suspension, disqualification, censure, or discipline as a member of any regulatory body or professional association in relation to another health profession in Ontario or in another jurisdiction in or out of Canada in relation to the profession or another health profession;
- Any other event or circumstance occurred or occurring in Ontario or in another jurisdiction in/out of Canada that would provide reasonable grounds for the belief that the person may lack the knowledge, skill or judgment to practice the profession safely and ethically.

The proposed amendments to CASLPO's Registration Regulation were circulated to members and stakeholders for feedback and posted on the College's website throughout the consultation period. The College received feedback from CASLPO's members, two Ontario health regulatory colleges, and one regulatory college from another Canadian province. No significant concerns or issues were raised by these members and stakeholders.

The College also received feedback from the Ontario Fairness Commissioner (OFC). The Fairness Commissioner expressed concerns about CASLPO's Initial Practice Period requirement. Across Canada, only Manitoba has a similar requirement to CASLPO's Initial Practice Period. In many other provinces, members are given the equivalent of CASLPO's general certificate upon initial registration. The Fairness Commissioner

was concerned that applicants from another regulated jurisdiction in Canada with less than two years of experience would be able to bypass CASLPO's Initial Practice Period while applicants who had not previously practised in another jurisdiction in Canada and who had less than two years' experience would be required to complete CASLPO's Initial Practice Period.

The College has given extensive consideration to the requirements and the OFC's objection. CASLPO is committed to treating everyone fairly, consistently and transparently whether applying from Ontario, from other provinces and territories in Canada, or from abroad. The College is committed to working with the OFC and the government in providing registration practices that are transparent, objective, and fair.

In the view of the College, the overriding interest is public safety and protection. The College believes that the Initial Practice Period must be kept in place for public safety and consumer protection.

Council considered the feedback received during the consultation process and approved the proposed Registration Regulation in principle at the December 10th Council meeting.

The College is now submitting the new amended Registration Regulation to the Ministry of Health and Long-Term Care, Health Professions Regulatory Policy and Programs Branch (HPRPPB) for approval. We expect that the new Regulation will therefore be in place later in this calendar year.

The Self Assessment Tool, 2011 Online: We Did It!

By Carol Bock, Deputy Registrar

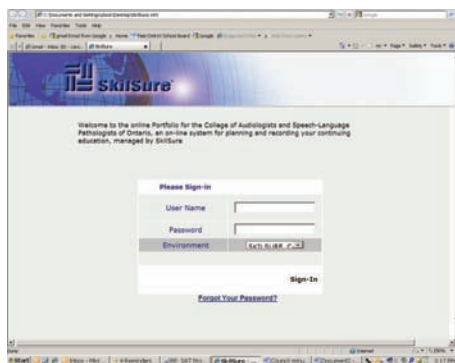
By now you will have received both e-mail and regular mail regarding the new Self Assessment Tool, 2011 Online. Hopefully you have logged on and given it a try. At the time of preparing this article (only one week into the launch) our feedback is very positive both in terms of user friendliness and ease of completion.

As always, the Self Assessment Tool is intended to be just that, a "self" assessment. As such, CASLPO staff do not see what you enter, or when you complete it. It is meant to be a tool for you in order to enhance your practice. Only if you are one of the 250 members randomly selected to submit your SAT 2011, will your SAT be looked at. However, even in this case, it is only reviewed to determine completeness. The quality of the content is *not* reviewed. The SATs are only ever reviewed for content if you are selected for a *peer assessment*.

We hope that this online version will allow you to complete the Self Assessment Tool with great ease and provide you with a more "user friendly" method to reflect on your practice for 2011 and in future years.

If you have not explored the SAT Online yet, you can:

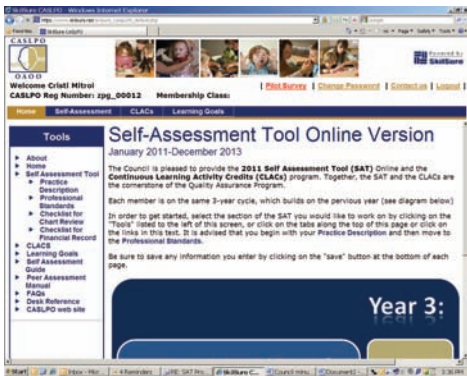
- click on the link in the email you were sent (on Jan 5); or
- enter the URL (https://www.skilsure.net/skilsure_caslpo/Login/login.php); or
- go to the www.caslpo.com website and click on the **SAT Online** link under "Quick Links" (left side of the home page); or
- go to the www.caslpo.com website and click on the **SAT Online** link under the "Quality Assurance" tab.



At the login page (*left*), you will be prompted to enter a username and password.

Your username is your CASLPO registration number and your password is your last name.

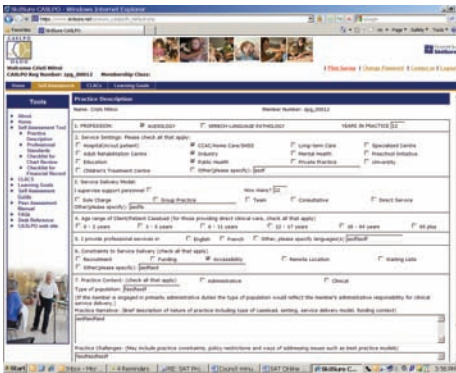
You will then see the Home page (below) of the Self Assessment Tool (SAT) Online, which provides a general introduction.



If you would like to change your password, click the **Change Password** link on the top, upper right-hand corner of the screen, and follow the prompts. Along the left-hand side under **“Tools”** you will see a list of the SAT components, as well as links to other information. You can click on any one of these to get to the section or information you would like, or you can click on the bars running across the top of the page to get to the section you want.

You may complete different sections at different times and in any order you prefer. The typical sequence is to fill out the **Practice Description** first. If you click on this link under **Tools** you will go to the following page:

Simply fill it out the form shown and then be sure to click on **“Save Changes”** at the bottom of the screen.

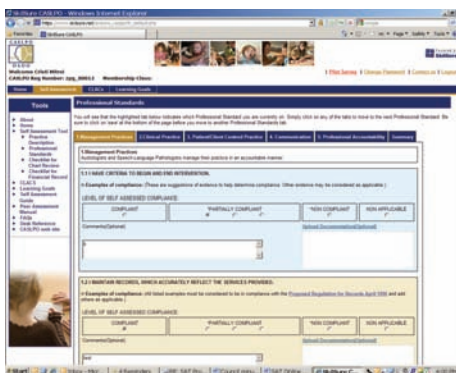


The next section is **Professional Standards**. When you click on this link under **Tools**, you will go to the following page.

Each Professional Standard has a separate page. You move from one to the next by selecting the corresponding link across the top bar.

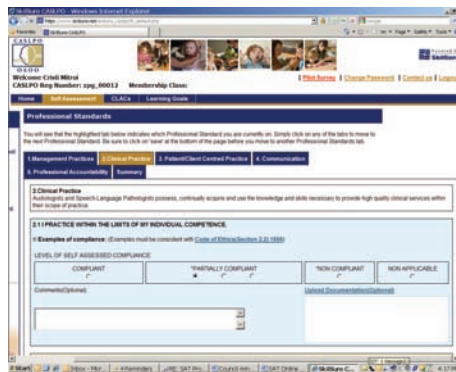
Select your level of compliance for each indicator and again, be sure to click **“Save”** at the bottom of the page.

Within each indicator, you have the option to upload evidence of compliance. You will find examples of evidence if you click on the **“+”** symbol beside **“Examples of Compliance.”** If you choose to upload evidence, simply click on the **“Upload”** button which is located below the indicator on the right hand side.



In the Professional Standards section you will also see a sixth tab called **“Summary.”** Selecting this will take you to a page that summarizes your compliance ratings for all indicators. This will show you what is completed.

If you have any questions or comments, please don't hesitate to share them by contacting CASLPO staff at caslpo@caslpo.com or calling 416-975-5347 or 1-800-993-9459.



Update on the Provision of Services in Home Care by Speech-Language Pathologists

By Brian O’Riordan, Registrar

Throughout 2010, members of the College, the media and the leadership of OSLA contacted the staff of CASLPO concerning perceived cutbacks in government funding for services provided to the public under the auspices of Community Care Access Centres (CCAC). Several mentions of the funding situation were also made in the media (most notably by Bob Hepburn in the *Toronto Star* and in the Ontario Legislature by PC MPP Frank Klees, (Newmarket-Aurora).

The government took the position throughout the year that funding levels had actually been increasing, and that waiting lists for services were caused by other factors. In December of last year, the provincial Auditor General (AG) published his annual report to the Legislative Assembly, which included a chapter (Chapter 3) on Home Care Services provided by the Ministry of Health and Long-Term Care (MOHLTC). The AG had previously reported on home care in 2004. He noted in his report that the ministry in 2008 – 2009 expended \$1.76 billion to provide home care services to 586,400 clients. Such total expenditures reflected an increase of 40% over five years, while client levels had increased by 66%. Some 55% of such CCAC clients are over 65, with 35% between the ages of 19 and 64 and 10% are under 19. In 2008–2009, home care clients were provided with 19.8 million hours of personal support and nursing care, 6.7 million hours of professional service visits and 1.3 million case manager visits. The CCAC services are provided under the auspices of the province’s 14 Local Health Integration Networks (LIHNs).

The AG’s audit highlighted a long-

standing concern, that MOHLTC funding is allocated on the basis of a historical year-over base allocation rather than on the basis of locally assessed client need. This method of funding allocation can result in clients with similar home care needs not receiving similar levels of service. Therefore, home care funding levels per capita varied widely across the province. Regional population sizes, growths in need, and differences in age, gender, and locations of clients, are not directly taken into account in the annual allocation of funds.

The AG found that in the case of three CCACs, no wait-lists were found. With respect to the other 11 in the province, wait-lists for various services ranged on average from 8 days to 262 days. This is a likely indicator of possible inequities in service levels provided, which can be compounded by the lack of any standard service guidelines among CCACs regarding the frequency and duration of services to be provided to clients.

CCACs, however, have established standardized initial client-care assessment tools, but there are often substantial backlogs in clients receiving these initial assessments, ranging from four days to as long as 15 months. There are also backlogs within the system respecting periodic reassessment of client needs.

The Ministry had put in place for 2008-2009 a new model for allocating funds to new programs, such as the Aging at Home strategy. This model takes into account demographic and regional factors, but the model is not used for existing services, resulting in major base funding disparities among CCACs. The Aging at Home strategy was announced as a \$1.8 billion

program, but so far, apparently less than 1% of the funds have been allocated.

Wait lists for services continue to grow across the province. The AG noted in his report that one CCAC had “1,400 people waiting for speech-language pathologists at the end of March 2010.” Contributing to the problem is the fact that each CCAC uses different criteria for ranking clients as having high, moderate or low risks/needs. Therefore, CCACs differ considerably regarding their guidelines for duration, type and quantity of services provided.

Despite all of these serious problems, patients/clients continue to be satisfied with the quality of the services provided to them, with 78% ranking services as “good or excellent.” The AG also found that there were significant disparities in the rates paid to the same provider for the same types of services, depending on which CCAC was providing the funding. He noted, for example, that the rates for SLP services provided within a case study sample of three different CCACs varied by some 61%. This rate variation arises again from funding being provided on a historical basis and from the absence of a competitive procurement model.

The AG’s review is helpful in shining a spotlight on the inequities and bottlenecks in the system. The MOHLTC is reviewing the report and hopefully will respond positively to the AG’s recommendations for changes in the funding model and other matters. In the meantime, SLPs are urged to contact the College if they are experiencing any difficulties in meeting CASLPO’s practice standards within the current CCAC service environment.

Research in Bilingualism: Busting the Myths

By Sherry Hinman

The Canadian Oxford Dictionary defines the term *bilingual* as “able to speak two languages, esp. fluently.” It’s a greatly simplified definition, one that manages to dodge all the slippery aspects of this term, particularly the “especially fluently” part. While the definition may be correct, the specifics are highly nuanced. And in a country where bilingualism is the norm, and in a profession where command of language is everything, the nuances are critical.

Dr. Pat Roberts is associate professor in the speech-language pathology program at the University of Ottawa, where she teaches Intervention for Adult Neurogenic Language Disorders, Stuttering, and Research Methods, and also supervises graduate level research. Her research centres on bilingualism in individuals who stutter and in those with aphasia. “People are not either unilingual or bilingual,” she explains, “but on a continuum.”

She lists some of the individual differences between bilinguals as “level of ability, formally or informally learned, and how it is used. When you learn a language in a monolingual environment, there’s a lot of uniformity. You use the language in all situations. You use the vocabulary, language register and syntax, all in that language. But bilinguals may use a language only in a given situation, so there’s a lot less uniformity. They may have pockets of strength as well as missing words in a language.”

To go further, one often assumes that most bilinguals will have a dominant language, but this isn’t always the case. “Some may be close to equal in their speech and understanding,” she explains, “but not in written language.”

Why is a clear, common understanding of bilingualism so important? There are several reasons. Dr. Roberts describes some of the complicating factors when it comes to assessment of speech and language disorders in bilinguals. She has carried out extensive studies on the assessment of bilingual aphasia. “There is a French aphasia test, the Protocol Montreal-Toulouse, but there is no English version. There is the Western Aphasia Battery, for which there is only an unauthorized French translation.

Even with authorized translations, Dr. Roberts cautions that tests in two languages are not completely equivalent. “The Boston Naming Test, for example, has 60 items, and they are not of equal difficulty in English and French. So a score of 45/60 in English does not mean the same as 45/60 in French, or Spanish, or Arabic. So the norms may not be relevant.”

Dr. Roberts says that these limitations shouldn’t discourage us from assessing bilingual individuals. “I would prefer two entire test batteries, one in each language the person uses or used to use regularly,” she says. And there are some tests that cross over from language to language better than others. “I recommend using verbal fluency and storytelling as informal

ways of estimating their language ability and measuring progress.”

She also gives the example of bilingual children who stutter. “The recommendation that children who stutter be switched to a unilingual environment is based on our intuition from how we learn a second language at school. While it’s possible that being bilingual is a risk factor for stuttering, there’s actually no evidence for this. Also, it’s often not feasible for a child to switch, for example, in the case of a child in an immigrant family in which older family members may only speak a third language. There’s also the social and emotional cost. So you need solid evidence before making this kind of recommendation.”

Dr. Johanne Paradis is a full professor in the department of linguistics at the University of Alberta. She teaches Child Language Acquisition, Graduate Topics in Child Bilingualism, Second Language Acquisition, and The Linguistic Approaches to Child Language Disorders. She is the lead author of, *Dual Language Development and Disorders: A Handbook on Bilingualism and Second Language Learning, Second Edition*, along with Dr. Fred Genesee and Dr. Martha Crago. The book includes informative additions to the first edition, including chapters on



reading impairments in dual language learners, and language development in internationally adopted children.

She describes the same difficulties around definitions. “Bilingual children are not all the same,” she says. “And a French/English-speaking child is very different from an immigrant child speaking another language. It includes children who learned two languages at home from birth, children who learned a first language and then were introduced to a second language at school, and all other possibilities in between.”

She explains the type of inquiry we are making into bilingual language acquisition. “Do we need to slow down? Are they confused? Or are they like two monolinguals in one? The truth is probably somewhere in the middle.” She also debunks some myths around bilingualism. “It’s true that there are some differences in vocabulary in these children, but they’re not clinically significant differences. Vocabulary doesn’t always balance, but the vocabulary in the two languages adds up the same. The languages build on each other.”

She points out the misconception that children who enter school not knowing English or French will acquire the language of instruction rapidly. “Children who speak a minority language have to cope with the pressures of reading and writing in the language taught at school, and this takes years. They show

tremendous progress in the first one-and-a-half to two years, but it then flattens out and there’s a slow crawl to the end of school – and they’re not finished yet.” This is important to consider when these children do not seem to be doing as well as expected academically. “Speech pathologists often don’t fully assess these children until they’ve had two years of English. But two years may not be enough.”

Like Dr. Roberts, Dr. Paradis addresses the impact of bilingualism on individuals with language disorders. “There is no support for the belief that acquiring two languages exacerbates a language disorder,” she says. “If you pull a child out of French immersion, for example, that child might do poorly anyway.” And there are negative consequences. “For example, you might be separating the child from siblings. It’s best to look at each child with a language disorder on a case-by-case basis.”

“Another situation might be when a child who is learning English as a second language has speech and language difficulties and the parents are discouraged from speaking their mother tongue to the child. This is only okay if the parents’ English is perfect, but even then, it’s probably a bad idea. But there is a lack of research on this.”

The lack of research in this area is a problem, and may be due in large part to the lack of uniformity between bilinguals.

“Research is difficult to do,” Dr. Paradis says, “and most are case studies. There are many combinations of bilingual situations. There are no groups with everything in common.”

Dr. Roberts would concur. “It’s more complex to draw conclusions with these populations,” she explains. “It’s so important to get the language history, including patterns of language use. We need to be cautious of accepting any single case studies, because it’s such a complex phenomenon. These can be useful with strict methodology. But we need both group and single case studies, with proper baselines and experimental controls. We need more studies of bilinguals so that there can be replication. We can only draw conclusions when we see a pattern of study. And we need to be flexible and creative.”

For more Information

Dr. Patricia Roberts, University of Ottawa
<http://www.health.uottawa.ca/sr/personnel/proberts.htm>

Dr. Johanne Paradis, University of Alberta
http://www.ualberta.ca/~jparadis/Johanne_Paradis_Homepage/Welcome.html

CHESL (Child English as a Second Language Resource Centre), Department of Linguistics, University of Alberta
http://www.linguistics.ualberta.ca/CHESL_Centre.aspx?utm_source=web&utm_medium=redirect&utm_campaign=chesl



The Ontario Association for Families of Children with Communication Disorders: Partners in Parent Engagement

By Sherry Hinman

When **Alison Morse** learned that her four-year-old daughter's speech and language services had been cut, she knew she had to do something. "She had been diagnosed with cerebral palsy at eight months of age, so I knew she needed services."

Being a knowledgeable parent was an important arrow in Morse's quiver but it wasn't the only one. She had written her master's thesis on utilization of health and other services, and was invited to sit on planning committees and parent groups from the time her daughter was very young. "I quickly became a voice for the many parents who don't have the time or skills to be system advocates." Morse was also a parent delegate for Easter Seals, which allowed her to attend workshops and conferences and learn about the health and education systems. She later served on several boards, including Easter Seals Ontario, the Ontario Association of Children's Rehabilitation Services (OACRS), and on her local Special Education Advisory Committee and Community Care Access Centre board.

So when her daughter's services were cut, Morse did what any well-informed, concerned parent would do: she took action. This was in the early 1990s, when there were threats to speech and language services due to government cutbacks. The Ontario government asked all organizations to put cost-saving measures in place. In her research, Morse discovered that no organization was mandated to provide speech and

language services. Many school boards, hospitals, and other community agencies provided these services, but they were not mandated to do so. Therefore, under pressure to reduce budgets, many agencies cut speech and language services.

Morse was not alone. There were many concerned parents who wanted to help restore speech and language services in Ontario, including Sharen Heath, who made presentations to school boards and demonstrated at Queen's Park. Momentum gathered and, in 1994, Morse and others decided that the way they could be most effective was by incorporating as a non-profit, charitable organization. Thus was born the Ontario Association for Families of Children with Communication Disorders, or OAFCCD. The organization's mission was, and still is, "to work with families and community partners to ensure children have access to effective speech and language services."

The OAFCCD worked toward this mission in several ways. Back in the early '90s, "We made enough noise," Morse recalls. "David Cook, who was the minister of education then, asked school boards not to cut speech and language services. Many did anyway, but some didn't."

The OAFCCD had some support from professionals, for example, Dr. Genese Warr-Leeper, professor at the University of Western Ontario. They also connected with organizations such as the Autism

Society and the Down's Syndrome Association, but soon realized that, because speech and language disorders were not their primary diagnosis, their priorities were different. The OAFCCD had some financial support from the Barbershop Harmony Society ("the Barbershoppers"), who funded the cost of incorporation.

Its status as a provincial organization allowed the OAFCCD to mobilize in several directions, including lobbying the government to implement the Preschool Speech and Language Programs (PSLP) in 1997. "As a provincial organization, we were recognized as a stakeholder," Morse explains. "So when the Mike Harris government came in, they cut a lot of services but did establish the Preschool Speech and Language Programs. There was \$20 million for this."

The OAFCCD influenced several decisions around the PSLP. For example, it advocated for parent referral; prior to this, parents had to obtain a referral from the family physician. They also advocated for parent education to be a part of the PSLP.

The PSLPs were a success, but Morse says there are problems today in funding these programs. "The preschool programs were started in 1998 and if an agency had the service, there were dollars to maintain those services. But there have not been annualized increases, so the money is not worth as much today, and there has been an erosion of services.

Also, some of the PSLPs were run by hospitals, many of whom have had to give them up; when they handed them over to other agencies, the funding went along with them, but the dollars that hospitals would supplement from their own infrastructure funding did not, which meant further cuts.

The OAFCCD has also been able to make a difference with school-aged children. “One of the ways to encourage school boards to provide services is to have parents sit on special education advisory committees (SEACs), as parent representatives,” Morse says. The organization was also involved in the amalgamation of school boards in 1998. “If services in one board within an amalgamation were strong, this improved services overall,” she explains. The amalgamation also came with an increase in funding for children in junior kindergarten up to grade 3.

Another change that was put in place with the amalgamation of school boards

is that speech-language pathology services were now written into the formula as services that should be provided. While this change did not mean that the services were mandated, nor was there dedicated funding associated with it, it did change the perception of the need for speech-language services, which meant that more speech-language pathologists were hired by school boards.

Another way that the OAFCCD has had an impact is in its work to help standardize school health support services, i.e., services to children with articulation, fluency and voice disorders. Because of a separation in service provision back in the early 1980s, there were many different models of service delivery across the province, and there was a lot of inequity. So, the OAFCCD has been advocating for standardization of services.

The OAFCCD is always actively seeking funding to put in place programs to

support parents. It recently received an Ontario Trillium Foundation grant for \$120,000 over three years. This money will allow them to deliver the Parents as Partners program, a series of six workshops for parents whose children are transitioning from preschool to junior or senior kindergarten. Parents will participate in these workshops over an 18-month period, beginning one year before their child starts school.

With all that the OAFCCD does, it’s surprising to learn that the organization is almost entirely volunteer run. Morse is the only paid staff, and she only works there a few hours per week. “We are able to hire people for specific projects, which we can fund through grants.” The remainder of the work is done by volunteers. The organization receives approximately \$10,000 per year from a combination of membership fees, donations, and an annual grant from the Barbershoppers.

While the OAFCCD has been a voice for parents on the above initiatives, its day-to-day work is to provide parent support and direct parents to services. This might include individual parent support; chapter support, such as parent meetings; public awareness activities at the provincial and chapter level; and more. The OAFCCD website includes a wealth of parent resources including parent guides, newsletters, communication tips, information about summer camps and much more.

Morse believes that speech-language pathology services continue to be in crisis. “There has been an erosion in services at the preschool level, hospitals focus more and more on acute care so there are cuts to services there, and school boards are not able to provide enough services. And it’s harder to get parents to rally when it’s a position that’s been eliminated rather than an entire program; it’s harder to get people



Professor Genese Warr-Leeper, Founding Member of OAFCCD, Rhonda Jacobson, Past President, George Shields, Barbershop Harmonize for Speech Fund, and Alison Morse, Provincial Co-ordinator, OAFCCD.

passionate about it.”

Despite all the good work that they do, one of the OAFCCD’s greatest challenges is that many parents don’t know about them. “The only way parents can find out about the OAFCCD is through professionals,” Morse says. “They do tell them about our services when there’s a crisis. But we would prefer that people see us as partners in parent engagement. We prefer to be proactive rather than reactive during a crisis.”

How can professionals help spread the word? Morse says she’d like to see speech-language pathologists hand out their brochure, direct parents to their website, distribute their newsletter, and join OAFCCD. “We want well-educated parents,” she adds. “We are the organization for that.”

“Together, we can enhance supports to parents and services to children,” Morse says. “All the grants we receive are partnership grants. Everything is about partnerships.”

Websites

OAFCCD www.oafccd.com

Parents as Partners www.parents-as-partners.ca

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