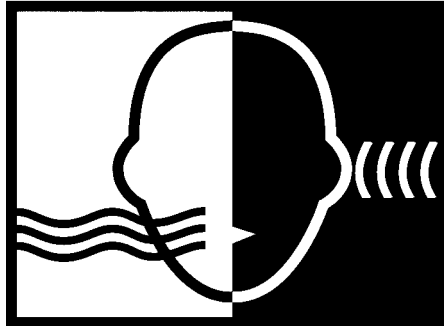


C A S L P O



O A O O

SELF ASSESSMENT TOOL
IN PURSUIT OF QUALITY PRACTICE

JANUARY 2011

7. Practice Context: (check all that apply) Administrative Clinical

Type of population: _____

(If member is engaged in primarily administrative duties the type of population would reflect the member's administrative responsibility for clinical service delivery.)

Practice Narrative: (Brief description of nature of practice including type of caseload, setting, service delivery model, funding context)

Practice Challenges: (May include practice constraints, policy restrictions and ways of addressing issues such as best practice models)

II. PROFESSIONAL PRACTICE STANDARDS

1. Management Practice

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

1.1 I HAVE CRITERIA TO BEGIN AND END INTERVENTION.

Examples of compliance: (These are suggestions of evidence to help determine compliance. Other evidence may be considered as applicable.)

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

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

*If partially or non compliant include learning goal.

1.2 I MAINTAIN RECORDS, WHICH ACCURATELY REFLECT THE SERVICES PROVIDED.

Examples of compliance: (All listed examples must be considered to be in compliance with the Proposed Regulation for Records, April 1996 and add others as applicable.)

- The minimum requirements specified in the Proposed Regulation for Records Sec 5 (2) **must** be met in all cases (see pages 9 & 10 of Guide, Optional checklist included in Appendix I).
- A system that records the date and purpose of each professional contact with a patient or client (whether in person, telephone or electronically).
- A financial record where member bills the patient/client directly or through a 3rd party **must** be in place **where applicable**. Sec 4 (see page 10 of Guide, Optional checklist included in Appendix II).
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

1. Management Practice

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

1.3 I PERFORM CONTROLLED ACTS¹ ACCORDING TO PREFERRED PRACTICE GUIDELINES AND POSITION STATEMENTS.

Examples of compliance: (The following are documents that may apply. Other examples of compliance may be considered.)

- Acceptance of delegation of controlled acts is according to the Position Statement on Acceptance of Delegation of a Controlled Act 2000.
- Adherence to the Position Statement on Delegation of Controlled Acts 2000.
- Adherence to Preferred Practice Guidelines and Practice Standards and Guidelines when performing controlled acts².
- Adherence to Position Statement on Changing Hearing Aid Prescriptions 2000.
- Adherence to Position Statement on Delegation of the Controlled Act of Prescribing a Hearing Aid 2000.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

1.4 I AM ACCOUNTABLE FOR UNREGULATED PERSONNEL PROVIDING INTERVENTION UNDER MY DIRECTION.

Examples of compliance: (Examples must be consistent with the Position Statements on the Guidelines for the Use of Supportive Personnel by Audiologists 1997, Use of Support Personnel by Speech Language Pathologists 2007 and Supervision of Students of Audiology and Speech Language Pathology 2002)

- Documentation of appropriate supervision/ and services provided by unregulated personnel
- Documentation that the patient/client is informed of who will be providing service.
- Evidence of integration of unregulated personnel into service delivery team.
- Job descriptions of unregulated personnel reflect appropriate responsibilities and skill sets.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

¹ RHPA Sections 27, 28 & 29

² Prescription of Hearing Aids to Adults 2000, Prescription of Hearing Aids to Children 2002

1. Management Practice

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

1.5 I ENSURE THAT ALL MATERIALS AND EQUIPMENT³ USED IN MY PRACTICE ARE IN PROPER WORKING ORDER AND CALIBRATED AS REQUIRED.

Examples of compliance: (Examples must be consistent with Code of Ethics⁴ 1996.)

- Calibration certificates are current.
- Equipment service record meets the requirement of the Proposed Regulation for Records
- 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.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

1.6 I FOLLOW HEALTH AND SAFETY PROCEDURES AND PRACTICES.

Examples of compliance: (Examples of evidence that may apply. Other examples of compliance may be considered.)

- Health and safety policy and infection control procedures.
- Attendance at lectures such as those dealing with infection control, fire or safety.
- Examples of cleaning procedures for equipment and materials/hand washing protocols.
- Application of principles outlined in Infection Control for Regulated Health Professionals CASLPO Edition 2006.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

³ Includes clinical tools, assessment and therapy materials

⁴ Section 2.9

2. Clinical Practice

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

2.1 I PRACTICE WITHIN THE LIMITS OF MY INDIVIDUAL COMPETENCE.

Examples of compliance: (Examples must be consistent with Code of Ethics⁵ 1996)

- Evidence of referral of a patient/client to another member or professional when expertise required exceeds that of the member.
- Demonstration the ability to set priorities when caseload demands go beyond the member's ability to provide competent service.
- Documentation of the acquisition of skills required by caseload demands.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

2.2 I CONTINUALLY ACQUIRE KNOWLEDGE AND SKILLS NECESSARY TO PROVIDE HIGH QUALITY SERVICE.

Examples of compliance: (Examples must be consistent with Code of Ethics⁶ 1996)

- Acquisition of Continuous Learning Activity Credits in areas relevant to the member's current or planned practice in accordance with the Quality Assurance Regulation.
- Documentation of the application of new learning into practice
- Evidence that education, training and professional experience contribute to a member's expertise in practice.
- Other

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

⁵ Section 2.2

⁶ Section 2.3

2. Clinical Practice

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

2.3 I UTILIZE INTERVENTION PROCEDURES BASED ON CURRENT KNOWLEDGE IN THE FIELDS OF AUDIOLOGY AND/OR SPEECH LANGUAGE PATHOLOGY, CONSIDERATION OF ADVANCES IN TECHNOLOGY AND AVAILABLE EVIDENCE-BASED TECHNIQUES

Examples of compliance: (These are suggestions of evidence to help determine compliance. Other evidence may be considered as applicable.)

- Available resources are maximized when employer/agency constraints limit intervention options.
- Evidence of practice meetings to discuss best practices and evidence based practices.
- The member is able to show that procedures utilized are accepted practices (such as following Preferred Practice Guidelines, Practice Standards and Guidelines or evidenced-based practices.)
- Evidence of any type of program to promote quality care such as quality assurance or continuous quality improvement activities.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

2.4 I UTILIZE INTERVENTION PROCEDURES THAT ARE APPROPRIATE TO THE ABILITIES OF THE PATIENT/CLIENT⁷.

Examples of compliance: (Examples of evidence that may apply. Other examples of compliance may be considered.)

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

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

⁷ All references to patient/client also assume substitute decision maker as appropriate (e.g. parents in the case of a young child or child in the case of a cognitively impaired parent.)

2. Clinical Practice

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

2.5 I UTILIZE INTERVENTION PROCEDURES THAT ARE APPROPRIATE TO THE CULTURAL/LINGUISTIC BACKGROUND OF THE PATIENT/CLIENT.

Examples of compliance: (Examples must be consistent with the Position Statement: Service Delivery to Culturally and Linguistically Diverse Populations 2000 and add others as applicable.)

- Documentation of discussion with family, significant others or other members of linguistic/cultural milieu. to provide linguistic and cultural information.
- Documentation of consideration of member cultural biases, which may impact on the intervention.
- Documentation of accommodations made to account for cultural and linguistic bias in intervention materials and procedures.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

2.6 I MONITOR, EVALUATE AND MODIFY MY INTERVENTION PROCEDURES BASED ON PATIENT/CLIENT OUTCOME.

Examples of compliance: (These are suggestions of evidence to help determine compliance. Other evidence may be considered as applicable.)

- Evaluation and periodic re-evaluation are documented.
- Patient/client feedback regarding intervention is documented. This may include feedback from teachers in a consultative model within an educational setting.
- Effectiveness of intervention is documented (such as verification and validation of hearing aids or patient/client's assessment of impact of intervention).
- Goal revisions are documented based on patient/client's response to intervention.
- In a consultative model, this would apply to any subsequent recommendations. May be based on feedback provided from service providers (support staff, teachers, nurses etc.).
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

3. Patient/Client Centred Practice

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

3.1 I OBTAIN AND DOCUMENT CONSENT FOR ALL INTERVENTION.

Examples of compliance: (All listed examples must be present as stated in Health Care Consent Act and Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists 2007. Other examples may be added as applicable.)

- Documentation of informed consent to intervention (includes requirements in Position Statement on Consent to Provide Screening and Assessment Services 2007.
- Explanations of benefits, limitations and potential risks of devices and/or intervention are provided to appropriate person. (Where service is indirect, this is communicated to the referral source.)
- Documentation of rationale for novel or alternative interventions presented to patient/client according to Position Statement on Alternative Approaches to Intervention 2002.
- Evidence that the nature of the intervention is fully explained.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

3.2 I OBTAIN AND DOCUMENT CONSENT TO COLLECT, USE, RETAIN, DISCLOSE AND DISCARD PERSONAL HEALTH INFORMATION.

Examples of compliance: (Examples must be consistent with the Personal Health Information and Privacy Act (PHIPA). Other examples may be added as applicable.)

- Documentation of consent to utilize personal health information in the course of providing care
- Documentation of any consent to release health information to anyone outside of individual's circle of care.
- Privacy policy which outlines the requirements of PHIPA.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

3. Patient/Client Centred Practice

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

3.3 I CONSULT WITH A PATIENT/CLIENT WHEN ESTABLISHING AN INTERVENTION PLAN.

Examples of compliance: (Examples must be consistent with Code of Ethics⁸ 1996)

- Documentation in clinical notes that recommendations were reviewed with the patient/client.
- Documentation of changes to the treatment plan at request of patient/client.
- Meetings with patient/client (and team) documented.
- Evidence that patient/client's perspective is reflected.
- Compliance with the Position Statement on Use of Surveillance Material in Assessments 2000.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

3.4 I SET INTERVENTION GOALS THAT DESCRIBE REALISTIC OUTCOMES FOR THE PATIENT/CLIENT.

Examples of compliance: (Examples of evidence that may apply. Other examples of compliance may be considered.)

- Documentation of discussion of the patient/client's needs.
- Documentation of patient/client outcomes, improvement, maintenance of function or quality of life as appropriate to the patient/client's condition.
- Documentation of goals of intervention.
- Use of patient/client centred questionnaires for information regarding patient/client's goals.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

⁸ Section 1.5

3. Patient/Client Centred Practice

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

3.5 I RESPECT EACH PATIENT/CLIENT'S DECISION TO DECLINE INTERVENTION.

Examples of compliance: (Examples must be consistent with Code of Ethics⁹ 1996.)

- Documentation of information and/or education provided to the patient/client.
- Documentation of a patient/client's decision to decline intervention.¹⁰
- Documentation of failure to attend appointments.
- Patients/clients have the opportunity to refuse intervention at any time in the process.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

3.6 I MAINTAIN PATIENT/CLIENT CONFIDENTIALITY AT ALL TIMES.

Examples of compliance: (Examples must be consistent with the Personal Health Information Protection Act 2004¹¹ and with the Professional Misconduct, Ontario Regulation 749/93 November 1993).

- Written statement available to the public, which describes health information practices, how to reach a contact person, information regarding access and correction of the health record and how to complain regarding personal health information.
- Documentation of implied or express consent as appropriate to release personal health information.
- Evidence of discussion regarding uses and disclosures of personal health information without consent.
- Policies and procedures to support confidentiality.
- Records stored securely.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

⁹ Sections 1.4 and 1.6

¹⁰ This would not preclude mandatory reporting in cases such as a parent refusing intervention on behalf of a child, which the clinician feels would warrant a report under the Child and Family Services Act.

¹¹ S.O. 2004 Chapter 3, Schedule A, http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm

4. Communication

Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of their patients/clients.

4.1 I COMMUNICATE IN A MANNER THAT FACILITATES PATIENT/CLIENT COMPREHENSION AND PARTICIPATION.

Examples of compliance: (Examples of evidence that may apply. Other examples of compliance may be considered.)

- Samples of patient/client handouts.
- Use of assistive listening devices.
- Maintenance of appropriate therapeutic boundaries between the patient/client and member according to the Position Statement on Professional Relationship and Boundaries 2001 and consistent with the Sexual Abuse Prevention Plan 1998.
- Sufficient time allowed for patient/client meetings wherever possible.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

4.2 I USE LANGUAGE THAT IS APPROPRIATE TO THE AGE AND COGNITIVE ABILITIES OF THE PATIENT/CLIENT.

Examples of compliance: (Examples of evidence that may apply. Other examples of compliance may be considered.)

- Use of materials such as written handouts which present information appropriate to the age and cognitive abilities of the patient/client.
- Use of language that is respectful to the patient/client but is modified to enhance comprehension.
- Examples of materials, which would facilitate communication such as appropriate alternative communication modalities, used to enhance patient/client expression and/or comprehension.
- Use of plain language.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

4. Communication

Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of their patients/clients.

4.3 I USE LANGUAGE THAT IS APPROPRIATE TO THE LINGUISTIC AND CULTURAL BACKGROUND OF THE PATIENT/CLIENT.

Examples of compliance: (Examples must be consistent with the Position Statement: Service Delivery to Culturally and Linguistically Diverse Populations 2000).

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

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

4.4 I COMMUNICATE CONSTRUCTIVELY, EFFECTIVELY AND COLLABORATIVELY WITH MY PEERS/TEAM/CO-WORKERS, INCLUDING MEMBERS OF OTHER PROFESSIONS

Examples of compliance: (Examples must be consistent with Code of Ethics¹² 1996).

- Documentation of joint problem solving.
- Documentation of discussions with other professionals involved with the patient/client.
- Maintenance of appropriate behaviour in challenging situations.
- Evidence of positive interprofessional relations within the work setting (such as performance appraisal).
- Adherence with Position Statements on Concurrent Intervention Provided by CASLPO Members 2001 and Resolving Disagreements Between Service Providers 2007.
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
---------------------------------------	--	--	--

If not applicable, explain: _____

* If partially or non compliant include learning goal.

¹² Section 3.7

4. Communication

Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of their patients/clients.

4.5 I ACCURATELY COMMUNICATE MY PROFESSIONAL CREDENTIALS TO MY PATIENTS/CLIENTS AND OTHERS.

Examples of compliance: (Examples must be consistent with Code of Ethics¹³ 1996, Position Statement on Use of the Title “Doctor” 2003 and the Proposed Regulation for Advertising, April 1996.)

- 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 document registration with CASLPO. (e.g. display certificate/produce card).
- Other: _____

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

¹³ Section 4.1

5. Professional Accountability

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

I HAVE KNOWLEDGE OF REGULATIONS, PREFERRED PRACTICE GUIDELINES, POSITION STATEMENTS, THE CODE OF ETHICS AND LEGISLATION RELEVANT TO MY PRACTICE.

LEVEL OF SELF ASSESSED COMPLIANCE:

COMPLIANT <input type="checkbox"/>	*PARTIALLY COMPLIANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*NON COMPLIANT <input type="checkbox"/>	NON APPLICABLE <input type="checkbox"/>
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If not applicable, explain: _____

* If partially or non compliant include learning goal.

AVAILABLE IN THE CASLPO DESK REFERENCE OR WEBSITE www.caslpo.com	I have reviewed this document.	This document is applicable to my practice.
LEGISLATION		
Audiology and Speech-Language Pathology Act, 1991 [†]	<input type="checkbox"/>	Yes No
Regulated Health Professions Act, 1991 [†]	<input type="checkbox"/>	Yes No
REGULATIONS		
General - Registration Ontario Regulation 543/94 Amended December 2000	<input type="checkbox"/>	Yes No
Quality Assurance Program, Ontario Regulation 543/94 March 1999	<input type="checkbox"/>	Yes No
Professional Misconduct, Ontario Regulation 749/93 November 1993	<input type="checkbox"/>	Yes No
Proposed Regulation for Advertising, April 1996	<input type="checkbox"/>	Yes No
Proposed Regulation for Conflict of Interest, April 1996	<input type="checkbox"/>	Yes No
Proposed Regulation for Records, April 1996	<input type="checkbox"/>	Yes No
PROFESSIONAL GUIDELINES		
Code of Ethics, May 1996 [†]	<input type="checkbox"/>	Yes No
Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists. December 2007 [†]	<input type="checkbox"/>	Yes No

[†] AVAILABLE IN FRENCH

Preferred Practice Guideline for The Prescription of Hearing Aids to Adults, January 2001 [†] (Audiologists)	<input type="checkbox"/>	Yes No
Preferred Practice Guideline for the Prescription of Hearing Aids to Children 2002 [†] (Audiologists)	<input type="checkbox"/>	Yes No

AVAILABLE IN THE CASLPO DESK REFERENCE OR WEBSITE www.caslpo.com	I have reviewed this document.	This document is applicable to my practice.
Preferred Practice Guideline for Cerumen Management, 2005 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
Preferred Practice Guideline for Ear Impressions, 2005 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
Practice Standards and Guidelines for Hearing Assessment of Adults. March 2008 (Audiologists)	<input type="checkbox"/>	Yes No
Practice Standards and Guidelines for Hearing Assessment for Children. March 2008 (Audiologists)	<input type="checkbox"/>	Yes No
Preferred Practice Guideline for Cognitive-Communication Disorders September 2002 [¶] (Speech-Language Pathologists)	<input type="checkbox"/>	Yes No
Practice Standards and Guidelines for Dysphagia September 2007 (Speech-Language Pathologists)	<input type="checkbox"/>	Yes No
Preferred Practice Guideline for Stuttering 2005 [¶] (Speech-Language Pathologists)	<input type="checkbox"/>	Yes No
Practice Standards and Guidelines for the Assessment of Children. March 2008 (Speech-Language Pathologists)	<input type="checkbox"/>	Yes No
Infection Prevention & Control Guidelines (Interorganizational document) March 2010 [¶] (Speech-Language Pathologists)	<input type="checkbox"/>	Yes No
Infection Prevention & Control Guidelines (Interorganizational document) March 2010 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
QUALITY ASSURANCE PROGRAM	<input type="checkbox"/>	Yes No
Self Assessment Tool [¶] January 2008	<input type="checkbox"/>	Yes No
Self Assessment Guide (includes CLAC manual [¶] January 2008)	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No

AVAILABLE IN THE CASLPO DESK REFERENCE OR WEBSITE: www.caslpo.com	I have reviewed this document.	This document is applicable to my practice.
POSITION STATEMENTS		

[¶] AVAILABLE IN FRENCH

Acceptance of Delegation of a Controlled Act, December 2000 [¶]	<input type="checkbox"/>	Yes No
Alternative Approaches to Intervention, December 2002 [¶]	<input type="checkbox"/>	Yes No
Changing Hearing Aid Prescription, December 2000 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
Concurrent Intervention Provided by CASLPO Members December 2001 [¶]	<input type="checkbox"/>	Yes No
Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person, December 2000 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
Consent to Provide Screening And Assessment Services, September 2007	<input type="checkbox"/>	Yes No
Guidelines for the Use of Supportive Personnel, June 1997 [¶] (Audiologists)	<input type="checkbox"/>	Yes No
Use of Support Personnel, December 2007 (Speech Language Pathologists)	<input type="checkbox"/>	Yes No
Professional Relationships and Boundaries, December 2001 [¶]	<input type="checkbox"/>	Yes No
Resolving Disagreements Between Service Providers, January 2007 [¶]	<input type="checkbox"/>	Yes No
Service Delivery to Culturally and Linguistically Diverse Populations, September 2000 [¶]	<input type="checkbox"/>	Yes No
Supervision of Students of Audiology and Speech-Language Pathology April 2002 [¶]	<input type="checkbox"/>	Yes No
Use of Surveillance Materials in Assessments, June 2000 [¶]	<input type="checkbox"/>	Yes No
Use of the Title “Doctor”, June 2003 [¶]	<input type="checkbox"/>	Yes No
Use of Telepractice Approaches in Providing Services to Patients/Clients, June 2004 [¶]	<input type="checkbox"/>	Yes No
Equipment Servicing Requirements. Julie 2008 (Audiologists)	<input type="checkbox"/>	Yes No

[¶] AVAILABLE IN FRENCH

ADD OTHER DOCUMENTS AS DEVELOPED:		
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
		Yes No



SELF ASSESSMENT TOOL
JANUARY 2011

	<input type="checkbox"/>	
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No

	I have reviewed this document.	This document is applicable to my practice.
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
Any other relevant acts as appropriate (such as <i>Education Act, Public Hospital Act etc.</i>) AVAILABLE ON GOVERNMENT OF ONTARIO WEBSITE: http://www.e-laws.gov.on.ca <i>List:</i>		
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No
	<input type="checkbox"/>	Yes No

III. CONTINUOUS LEARNING ACTIVITY CREDIT PROGRAM

USING THE SELF ASSESSMENT TOOL

This Self Assessment Tool is intended to be a self-evaluation. There are no absolute correct or incorrect answers. The purpose of the Tool is to provide an opportunity to evaluate your professional activities in the context of the standards and policies of CASLPO. When you rate yourself as partially or non compliant on an indicator, this indicates that you need to spend more time learning about the standard and the indicator. **For every indicator rated as partially or non compliant, you must have a learning goal which addresses that rating.**

The continuing learning portion of the Self Assessment Tool provides an opportunity to reflect on your practice. Not all learning goals that are derived from the standards and indicators of Self Assessment Tool need to reflect partially or non compliant ratings. Even if you have rated yourself as compliant on an indicator you still might determine that you require further knowledge about the areas covered by the standards or indicators. This is learning in the spirit of continuous quality improvement. You would be building on compliant practices to become even more knowledgeable.

It is also important to recognize that not all learning needs to be tied to a standard or indicator. While reflecting on your practice, you may realize that certain aspects of your professional activities warrant increased attention. Use this opportunity to reflect on what you might do to enhance your skills and abilities. Based on your self assessment, identify the areas where you would like to see professional growth and change.

FORMULATING LEARNING GOALS

All professional learning is required to be reported on this section of the Self Assessment Tool. Learning Goals may be derived from your self-reflection on the Self Assessment Tool. Members are required to identify a minimum of 3 Learning Goals. These goals can be tied to a specific standard or indicator. Learning Goals may also be derived from other self-reflection activities. If you feel you need more education in any area, which will enhance your practice, this can be incorporated into a Learning Goal that may not be related to a standard or indicator from the Self Assessment Tool. Not all Learning Goals need to derive from the Self Assessment Tool but what is important, is that all professional learning is related to a Learning Goal. All Learning Goals must meet the requirements set out in the CLAC Manual portion of the Self Assessment Guide.

CONTINUOUS LEARNING ACTIVITY CREDITS (CLACs)

All learning activities should be recorded on the following forms. All learning activities should relate back to a Learning Goal. This goal can come from the self-reflection process of the Self Assessment Tool or any other method (formal or informal), which identifies relevant professional development needs. Learning activities are counted as Continuous Learning Activity Credits (CLACs). Each hour of learning activity can be counted as 1 CLAC. (See Criteria for Continuous Learning Activity Credits in the CLAC Manual portion of the Guide for more details.) Members are required to obtain 45 CLACs per 3-year period and all learning must relate back to one of a minimum of 3 Learning Goals.

RATING PROGRESS IMPACT ON PRACTICE

Every year, members are required to review their learning goals and the learning activities. As part of this review, members are required to rate the progress and impact of their self-directed learning to their practices on a 5-point scale. (See Guide for more details.)

REPORTING CONTINUOUS LEARNING ACTIVITY CREDITS (CLACs)

Members are required to report their CLACs only if they are requested to do so. However, all members are required to have a completed Self Assessment Tool on file. This includes having a current learning plan with a minimum of 3 Learning Goals identified and any obtained CLACs recorded. Even though a member may not be required to report their learning activities, members are required to obtain 45 CLACs per 3-year period related to a minimum of 3 Learning Goals. (See Guide for more details.)

APPENDIX I
CHECKLIST FOR CHART REVIEW

	RECORD REFERENCE #							
CRITERIA FROM PROPOSED REGULATION FOR RECORDS <i>The patient or client record must include the following:</i>								
The patient's or client's name and address and phone number;								
The date of each of the patient's or client's visits with the member, unless this information is available from some other readily accessible source;								
The name of the referring source;								
Pertinent history of the patient or client or reference where this information may be found;								
Reasonable information about assessments and treatments performed by the member and reasonable information about significant clinical findings, diagnosis and recommendations made by the member;								
Reasonable information about significant recommendations made by the member for examinations, tests, consultations or treatments to be performed by another provider/professional;								
Every written report received by the member with respect to examinations, test, consultations, or treatments performed by other professionals or a reference to where the reports are available;								
Reasonable information about advice given by the member and every pre-treatment or post-treatment instruction given by the member;								
Reasonable information about every controlled act within the meaning of subsection 27(2) of the <i>Regulated Health Professions Act 1991</i> , performed by the member;								
Reasonable information about every delegation of a controlled act within the meaning of Subsection 27(2) of the <i>Regulated Health Professions Act 1991</i> , by the member including the name of the person to whom the act was delegated;								
Reasonable information about every referral of the patient or client by the member to another professional;								
Any reasons a patient or client may give for cancelling an appointment;								
Reasonable information about every <i>relevant and material service activity</i> that was commenced but not completed, including reasons for the non-completion;								
A copy of every written consent related to the member's service to the patient or client;								
Each member shall maintain a system that records the date of each contact with a patient or client whom the member assesses or treats.								

COPY AS NECESSARY

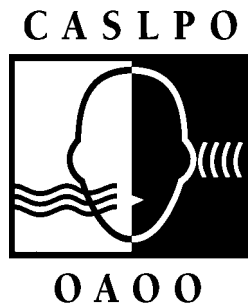
APPENDIX II
CHECKLIST FOR FINANCIAL RECORD

	RECORD REFERENCE #						
<i>CRITERIA FROM PROPOSED REGULATION FOR RECORDS</i> <i>The Financial Record must contain the following:</i>							
The recipient of the services;							
The provider of the services;							
The date the services were performed;							
The nature of the services performed;							
The unit fee for the services;							
The total charge for the services;							
Whether payment has been received for the services;							
The date and source of the payment.							

APPENDIX III
CHECKLIST FOR COMPILING EVIDENCE OF COMPLIANCE

<i>STANDARD/INDICATOR</i>	<i>SOURCE OF EVIDENCE</i>
1.1 I have criteria to begin and end intervention.	
1.2 I maintain records, which accurately reflect the services provided.	
1.3 I perform controlled acts according to preferred practice guidelines and position statements.	
1.4 I am accountable for unregulated personnel providing intervention under my direction.	
1.5 I ensure that all materials and equipment ¹⁴ used in my practice are in proper working order and calibrated as required.	
1.6 I follow health and safety procedures and practices.	
2.1 I practice within the limits of my individual competence.	
2.2 I continually acquire knowledge and skills necessary to provide high quality service.	
2.3 I utilize intervention procedures based on current knowledge in the fields of audiology and/or speech-language pathology and consideration of available evidence-based techniques.	
2.4 I utilize intervention procedures that are appropriate to the abilities of the patient/client.	
2.5 I utilize intervention procedures that are appropriate to the cultural/linguistic background of the patient/client.	
2.6 I monitor, evaluate and modify my intervention procedures based on patient/client outcome.	
3.1 I obtain and document consent for all intervention.	
3.2 I obtain and document consent to collect, use, retain, disclose and discard personal health information.	
3.3 I consult with a patient/client when establishing an intervention plan.	
3.4 I set intervention goals that describe realistic outcomes for the patient/client.	
3.5 I respect each patient/client's decision to decline intervention.	
3.6 I maintain patient/client confidentiality at all times.	
4.1 I communicate in a manner that facilitates patient/client comprehension and participation.	
4.2 I use language that is appropriate to the age and cognitive abilities of the patient/client.	
4.3 I use language that is appropriate to the linguistic and cultural background of the patient/client.	
4.4 I communicate constructively and effectively with my peers/team/co-workers.	
4.5 I accurately communicate my professional credentials to my patients/clients and others.	

¹⁴ Includes clinical tools, assessment and therapy materials



SELF ASSESSMENT TOOL
FEEDBACK FAX BACK
LET US KNOW WHAT YOU THINK
416-975-8394

FROM:

OF PAGES:

TELEPHONE:

FAX:

COMMENTS:

