

College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

THE NON-CLINICAL SELF-ASSESSMENT TOOL GUIDE

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1) WHICH SELF-ASSESSMENT TOOL SHOULD I COMPLETE?

CASLPO is pleased to provide you with:

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

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

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

<p>I screen, assess, manage, treat, consult, educate patients/clients and their families or significant others on a regular basis (part-time or full-time)</p>	<p>Clinical SAT Instrument d'auto-évaluation</p>
<p>My position entails 100% management, administration, education, research and/or sales</p>	<p>Non-Clinical SAT Instrument d'auto-évaluation non clinique</p>
<p>The majority of my role is management, administration, education, research and/or sales, but I also provide minimal patient/client intervention on a regular basis:</p> <ul style="list-style-type: none"> • Working in a screening clinic once a month • One or two private patients/clients per year 	<p>Clinical SAT Instrument d'auto-évaluation</p>
<p>My position entails 100% management, administration, education, research and/or sales. Under exceptional circumstances I do a minimal amount of clinical intervention or consultation, for example:</p> <ul style="list-style-type: none"> • filling in for an absent clinician • providing a small facet of intervention for demonstration/teaching purposes • consulting to a member or another regulated health professional about one of their patients/clients 	<p>Non-Clinical SAT Instrument d'auto-évaluation non clinique</p>
<p>I am a researcher who directly screens, assesses or treats participants with speech, language, swallowing or hearing disorders</p>	<p>Clinical SAT Instrument d'auto-évaluation</p>

I directly supervise a university speech, language, swallowing or hearing clinic providing patient/client intervention. I am the responsible SLP or audiologist for the patient's/client's intervention

Clinical SAT
Instrument d'auto-
évaluation

I am currently unemployed, but when working, I screen, assess, manage, treat, consult and/or educate patients/clients and their families on a regular basis

Clinical SAT
Instrument d'auto-
évaluation

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

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

2) INTRODUCTION

BACKGROUND

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

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

A. Continuing Education or Professional Development designed to:

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

B. Self, peer and practice assessments

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

NON-CLINICAL SAT (NC-SAT)

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

PURPOSE OF THE NC-SAT

1) MEMBER

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

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

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

2) THE COLLEGE

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

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

REVIEW OF THE SAT

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

OVERVIEW OF THE SUBMISSION PROCESS

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

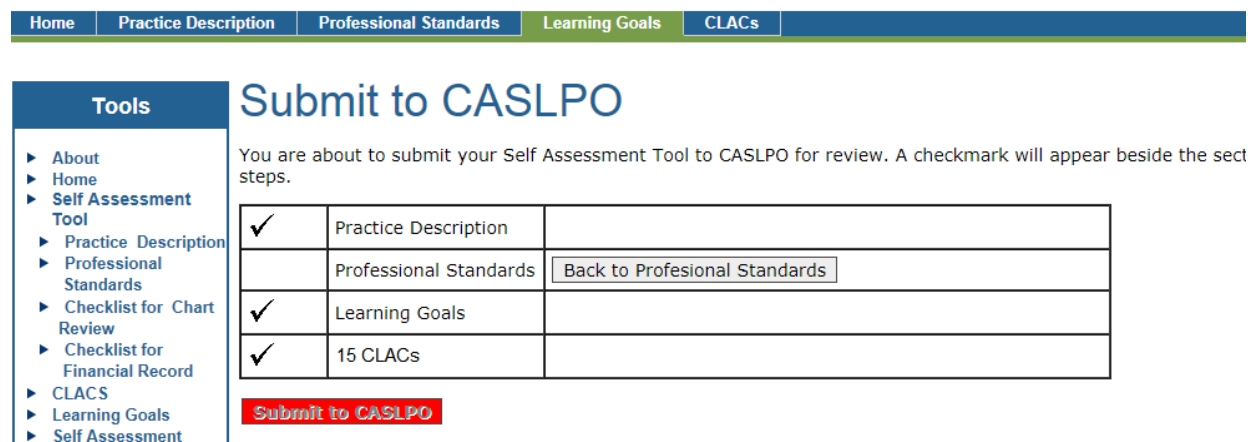
January 1 st of a given year	Over month of January	Midnight January 31 st
Members have access to the new year's online SAT	<ul style="list-style-type: none"> • Complete each section • Develop 3 Learning Goals for the new year • Enter last year's CLACs 	Deadline for members to submit their online SAT

HOW TO SUBMIT YOUR NC-SAT

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

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

You will then see the following screen:



Home Practice Description Professional Standards Learning Goals CLACs

Tools

- ▶ About
- ▶ Home
- ▶ Self Assessment Tool
- ▶ Practice Description
- ▶ Professional Standards
- ▶ Checklist for Chart Review
- ▶ Checklist for Financial Record
- ▶ CLACS
- ▶ Learning Goals
- ▶ Self Assessment

Submit to CASLPO

You are about to submit your Self Assessment Tool to CASLPO for review. A checkmark will appear beside the sect steps.

✓	Practice Description	
	Professional Standards	Back to Professional Standards
✓	Learning Goals	
✓	15 CLACs	

[Submit to CASLPO](#)

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

WHAT HAPPENS AFTER YOU SUBMIT

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

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

Aggregate data includes:

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

ADVANTAGES OF ONLINE SUBMISSION

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

ONLINE SECURITY

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

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

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

RELATIONSHIP OF THE SAT TO PEER ASSESSMENT

Members are randomly selected each year to participate in the Peer Assessment Process, this includes non-clinical members. The Peer Assessment Program is the evaluative component of the Quality Assurance Program and is based on the SAT. In order to demonstrate that members are practicing according to the standards of the profession, the randomly selected members are required to provide evidence for each indicator to demonstrate that they are meeting all five Professional Practice Standards, developing appropriate Learning Goals and obtaining applicable CLACs.

3) NC-SAT PRACTICE DESCRIPTION

PRACTICE DESCRIPTION

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

LEAVE OF ABSENCE

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

UNEMPLOYED MEMBERS

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

SECTIONS 1- 5

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

SECTION 6: PRACTICE NARRATIVE

This is your opportunity to describe further your role and clinical activities that have not been included in the information in the previous sections, for example, funding models or different modes of service. If there is no further information, please write "NONE".

EXAMPLES:

Manage School Board SLPs and audiologists who work in an assessment and consultation framework.

Executive Director and researcher funded by Ministry programs and research grants.

College lecturer who teaches CDAs and manages student practicums.

SECTION 6: PRACTICE REFLECTION

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

student enrolment etc.). Reflecting on your practice in this way may result in you developing a Learning Goal to address the issue.

LEARNING GOAL EXAMPLES:

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

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

4) PROFESSIONAL STANDARDS

BACKGROUND

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

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

The Professional Standard categories for non-clinical members were adapted from the Clinical SAT by the Quality Assurance Committee. A Focus Group of 14 members representing administration, management, education, research and industrial sales further developed the indicators to ensure that they represented the roles and responsibilities of non-clinical members.

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

PROFESSIONAL STANDARD CATEGORIES

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

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

HOW TO COMPLETE THE PROFESSIONAL STANDARDS' SECTION

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

1. Click on the box next to **Examples of Meeting the Standard** to find a list of activities for each indicator. These examples help you understand what each behavioural indicator is evaluating and suggest evidence that you might provide to show that you are meeting the standard. The given examples are not intended to be an exhaustive list, nor do you have to have evidence for all of the examples listed.
2. Determine whether you **meet the standard** for each indicator. Use your best professional judgement based on what you believe would be a fair and objective assessment of your practice. Consider what a reasonably diligent audiologist or speech-language pathologist would do in similar circumstances. Members should use this concept when evaluating their practices.
3. You may select **need work to meet the standard** to show that you have an understanding of the indicator, but need further work to apply the behaviour to your practice in a consistent manner. If you decide that you **need work to meet a standard**, you will automatically be directed to develop a Learning Goal and collect CLACs to help you **meet the standard**.
4. Some of the indicators may not apply to your role or responsibilities. If this is the case, select **Non-applicable (N/A)**.
5. The **Comments** box is provided for a variety of purposes. You may want to write specific examples of activities that demonstrate how you **meet the standard**. You may also want to make note as to where evidence for the standard may be found to help you should you be peer assessed. You may also add issues which otherwise might not be apparent, or activities you would like to pursue to help you meet the standard. CASLPO encourages flexibility and innovation when demonstrating compliance with the standards.
6. As mentioned earlier in the Guide (Home Page), the Peer Assessment is based on the SAT. Those members selected for Peer Assessment are required to upload evidence to show that they meet the standard. Unless you are being Peer Assessed, you are not required to upload evidence when you complete your SAT, but you can if you find it helpful.
7. Practice Standard 5, Professional Accountability
As a regulated professional, you are required to be aware of all CASLPO documents and to review in detail or consult those documents that relate to your area of practice. The College may also require you to review a document. Please consider the documents listed and check those documents you have reviewed in detail during the last year.

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

UNEMPLOYED MEMBERS

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

Some indicators will still apply, for example:

- 2.2 I continually acquire knowledge and skills necessary to provide quality service
- 3.6 I maintain patient confidentiality at all times (for previous patients)
- 4.3 I communicate effectively and collaboratively with members of my profession, other professions and/or co-workers
- 4.4 I accurately communicate my professional credentials, to my patients and others
- 5.1 I have reviewed in detail, specific documents that relate to my current practice

EXAMPLES OF EVIDENCE FOR MEETING THE STANDARD

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

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

1. MANAGEMENT PRACTICE

CASLPO Members manage their practice/role in an accountable manner.

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

- Referral and discharge criteria/policies
- Employer, agency or funding criteria
- Communications with members regarding beginning and ending intervention

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

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

Some types of intervention do not have a discrete ending, for example, a patient receiving ongoing hearing aid services. This could be noted in the comments section.

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

- Record keeping criteria/policies
- Blank examples of record templates
- Communications with members/students regarding records

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

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

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

1.3 I develop and/or implement the documentation and processes for the delegation of Controlled Acts and Medical Directives.

- Documentation of the delegation and the Medical Directives
- Acceptance of delegation of controlled acts in accordance with the Position Statement on [Acceptance of Delegation of a Controlled Act, 2000](#)
- Adherence to the [Position Statement on Delegation of Controlled Acts](#) 2000
- There are 14 controlled acts defined in Section 27 of the [RHPA](#).

When audiologists perform the controlled act “Prescribing a hearing aid for a hearing impaired person” the relevant Practice Standard must be followed and documented. This constitutes evidence.

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

If you, and members/students you supervise, do not perform controlled acts or delegated controlled acts, select the Non- Applicable box.

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

- Support personnel supervision policies
- Communications with members regarding appropriate supervision

- Completed Staff Performance Reviews
- Evidence of integration of support personnel into service delivery team
- Job descriptions of support personnel reflecting appropriate responsibilities and skill sets

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

Please refer to the following Position Statements: [Use of Supportive Personnel by Speech Language Pathologists, 2007](#), [Use of Supportive Personnel by Audiologists, 2013](#), and [Supervision of Students of Audiology and Speech- Language Pathology, 2002](#).

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

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

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

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

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

- Organization/agency Health and Safety and Infection Control policy procedures
- Attendance at lectures dealing with infection control, fire prevention or safety
- Communications with members/students regarding health and safety

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

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

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

- Redacted mandatory report
- Mandatory report template
- Communications with others regarding mandatory reports

2. CLINICAL PRACTICE

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

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

- Performance appraisal policies/forms
- Documentation of the acquisition of specific skills

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

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

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

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

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

- Evidence of staff meetings to discuss evidence based and best practices
- Policies and procedures showing evidenced based practice (EBP) and/or advances in technology are being used
- Dissemination of EBP articles and/or advances in technology to members/students

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

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

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

- Use of age-appropriate materials or procedures
- Use of non-standardized procedures or modification of existing procedures to accommodate the abilities of patient
- Documentation of accommodations made to remove cultural and linguistic bias in intervention materials and procedures
- Training program in cultural competency and diversity
- Communications with members/students regarding culturally appropriate intervention

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

You are expected to follow the [Guide for Service Delivery Across Diverse Cultures](#) and show how the principles are incorporated into your, your staff' and students' practice.

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

2.5 I seek feedback from others in my profession or position regarding my professional practice.

- Attending special interest groups, meetings or reviewing blogs/articles
- Communications with others in a similar position regarding professional practice

Research into the area of continuing education tells us that one of the most effective forms of learning is peer-feedback. This can take a variety of forms, including discussion with a colleague regarding a difficult situation, a document review with a colleague etc. Attending clinical special interest groups, chat room or reviewing blogs are other examples of peer learning. Any form of documentation of these activities (e.g. email, note in calendar) is evidence that you are meeting the standard.

3. PATIENT/CLIENT CENTRED PRACTICE

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

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

- Policies and procedures regarding consent to treat
- Blank consent forms
- Communications with members/students regarding consent to treat

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

While the patient is not required to sign a consent form, evidence that a discussion regarding valid informed consent to intervention needs to be documented. If it is determined that the patient does not have the capacity to consent to treatment, then the member or student would document that consent was obtained from the SDM.

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

If your research involves human subjects you must ensure that consent has been obtained, documented and retained.

Particular attention must be paid when obtaining consent to provide novel or less commonly accepted intervention practices, as outlined in the Position Statement on [Alternative Approaches to Intervention, 2002](#). Patients must be informed of the rationale for selecting this approach.

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

- Policies and procedures regarding consent to collect, use, retain, and disclose personal health information
- Copies of consent forms and information given to patients.
- Communications with members/students regarding consent to collect, use, retain, and disclose personal health information
- Privacy policy which outlines the requirements of PHIPA

Patients/ SDMs must always give knowledgeable consent for the collection, use and disclosure of personal health information. This indicator ensures that you follow the [Personal Health Information and Protection Act, 2004](#) (PHIPA). While patients /SDMs are not required to sign a consent form, evidence of policies that require information to be discussed regarding personal health information would suffice.

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

- Confidentiality policies and procedures
- Copies of consent forms and information given to patients or participants which outline confidentiality measures
- Communications with members/students regarding patient confidentiality
- Evidence of records stored securely in an office or in transit
- Secure use of communications, for example, telephone, e-mail, texting, encryption etcetera

The maintenance of confidentiality is the basis of trust between members, students and the patient. Members and students must comply with the [Personal Health Information and Protection Act, 2004](#). The development of a culture, which shows a high regard for patient confidentiality, is encouraged. This would entail encouraging members and students not to have conversations relating to patient information in public, concealing any identifying information and storing personal health information where only appropriate access is possible. Any type of evidence to support these practices would be considered meeting the standard.

4. COMMUNICATION

Audiologists and speech-language pathologists communicate effectively.

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

- Samples of patient/client handouts
- Examples of customized communications and or materials that take into account the abilities and the cultural and linguistic background of others

- Samples of communications with staff
- Documentation of use of plain language
- Use of interpreters and translators

The therapeutic relationship between members, students and the patient is predicated on effective, responsive and sensitive communication. As communication professionals, you have an obligation to ensure that patient communication within the therapeutic environment with members and students is effective. This extends to SDMs and others involved in a patient's care. Evidence to meet the standard may also include accommodations to minimize sensory or physical barriers to communication such as providing material in large print for the elderly or choosing a seating position for the patient which maximizes hearing. Any evidence which demonstrates an understanding of patients' communication needs and abilities and the use of strategies to enhance communication would be acceptable.

You must ensure that communications are consistent with the [Guide for Service Delivery Across Diverse Cultures](#). The focus is on communicating with sensitivity to meet the cultural and linguistic needs of patients/SDMs, and strategies to address the linguistic and cultural diversity of patients using available resources.

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

- Collaboration in the development of interprofessional processes
- Evidence of joint problem solving
- Documentation of discussions with other professionals or members of the public regarding intervention
- Evidence of positive interprofessional relations within the work setting such as performance appraisals or student evaluations

The best interests of patients are served when professionals work together and maintain positive professional relationships. This indicator provides you with the opportunity to show your abilities as a productive non-clinical member. When two CASLPO members are both providing clinical service to a patient, the Position Statement on [Concurrent Intervention by CASLPO Members, 2015](#) must be followed. You must also adhere to the Position Statement on [Resolving Disagreements Between Service Providers, 2006](#) in cases where professionals disagree about patient/client care.

4.3 I accurately communicate my professional credentials.

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

In your non-clinical role, there are many opportunities to interact with the public, other professionals, faculty etc. and to advocate for the two professions. When doing so, you must ensure that the information regarding your professional credentials is accurate and follows regulations. Consult CASLPO's [Code of Ethics, 2011](#), [Proposed Regulation for Advertising, 2013](#) and the [Professional Misconduct Regulation, 1993](#). If you have a doctorate, you must ensure that you are compliant with the Position Statement on [Use of the Title "Doctor", 2003](#).

5. Professional Accountability

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

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

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

Some documents will need to be reviewed in greater detail according to your current area of practice. You may also be required by the College to review documents as part of the NC-SAT. Consider the documents listed and check those documents you have reviewed over the last year. For example, in this past year you may have read one or two that relate for a particular issue such as developing a policy regarding substitute decision makers providing consent. Check those documents you have read over the last year.

5) NC-SAT LEARNING GOALS GUIDE

LEARNING GOALS

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

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

The Learning Goals must include:

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

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

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



Text to be added 1.6 I develop, implement and/or follow health and safety procedures and practices

GETTING STARTED

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

SMART GOAL METHODOLOGY

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

- S**pecific
- M**easurable
- A**ppropriate
- R**ealistic
- T**ime limited

1. SPECIFIC GOALS

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

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

Examples of Specific Learning goals

Vague: "To learn more about managing staff"

Specific: "To learn about a range of performance appraisal methodologies in order to provide the most appropriate and effective feedback to staff"

Vague: "To learn more about teaching"

Specific: "To further knowledge about adult learning styles to ensure the most effective method of imparting information to my students."

2. MEASURING GOALS

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

PROGRESS TO MEETING MY GOAL and IMPACT ON MY PRACTICE

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

- None
- Minimal
- Moderate
- Significant

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

- None
- Minimal
- Moderate
- Significant

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

3. APPROPRIATE GOALS

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

Examples of Appropriate Learning Goals

Vague: "To learn more about research"

Clear: "To further knowledge in inferential statistics in order to measure the effectiveness of a clinical intervention in aphasia therapy groups."

Vague: "To improve my retail sales"

Clear: "To further knowledge in evidence based research to ensure that the information I give customers is current, relevant and grounded in evidence."

4. REALISTIC GOALS

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

Example of Realistic Goals

Vague: "To keep current with stroke research"

Clear: "To further my knowledge in the latest evidence based research on dysphagia screening to ensure that the SLP department is using the

most effective dysphagia screening tool for patients with stroke.”

5. TIME LIMITED

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

LEARNING GOALS WHILE ON LEAVE

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

Parental/Other Leave examples:

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

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

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

EXAMPLES OF LEARNING GOALS

1. MANAGEMENT PRACTICE

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

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

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

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

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

2. CLINICAL PRACTICE

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

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

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

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

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

3. PATIENT/CLIENT CENTRED PRACTICE

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

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

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

To acquire knowledge about procedures for managing patient information when providing treatment in the community to increase the protection of this information.

4. COMMUNICATION

Audiologists and Speech-Language Pathologists communicate effectively.

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

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

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

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

5. PROFESSIONAL ACCOUNTABILITY

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

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

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

6) CONTINUOUS LEARNING ACTIVITY CREDITS (CLACS)

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

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

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

Self-directed: you decide what you need to learn

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

CLACS – IMPORTANT POINTS

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

HOW TO COMPLETE YOUR CLACS

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

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

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

CLAC CATEGORIES

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

GROUP LEARNING:

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

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

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

INDEPENDENT LEARNING:

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

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

SUPERVISION OF STUDENTS AND CLACS

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

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

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

TEACHING AND CLACS

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

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

FURTHER LEARNING OPPORTUNITIES

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

LEAVE OF ABSENCE AND CLACS

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

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

CLACs:

- 1.5 Read ex.press
- 0.5 Reviewed "What's New" section on CASLPO Website
- 1.0 Read CASLPO Forum power point slides

ACTIVITIES NOT CONSIDERED TO BE CLACS

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

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

ADDITIONAL INFORMATION

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