

CASLPO



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# CASLPO TODAY

## David Hodgson: A Retrospective of 10 Years

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# CASLPO TODAY

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# CASLPO TODAY

# MESSAGE FROM THE PRESIDENT

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Recently I attended the annual conference sponsored by the Council on Licensure, Enforcement and Regulation (CLEAR). CLEAR is the “premier international resource for professional regulation stakeholders” (ABOUT CLEAR) and is renowned for its leadership in topics related to professional regulation. CLEAR supports its members in enforcing their mandate to protect by providing information and guidance in the areas of Compliance/Discipline Credentialing/Licensing/Examinations and Legislative and Policy Administration. The conference program included such topics as: “Global Service Provision and Implications for Regulators, Assessing Your Program through Standards, Evidenced-Based Research on Professional Discipline and Quality Improvement.”

What was CLEAR in all of the sessions was that the presenters and attendees considered their regulatory duties with seriousness and expressed their determination to ensure consumer protection. There are many challenges facing regulators these days including the issues inherent in increased mobility of professionals on a worldwide scale where the goal is to “assure quality without presenting barriers to client access and choice.” In Ontario, as you know, we are working through legislation such as the Agreement on Internal Trade in which representatives from all of the regulated provinces Canadian Alliance of Regulators (CAR) are meeting on a regular basis to discuss such issues as common registration standards and mentorship programs. We are also “right on target” with our work in the area of competency-based assessment as we search for a more meaningful way to assess the skill sets of our professionals thus, heightening our vigilance in the provision of quality service and protection of the public.

Protection of the public has always been the mandate and “reason for existence” of the College; however, we are being ushered into a new “era” brought on by the shrinking world around us where the responsibility to protect is more complex. It is incumbent upon us to set a new vision which will become a part of the lasting culture of the organization leading to an “enhanced reputation with those we strive to protect.” (R. Munn: “Setting a Vision for Regulatory Agencies.”)

The responsibility for setting the vision for this College will be facilitated by a new Registrar in 2010. All of Council and staff will bid a fond “farewell” to David Hodgson who has successfully fulfilled the role of the Registrar over the past 10 years. In his tenure, David ushered in many significant positive changes, tackled new challenges, and supported causes all in the interest of providing quality service to and protection of, the public.

David will leave this College knowing that he has “made a mark that lasts and made himself count” strategically, politically and professionally in his work and dedication to these two dynamic professions over the past 10 years. Thank you very much for all of your hard work and dedication on behalf of this College.

We wish David a “fond farewell” with our sincere gratitude for all of his leadership and guidance. We extend him our best wishes for the future.

*Meg Petkoff,  
President CASLPO*



## Farewell from David Hodgson, Registrar & CEO 1999–2009

**“You never really leave a place or person you love,  
part of them you take with you, leaving a part of you behind”**

**H**ow time flies. It seems like only yesterday that I attended my first Council meeting in December 1999. Holy cow! That was in the last century, in the last millennium even. No wonder I need to retire!!!!

It has been a great honour for me to serve as Registrar of CASLPO. Our College is a leader amongst regulatory bodies that govern audiologists and speech-language pathologists. We are recognized as such not only in Canada but in the USA as well. I am proud to have been a member of the CASLPO team.

Over the years I have been blessed with opportunities to work with outstanding staff and Councils. CASLPO staff have done the best job possible to help our members provide quality services. They have been bright, innovative, hard working and dedicated to protecting the public. They have been and will continue to be the blood, sweat, and tears behind the many accomplishments CASLPO has achieved over the years. Thanks to all of you past and present for your support and hard work. The college is in good hands and good shape for the future.

The members of Council and Presidents I have had the privilege to work with have also been outstanding. Members of the profession and public members alike have taken their governance responsibilities to heart. They have made tough decisions that have impacted our members and the public for the better. Thanks to all members of Council past and present for sharing

your vision and providing guidance and for giving me the freedom to implement your decisions.

I also want to thank my colleagues in the other regulatory bodies across Canada for sharing the vision of the Canadian Alliance of Regulators and for your commitment to working together. The registrars and staff in the other health regulatory colleges in Ontario have also been an invaluable source of knowledge and support and I thank them all. I am also grateful for the good working relationships I have enjoyed with various consumer and professional associations and the university programs in communication science disorders.

Finally, I want to thank the audiologists and speech-language pathologists of Ontario. Over the years I have met and worked with many of you. Observing you in action and hearing stories from your clients about the profound impact you have on the lives of men, women and children across this province with speech, language, and hearing disorders has instilled in me a deep appreciation for the work you do. You are truly miracle workers. Just as I am proud to have been a member of the CASLPO team, I am equally proud to have been associated with you, the members of these two incredible professions

As I ride off into the sunset, on my quarter horse named Zip, I will surely take a part of CASLPO and the people I've met with me and leave a part of me behind. Farewell.

## SEPTEMBER 2009 COUNCIL HIGHLIGHTS

Council held its regular Council meeting on September 25, 2009. The following are the highlights.

- Council approved a Position Statement on Audiologists' Relationships with Other Service Providers for consultation. The position statement sets out practice standards with respect to communication of results and use of prior assessment data when interacting directly or indirectly with (regulated or unregulated) non-audiologist personnel.
- Council approved a Position Statement on Roles and Responsibilities of Audiologists in completing ADP Hearing Device Application Forms for consultation. The position statement sets out audiologists' responsibilities when signing particular sections of Hearing Device Application forms of the Assistive Device Program (ADP).
- Council discussed the points from The Canadian Alliance of Regulators (CAR) meeting held on August 17 and 18 related to Registration Regulations, Competency Profiles and other matters. CAR members discussed the need to change their registration practices and regulations to comply with the Agreement on Internal Trade in 2010. It was generally agreed that since all regulatory bodies would be revising their registration regulations in 2010, that this would be an excellent opportunity to develop and pass registration regulations that have common wording to the greatest extent possible. These should contain requirements that will not only address AIT matters but also enable all CAR members to adopt registration practices based on the competency profiles and assessment tools to ensure that each regulatory body adopts similar if not identical entry to practice standards so that future audiologists and speech-language pathologists across Canada have the same qualifications. These matters have been referred to the Registration Committee for review and recommendation to Council
- Council approved changes to the College's Language Proficiency Policy. The applicant may only submit test scores for language proficiency for tests that have been completed within two years of the date of filing their application for registration with CASLPO. Test scores for language proficiency that are older than two years will not be accepted as valid by the Registration Committee. The applicant must meet or exceed the required language proficiency test scores set by the College's Registration Committee.
- Council discussed the report on the future of the Canadian Alliance of Regulators (CAR). Council was of the opinion that CAR is playing an important role in leading the harmonization of standards and coordination of regulatory matters across Canada. It was agreed that regulatory bodies should adequately fund CAR to enable it to continue and expand its activities in the future.
- The Council approved the 2009/2010 budget and list of Priorities.

For more information on any of these topics please contact David Hodgson, Registrar at 416 975 5347 ext 215 or by email at [dhodgson@caslpo.com](mailto:dhodgson@caslpo.com).

## COMPLAINT SUMMARIES

The new Inquiries, Complaints and Reports Committee met on July 16 2009 to consider the following matters.

### **Complaint 1: Advertising Free Services**

A complaint was received against an audiologist for contravening professional practice advice included in an article in the *CASLPO Bulletin* of July 2003 entitled "Professional Practice Advice: Can I Provide Free Services?" The complaint pertained to advertisements by the audiologist's employer.

The letter of complaint included a copy of the *Bulletin* article, with the following paragraph highlighted:

Only those services provided by a member without payment or reimbursement from any source should be described as "free". A service funded by a third party payer would not be considered to be free, given that the member is receiving a fee for the service. Hearing tests covered by OHIP are not deemed to be free services, as payments are disbursed by the Ministry of Health and Long-Term Care.

A copy of the advertisement in question was also included, and indicated: "We provide our clients with...no cost...hearing tests."

The complainant enclosed a copy of two Decisions and Reasons documents from the Complaints Committee of the College of Physicians and Surgeons of Ontario (CPSO), stating that the two physicians who were the subject of those complaints had admitted that they bill the Ontario Health Insurance Plan (OHIP) for diagnostic hearing tests, the technical component of

which is performed by audiologists employed by the member's employer and that a significant proportion of their OHIP billings is paid by them to the employer. The complainant concluded that the member has contravened the professional practice advice provided to members of CASLPO.

The member's response stated the following:

- The paragraph from the *CASLPO Bulletin* quoted by the complainant refers only to the term "free";
- The term "free" does not appear anywhere in the advertisement subject of the complaint, rather the member is quoted as stating: "We provide our clients with the most professional, comprehensive and convenient hearing healthcare services, including no cost, no obligation hearing tests and the best selection of hearing aids and assistive listening devices available";
- Following substantial research and under the advice of legal counsel, the employer has intentionally and strategically referred to hearing tests as "no cost" to avoid contravening professional practice;
- The advertisement is directed to the public, and "no cost" means at no cost to the consumer;
- The word "free" is not used in any advertising materials;
- The complainant has been making a series of spurious complaints to CASLPO and to the CPSO, all of which have been rejected and ruled as unfounded;
- The complainant's complaints are meant to destroy the company's reputation and legal business practices;

- The complaints made against the two physicians were rejected by the CPSO as there was nothing wrong, irregular, or unusual in their billing practices or clinic operations;
- The complaints to the CPSO are not relevant to the issue at hand, which is whether or not the member has breached professional practice advice by advertising the company's services as at "no cost" to the individual consumer.

The complainant was afforded the opportunity to respond to the member's submission. This included the following statements:

- Regarding the member's comments that "no cost means at no cost to the consumer," the issue at hand is whether or not the member has breached the professional practice advice by advertising the services "as at no cost to the individual consumer." There is in fact a cost to the consumer and that cost is the Ontario Health Premium;
- The complainant referred the panel to step 7 of the Ontario Tax Form (which he forwarded), entitled "Ontario Health Premium";
- The tax form states that a resident of Ontario whose taxable income exceeds \$20,000 must pay the Ontario Health Premium, thus the payment of the premium by the consumer is a cost to the consumer;
- The *CASLPO Bulletin* article begins with a reference to members enquiring "as to whether they may offer and advertise services at no charge." Thus the advice given pertains to the offer and advertising of services at no charge. The article uses the terms "no charge, free, free

services, without charge, free of charge, no cost" interchangeably;

- The member has incorrectly interpreted the advice offered in the article; the article must be read as a whole;
- For documents such as the article, a section or enactment must be construed as a whole, each portion throwing light, if need be, on the rest, and thus it is readily apparent that the member has contravened or breached the advice provided in the article.

The Complaints Committee met on February 6 2009 and requested additional information regarding the statements present in the advertisement. Regarding the statement "We provide our clients with the most professional, comprehensive and convenient hearing healthcare services," the panel requested that the member indicate how it was determined that the company referred to in the advertisement provides the most professional, comprehensive, and convenient hearing health care services.

Regarding the statement "We provide our clients with...the best selection of hearing aids and assistive listening devices available," the panel requested that the member indicate how it was determined that the company referred to in the advertisement provides the best selection of hearing aids and assistive listening devices available.

The member stated the following in the response:

- The use of the terms "most" and "best" in the context of the advertisement statements are true and indisputable;
- The statements indicate that the company's services are as good as the best available in the mar-

ket and that their assortment of products, given that they provide to the consumer access to all product lines of all major manufacturers in Canada, is also as good as the best and cannot be bettered;

- The College is welcome to provide evidence to the contrary, and the company would be open to amending the statements or improve their services so that they can continue to make such claims;
- The College did not require another member (in another matter) to prove that allegations brought forth by the company's owner regarding false and misleading advertising were not true and that the College simply accepted the member's word without any research or investigation. The College's request for proof in the present matter is both inconsistent and offensive;
- The questions brought forth in this matter have been asked and answered in prior correspondence with the College, and it seems unnecessary that the Committee would choose to supplement the complaint initiated by the complainant, who is known to be harassing the company and many ENT physicians in Ontario in a vexatious and illegal manner with the sole purpose of reducing competition and attempting to damage their business interests;
- These spurious actions distract valuable resources which should be directed toward developing and supporting their staff who are CASLPO members so that they can continue to provide quality care to Ontarians with hearing loss.

On July 16 2009, a panel of the Inquiries, Complaints and Reports

Committee met to consider the matter.

Consistent with the College's Policy on the Use of Prior Investigations and Decisions in College Complaints and Investigations, the Committee determined that the Decision and Reasons dated September 21, 2006 might assist the Committee with its consideration of this matter.

## Decision and Reasons

In considering the original allegation and the evidence submitted by the complainant, the panel considered whether the member contravened professional practice advice by allowing an advertisement containing a quote stating "We provide our clients with...no cost...hearing tests." It also considered advice provided to the College by its legal counsel, Mr. Bernard LeBlanc, regarding the distinction, if any, between the terms "free" and "no cost":

"...it seems to me that the issue boils down to whether a reasonably informed member of the public is likely to be misled by the advertising. In my view, it's probably more misleading to suggest that there is no cost because there is in fact a cost which is paid by OHIP. If only the word "free" is used, arguably it is less misleading because "free" can probably be more easily understood as referring only to the absence of any cost to the consumer."

The panel noted that the advice provided by CASLPO in its July 2003 *Bulletin* clearly states that services provided by a member which are funded by a third party payer are not considered to be free, given that the member is receiving

a fee for the service. Furthermore, the panel was of the view that a member of the public might understand the terms "no cost" and "free" to be synonymous, and that the advertisement in question may in fact be misleading.

The panel then reviewed the concerns brought forth at the Complaints Committee's February 6 2009 meeting, pertaining to the statements "We provide our clients with the most professional, comprehensive and convenient hearing healthcare services", and "We provide our clients with...the best selection of hearing aids and assistive listening devices available." The panel did not feel that the member provided sufficient evidence to support the use of the terms "most" and "best".

The Committee was particularly concerned with the fact that the latter statement was addressed in a previous complaint (referred to above), where the panel noted that no supportive evidence was provided by the member. The panel determined at that time that the advertisement contained a statement that was not verifiable, and advised the member to consider carefully whether advertising with which the member is associated is proper. The committee further recommended that the member review the College's Proposed Regulation for Advertising before drafting any future advertisements, and that the member pay particular attention to Section 2 (1), which states that "An advertisement with respect to a member's practice must not contain: (a) anything that is false or misleading, or (b) anything that, because of its nature, cannot be verified."

The panel determined that the member continues to be involved in advertising which may be considered false or misleading,

particularly by members of the public, who may not be aware of the manner in which services are in fact funded. The panel decided to issue a written caution to the member.

## **Complaint 2: Maintaining Standards of Practice in Speech- Language Pathology**

An employer filed a complaint against a speech-language pathologist because of concerns related to the fulfillment of her duties. The following allegations related to the member's conduct were made:

**Allegation 1: Failing to maintain standards of practice regarding the use of support personnel**

**Allegation 2: Failing to maintain standards of practice in the context of the College's Practice Standards and Guidelines for the Assessment of Children by Speech-Language Pathologists**

**Allegation 3: Discontinuing services even though they were needed**

**Allegation 4: Failing to maintain standards of practice regarding record keeping**

**Allegation 5: Failing to refer clients**

**Allegation 6: Failing to keep records**

**Allegation 7: Falsifying dates on a record**

**Allegation 8: Failing to provide a report**

In the initial letter of complaint, the employer provided details and client names to support each allegation and examples of deficiencies. The complainant also cited issues which were discussed within the context of meetings with supervisors.

The member responded to the complaint letter, and included minutes of meetings with supervisors, performance reviews, and certificates related to a medical disability. The employer was afforded the opportunity to respond to the member's submission.

The College requested original speech-language pathology patient/client records for each patient/client mentioned in the letter of complaint, copies of the dated minutes of all meetings held with the member, and copies of notes or minutes from other similar meetings referred to in the letter of complaint. An investigator was appointed and examined the client files and meeting minutes submitted by the parties.

## **Decision and Reasons**

In considering the original allegations, and the information submitted by the complainants, the panel considered whether the member had met the standards of practice regarding the use of support personnel, the assessment of children by speech-language pathologists, record-keeping (e.g., documenting accurate assessment results and communication with clients), and the referral of clients. The panel further considered whether or not the member discontinued needed services, falsified dates on a record, and failed to provide a report.

The panel noted a number of concerns raised in respect of the first six allegations outlined in the complaint, and found evidence to substantiate them. In regard to the seventh allegation (i.e., falsifying dates on a record) the panel was of the view that there was insufficient information to warrant a referral to the Discipline Committee. The eighth allegation referring to the

member's failure to provide a report was considered to be a requirement of the employing agency rather than a CASLPO requirement. Nonetheless, the Proposed Regulation on Records states that there must be documentation of "reasonable information about assessments and treatments performed by the member and reasonable information about significant clinical findings, diagnosis and recommendations made by the member"; the panel was of the view that the member's records did not meet the College's expectations.

The panel identified the most significant concern as the member's documentation and record-keeping practices rather than her clinical competence or capacity. The panel acknowledged that the member had a large caseload, had informed the College of being under medical care for more than eight years, and had provided medical notes. It was also noted that the member had passed her initial performance review "with flying colours," and that she had readily admitted to her employers her difficulty in managing the agency's record-keeping standards.

However, the panel was of the view that some of the difficulties outlined above may have been avoided had the member expressed her lack of experience and confidence in supervising support personnel, and that children would have been better served had she not had such practice difficulties. Furthermore, the member appeared to have had an overwhelming sense of having to keep up with client visits, which contributed to her falling behind in record-keeping. The panel recognized that had the member received support which was more specifically tailored to her needs, she might not have ended up in the situation described by the complainant.

In consideration of all of the con-

cerns and factors regarding the member's professional practice, and consistent with the provisions of the *Regulated Health Professions Act*, the panel's decision was to require that the member complete a Specified Continuing Education or Remediation Plan in order to provide her with an opportunity to review and improve her practice within the areas of concern. The plan is meant to be educational in nature, and shall be consistent with that of an initial practice registrant. The member will be mentored in all areas of practice including child assessment, supervising support personnel, report writing and record keeping. It is the panel's hope that a mentoring period will assist the member in improving her practice, and ensure that the families with which she works receive effective, high-quality service which is in keeping with the expectations of the College.

### **Complaint 3: Customer Satisfaction and Assistive Devices Program Forms**

A member of the public contacted the College with the dates on which she had contacted a clinic to follow up on her in-person request to have the clinic's audiologist sign a disability tax form. She complained of the centre's poor customer service. The College provided the patient/client with assistance in contacting the audiologist; however, the response she received was not to her satisfaction. The patient/client contacted CASLPO and requested full reimbursement including Assistive Devices Program (ADP) funding for hearing aids which she had purchased from the member's clinic. The member e-mailed the patient/

client, explaining his reason for not signing the Disability Tax Credit Certificate form and requesting she book an appointment to have her hearing assessed by him. He stated that he had never met her and that he was unclear about the qualifications of the individual who tested her hearing at an ear, nose, and throat specialist's office. He did not know if the tester was an audiologist or a technician. The member also explained the definition of "markedly restricted" required to qualify for the Disability Tax Credit Certificate. The patient/client informed the College that she was dissatisfied with the member's response and forwarded a copy of the member's letter with her comments by e-mail. The patient/client then filed a complaint against the member. The main allegations were indicated as follows:

- The member refused to sign a Disability Tax Credit Certificate form for which the patient/client may have been eligible based on her need for hearing aids, which were purchased from the clinic where the member is employed; and
- The member was unprofessional in failing to respond in a timely fashion to several faxed inquiries reiterating her request to have the Disability Tax Credit Certificate form signed.

By registered letter, the College forwarded the patient/client's letter of complaint to the member. The College's letter to the member was returned unclaimed. Follow-up telephone messages by the College were not returned. An investigator was appointed to visit the member at the clinic location to obtain the client file.

With regard to the allegations, the comments and responses of the complainant and member, e-mail

communication and information from the investigator's visit are summarized below.

1. The first allegation indicated that the member failed to respond in a timely fashion to inquiries to sign the complainant's Disability Tax Credit Certificate. The patient/client stated that she had made several attempts to contact the member at all of his office locations, including sending faxed communications. In e-mail communications which occurred prior to the formal complaint being registered, the member denied ever receiving any faxes. The e-mail communications indicated an eventual response to the patient/client's request.
2. The second allegation indicated that the member was unprofessional in his handling of important inquiries. The patient/client claimed that the member's late response to the complaint demonstrated his disregard in handling situations, and that appointments were never offered. The patient/client stated that the member was lying about appointments being offered, her faxes "perhaps sent elsewhere," and his many attempts "for weeks" to call her. The patient/client claimed that only one attempt was made to contact her as indicated on her telephone call display. The member responded that the patient/client was offered appointments to discuss this matter at each of her interactions with the staff at the clinic. Six attempts to contact her by telephone were made. He indicated that she had a history of being very difficult to reach because she does not have an answering machine.

## Decision and Reasons

The panel determined that the nature of the allegations did not warrant a discipline hearing. The panel considered the patient/client's allegation that the member's response was unprofessional, and reminded the member of the importance of communication and tact in dealing with the public, regardless of whether or not they are his clients. The panel was of the view that clear, coherent, and consistent information in verbal and written form could assist in communicating effectively with patients/clients who have hearing difficulties.

In considering the original complaint and allegations submitted by the complainant, responses by the member and the investigator's report on visiting the clinic to obtain the client record, it appears to be common ground that the member had never seen the complainant as a client. In addition, there is some question as to whether the patient/client's hearing loss did not appear severe enough to qualify as "markedly restricted" as required by the Disability Tax Credit Certificate form. The member indicated that he did not know who conducted the patient/client's hearing test since it was unsigned. The panel believed that it was reasonable that the member refused to sign the form since he had not seen the client. Although the client's hearing aids were purchased at the clinic, there was no evidence that the member had signed the hearing aid form. The panel noted that the original complaint was against the clinic, and eventually focused on the member once the patient/client was informed by the College that a complaint must be made against a specific member, not a facility.

In the member's letter of explanation to the patient/client, he described the qualifications of the tester at the ENT's office as "non-professional" (i.e., non-audiologist), which the patient/client appeared to interpret as "unprofessional." The panel was of the view that the member could have met with the complainant to explain his reasons for not signing the form. The complainant's many attempts by fax and telephone to reach the member and responses by the director of the clinic on his behalf may have led her to believe that the member was "too busy" to respond to her faxes and questions.

Subject to the panel's comments above, the panel determined that the member's conduct did not warrant a referral to the Discipline Committee; however, the panel reminded the member that the College's Code of Ethics requires members to "behave in a professionally exemplary manner" and advises him to maintain the standards and dignity of the profession in all of his professional dealings.

### Complaint 4: Parents Disagreeing on Care

A member of the public submitted a complaint about the alleged professional misconduct of a speech-language pathologist in regard to the provision of private speech and language therapy to his daughter. The child's parents appeared to have entered into a joint custody arrangement, and the complainant hired the member to supplement public services.

Three allegations were made against the member:

**Allegation 1: Following the child's mother's directions to ignore the child's father's input without a mutually agreed upon decision to**

**change the initial direction for therapy and continuing to see the child without the father's consent;**

**Allegation 2: Withholding information from the child's father which was communicated immediately with her mother and failing to respond to the father's clear questions; and**

**Allegation 3: Amending summaries to show the child's mother in a better light and including notes in summaries that support the mother's claims for court purposes.**

The member was provided an opportunity to make written submissions to the College. The complainant then received the member's response for comment. The original allegations, followed by further comments of the complainant, the member's response, and review of pertinent documents are summarized below.

**Response to Allegation 1:** The complainant indicated that the member continued to see his child without his consent even though both parents were to make joint decisions for her. The member indicated that there was no mutually agreed upon decision between the parents regarding when private therapy services should end, and that she respected his right to terminate therapy at his home. She did not believe, however, that the father had the right to dictate the end of private therapy funded and supported by the child's mother.

No details of the divorce agreement were shared with the member until much later when they were needed to sort out the legal authority issue with respect to continuing therapy as the mother requested. The member consulted with CASLPO staff, who advised that she determine which parent had legal responsibility for making health care decisions

for the child. The member spoke with the mother, who replied that she was the primary caregiver, and sent the member a copy of the court order, which stated that the parents shall request referrals to a speech therapist and the parties shall accept those referrals and shall cooperate with those therapists.

**Response to Allegation 2:** The complainant stated that the member kept information from him, which she shared immediately with the child's mother. He indicated that the member's view that the mother paid her directly was irrelevant since private therapy costs were shared between parents. The father pointed out that it was him, and not the mother, who had initiated private therapy for their daughter and yet the member assumed the mother was her main contact on all issues. The father claimed that the member failed to respond to clear questions he had asked. For example, he asked by e-mail what time of day the member saw his daughter at the mother's house. His view was that the mother was trying to have his evening time with their children reduced and had discontinued the child's naps, resulting in her being exhausted in the evening and making speech therapy at his home impossible. The father further indicated that the member thanked the mother (by e-mail) for the court document from the parents' ongoing case, but did not thank him for a letter he forwarded regarding goal-setting for his daughter.

The member responded that she had not withheld information from the father and had shared session summaries with all team members. She understood that she was to communicate scheduling details with the mother directly and that the father and the speech-language pathologist working at his home

would discuss scheduling of sessions at his home. The member indicated that prior to receiving notice of the complaint to CASLPO, the father had given no indication that he wished to participate in regard to scheduling of sessions at the mother's home. The member stated that she responded to the father's question about the time of day she saw the child by e-mail, and had not withheld this information as he alleged.

**Response to Allegation 3:** The complainant highlighted the member's e-mail summary of a session in which she stated that the child "was more engaged when the mother left the room." The father pointed out that the member revised her summary 24 minutes later with the only change made to "paint the mother in a better light." In the revised e-mail the member stated that the child became more engaged when the mother left the room "to allow the child to settle into an activity. The child continued to be engaged and focused when the mother returned after a few minutes." The member responded that the purpose of the revised summary was to inform the team about the child's behaviour in sessions and not to support the court case against him. The member noted that the father replied he was pleased about his child being receptive to therapy with her mother present and stated this was not typical. The member stated that her summary and chart notes were accurately written.

The investigation included a review of the member's clinical notes and copies of e-mail messages in regard to the child. No inconsistencies were found in comparing the 36 entries in the member's clinical record with the copies of e-mails in regard to dates, information or comment from the member.

Among documents used as a resource by the panel was a *CASLPO Today* article of November 2004, "At Odds over Care: When Parental Conflict Interferes with a Child's Treatment." The article states: "Normally a child's treatment is not affected by their parents' relationship. However, in order to ensure a member has all the appropriate information, it is recommended that before proceeding, members determine which parents/guardians will be making health care decisions for the child and which parents/guardians will have access to the information, as there may be differences."

## Decision and Reasons

In considering the complainant's allegations, the member's response and related documents, the panel determined that it was common ground that the member continued to see the child with the consent of the mother and that the child's parents had not come to a mutual decision on terminating or continuing private services for their daughter. The panel carefully considered the member's response in regard to providing services to children whose parents disagree about therapy and the changes she committed to implement to improve communication with parents in future situations of this type. The panel was of the view that all members should be encouraged to ensure a clear understanding of who is legally responsible for making decisions about the health care of a client including treatment programming and termination.

In regard to the first allegation the panel was of the view that while the father directed the member to terminate therapy while the mother directed her to continue therapy, there was no mutual decision of the

parents on these points of disagreement. The panel noted that consent for continuing therapy was not required from both parents given that the standard of practice is to obtain informed consent from one parent or legal guardian, unless there is reason to believe that further consent is required. Once the member became aware that the father wanted therapy to terminate, she made reasonable efforts to determine who had legal authority for health care decisions for the child. Based on discussions with the mother, who provided the court document about speech therapy, the member believed the mother had the legal right as a parent to have speech and language services provided for her daughter during her scheduled time. The panel concurred with the member's reflection in her response concerning the need to clarify who was legally responsible for making decisions regarding the health care of the client.

In regard to the second allegation, the panel noted the member's assertion that she had not kept information from the complainant that she had shared with the mother. In particular, she had sent summaries of all of her sessions, including one summary for a session with which the father disagreed in regard to continuing therapy.

In regard to the third allegation, the panel was of the view that the member was placed in an awkward position and did not learn until a few months into the child's therapy of the ongoing court matter regarding joint custody of the child. The member forwarded to the mother and her lawyer (at the mother's request), the father's e-mail advising both speech-language pathologists not to ignore his direction to terminate speech therapy. However, the panel noted that the member kept the father informed of the mother's request by copying him on her e-mail communication. The panel acknowledged the member's reflection in her response about the importance of explicitly discussing "what information can and should be shared with whom."

Having regard to all of the circumstances, the panel determined that no further action was required.

### **Summary of the decisions and reasons in the discipline hearing held on May 28 2009 concerning Ms. Sandra Nurse, Audiologist**

This matter came before a panel of the Discipline Committee at a hearing which was held on May 28 2009.

#### **Allegations**

The Statement of Allegations enumerated several aspects of Ms. Nurse's practice where Ms. Nurse engaged in professional misconduct within the meaning of paragraphs 1 (contravening a term, condition or limitation imposed on the member's certificate of registration), 2 (failing to maintain a standard of practice of the profession), 4 (delegating a controlled act in contravention of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts), 10 (failing to refer a patient or client to more appropriate service when the member is unable to provide adequate service or failing to refer a patient or client who requires additional services in other professional areas), 15 (failing to co-operate with the College during the course of the complaints process which includes but is not limited to, the receipt and assessment of the complaint, the investigation of the complaint and any disciplinary procedures addressing the complaint), 19 (failing to keep records as required), 20 (falsifying a record relating to the member's practice), 22 (signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement), and 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional) of section 1 of O. Reg. 749/93, under the Audiology and Speech-Language Pathology Act, 1991.

#### **Response to the Allegations**

Ms. Nurse admitted engaging in professional misconduct on the basis of an Agreed Statement of Facts.

#### **Evidence**

An Agreed Statement of Facts, as approved by the member and the College, contained the following agreed upon facts:

1. Sandra Nurse was, at all material times, an audiologist registered as a member of the College of Audiologists and Speech-Language Pathologists of Ontario (the "College"). She has practiced in Ontario since 2001.
2. The allegations concerning client/patient care and standards of practice arose following an investigation into Ms. Nurse's practice which included, among other things, a random review of patient charts.
3. The investigation of this matter also involved interviews with patients, facility staff, and with Ms. Nurse.
4. With respect to five patients/clients, Ms. Nurse did not keep adequate or appropriate records. In particular, Ms. Nurse did not record a case history which is a core requirement of a proper audiologic examination, nor did Ms. Nurse make notes for each patient/client visit or record hearing aid prescriptions.
5. With respect to six patients/clients, Ms. Nurse did not identify or appropriately refer cases which required medical referral in accordance with professional standards. In particular, these patients/clients presented with asymmetric sensorineural hearing loss which warranted further medical evaluation to rule out retrocochlear pathologies. With respect to one patient/client, Ms. Nurse did not initiate a medical referral even though such a referral was indicated by the client's/patient's unexpectedly poor word recognition performance bilaterally.
6. With respect to seven patients/clients, Ms. Nurse did not properly prescribe hearing aids. In particular, Ms. Nurse inappropriately delegated and did not perform the requisite core components of amplification prescription including device selection, verification and validation as defined in CASLPO's Preferred Practice Guidelines for the Prescription of Hearing Aids to Adults.
7. With respect to seventeen patients/clients, Ms. Nurse failed to perform a complete assessment by omitting threshold measures at 250 Hz and failing to complete immittance measures, both of which are standard components of audiologic assessments.
8. Ms. Nurse did not provide an appropriate audiologic examination and intervention with respect to four patients/clients:
  - With respect to patient 1, Ms. Nurse did not obtain required masked thresholds for the right ear (in accordance with ANSI S3.21), make comments or recommendations with respect to the right-ear asymmetry, provide a record or explanation, or take necessary action (by initiating a medical referral) regarding unexpectedly poor word recognition in the right ear. Furthermore, a "hearing aid trial" was inappropriately recommended based on clinical findings;
  - With respect to patient 2, Ms. Nurse did not obtain necessary masked thresholds for the left ear (in accordance with ANSI S3.21) and she drew clinical conclusions that were not adequately supported by the incomplete results obtained;
  - With respect to patient 3, Ms. Nurse did not comment, explain or take appropriate action based on clinical findings. She did not complete requisite masking (in accordance with ANSI S3.21) or initiate a medical referral as was indicated by the client's/patient's left ear sensorineural asymmetry and poor word recognition;
9. With respect to patients 4 and 5, Ms. Nurse failed to provide a complete audiologic examination by omitting interoctave thresholds as indicated by a disparity of 20 dB or greater between octaves (in accordance with ANSI S3.21).
9. With respect to her patients at one particular location, Ms. Nurse obtained audiometric thresholds under inappropriate clinical conditions (i.e., without the use of a sound-treated booth) and in the presence of excessive ambient noise. Moreover, no sound-level measurements were completed to determine acceptable minimal test condition thresholds as defined by ANSI S3.1 standards.
10. Had she testified, Ms. Nurse would have stated that she brought this issue to the attention of the centre operator but continued to treat patients despite the fact the situation was not rectified.
11. Between 2005 and January, 2007, Ms. Nurse repeatedly made material misrepresentations to the College with respect to the location of her places of work. Ms. Nurse made these misrepresentations on registration renewal application forms and to a College investigator on more than one occasion.
12. Had she testified, Ms. Nurse would have said that she was not forthright about her locations

and places of work because (a) she initially did not appreciate the importance of the College renewal application and (b) she was concerned about increased attention from the College and how her employers may react to such attention because she was aware that she was not practicing in compliance with the standards of practice of the profession at those locations.

13. Between November 7, 2006 and May 7, 2007, Ms. Nurse practised audiology without being supervised, contrary to terms, conditions, and limitations to which her certificate of registration was subject during that period. For example, Ms. Nurse frequently performed audiologic services at a location which she had not reported to the College with the result that the College could not arrange for the supervisor to attend that facility, among others.
14. During the course of the investigation, Ms. Nurse repeatedly and materially misled an investigator retained by the College, and the College, as to the extent to which she prescribed hearing aids, by providing false information to the investigator.
15. In particular, Ms. Nurse advised the College's investigator on more than one occasion that she did not usually prescribe hearing aids and that she just performed hearing tests and advised the patient's family physician or otolaryngologist who then sent the patient to a hearing aid dispenser. However, information obtained by the College from the Assistive Devices Program indicated that between December 1, 2004 and June 30, 2006 Ms. Nurse prescribed approximately 197

hearing aids at what appeared to be five (5) locations previously unidentified by Ms. Nurse. Had she testified, Ms. Nurse would have stated that she was not forthright with the College regarding her hearing aid prescription because she was concerned about her practices at certain clinics.

## Findings

The Panel was satisfied that the conduct described in the Agreed Statement of Facts constituted professional misconduct.

## Penalty

The parties filed a Joint Submission on Penalty and Costs which suggested that the following penalty would be appropriate in the circumstances of this case:

1. Ms. Nurse shall be required to appear before the Discipline Committee Panel to be reprimanded, the fact of which shall be recorded in the register.
2. The Registrar shall be directed to impose, for an indefinite period of time, a specified term, condition and limitation on Ms. Nurse's certificate of registration requiring her to inform the College of all of her employment and practice locations and requiring her to advise the College of any changes to her employment and practice locations within thirty (30) days of the change.
3. The Registrar shall be directed to suspend Ms. Nurse's certificate of registration for a period of four (4) months, subject to the following provisions:
  - a. Two (2) months of the suspension shall be suspended provided that the member satisfies the following specified terms, conditions and

limitations on the member's certificate of registration:

- (i) The member provides proof satisfactory to the Registrar of the successful completion of the following courses: "Optimizing Hearing Aid Outcomes Through Evidence Based Practice," "Avoiding Medical Errors in Audiology," "A Framework for Resolving Ethical Dilemmas: The Academy's Code of Ethics," "Verification of Hearing Aid Performance," by December 31, 2009;
  - (ii) The member provides proof satisfactory to the Registrar of the successful completion of a period of monitoring and mentoring<sup>1</sup>;
  - (iii) The member completes an essay to the satisfaction of the Registrar by December 31, 2009 that is a minimum of 2,500 words and addresses the role of the College as a regulator and the obligations of audiologists as regulated health practitioners, and which identifies and discusses a minimum of five (5) clinical areas of concern that were raised in this case as to the member's standards of practice, and discusses how she has improved her practice in those areas.
- b. The first two months of the suspension of the member's certificate of registration shall be fixed for August, 2009 and December, 2009. In the event that the member fails to successfully complete the requirements contained above, the balance of the suspension shall be served in February and March, 2010.
4. The member shall pay to the College a portion of the

College's costs and expenses fixed in the amount of \$2,000.00 within twelve (12) months of the date of the hearing of this matter.

5. The member acknowledges that the results of the proceeding will be included in the register pursuant to subsection 23(5) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991.
6. Had she testified, Ms. Nurse would have stated that she recognizes the significance of this matter and is apologetic for her conduct. She would also state that she vows to work diligently with her monitor and to be entirely honest and cooperative with the College in all matters.
7. Ms. Nurse acknowledged that this matter would be publicized through, among other things, *CASLPO Today* and the public portion of the register, and that publication would include, among other things, the member's name.

### Decision on Penalty

The panel concluded that the proposed penalty was reasonable and in the public interest having regard for the facts of this case.

The panel, therefore, accepted the Joint Submission on Penalty and Costs and issued an Order as set out above.

The panel administered the reprimand at the conclusion of the hearing.

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1The member shall be monitored and mentored once per week for a minimum of half a day on each occasion. The monitoring and mentoring shall cover all aspects of clinical and professional practice and include (but not be limited to) the following areas: record-keeping, circumstances to refer patients/clients for a medical assessment, CASLPO components in prescribing hearing aids, appropriate noise level for hearing aid testing, frequencies to test at assessment, the necessity of conducting imittance measures, the significance of poor Word Recognition Scores (WRS) and what to do about them, when to mask, interpretation of asymmetry, when to obtain inter-octave thresholds, and how to interpret an audiogram. By the end of the monitoring period, reports must demonstrate general compliance with all standards of practice and the terms of this order, and must otherwise be to the satisfaction of the Registrar. Any alleged breaches of the standards of practice or other professional misconduct concerns that are identified in the reports may be referred to the Executive Committee for possible further proceedings including the referral of allegations of professional misconduct to the Discipline Committee.

## CASLPO-OSLA 2010 CONFERENCE

Where will you be on  
October 21–22, 2010?

Join us at

***“Energized by  
Excellence,”***

*the first*

***CASLPO-OSLA Conference!***

Come and be inspired by CBC's Andy Barrie's keynote address. Get the latest regulatory information from expert lawyer Richard Steinecke and talk with CASLPO panelists about regulatory questions. Learn from world-renowned speakers **Dr. Nickola Nelson, Dr. Marc Fey, Dr. Lyn Turkstra, and Dr. James Hall.**



We'll be at the Sheraton Parkway Toronto North Hotel and Conference Centre, Richmond Hill (highway 7 and Leslie) accessible by Viva public transit from the Yonge-Finch subway or by car with complimentary parking!

## It's Clear Ontario is Big at CLEAR

By Carol Bock, Deputy Registrar

CLEAR, the Council on Licensure, Enforcement and Regulation, was conceived in the United States nearly 30 years ago as a resource for any entity or individual involved in the licensure, non-voluntary certification or registration of the hundreds of regulated occupations and professions. Since its inception, CLEAR's membership has included representatives of all governmental sectors, the private sector, and many others with an interest in this field.

CLEAR promotes regulatory excellence through conferences, educational programs, networking opportunities, publications, and research services for those involved with, or affected by, professional and occupational regulation. A neutral forum to encourage and provide for the sharing of best practices, CLEAR serves and supports the international regulatory community and its vital contribution to public protection.

Canada and in particular, Ontario quickly became a strong voice in the CLEAR organization. This year's annual conference in Denver, Colorado had no less than 25% Canadian participants, 75% of which were from Ontario. Further, 35% of the presentations at the conference were Canadian, with 80% of those being from Ontario. Not to mention, Caroline MacIsaac-Power, the Registrar of the College of Opticians of Ontario is now the president.. Clearly the Ontario and Canadian presence is impressive at the international level and we are well respected in the field of professional regulation. This, I am told is not new.

This year, contributions from the Ontario College of Pharmacists, the College of Nurses of Ontario, and the College of Physicians and Surgeons of Ontario were, in a large part, responsible for the high Ontario content. Together with many other Canadian presentations the overall content meshed well with many of CASLPO's areas of focus including, self assessment, advances in technology, and alternative dispute resolution.

Internationally respected in the field of self assessment, Glenn Regehr outlined the overwhelming body of research in this area and concluded that the whole notion is flawed. In general, we are poor self assessors, particularly in the areas we are weakest in. This of course poses a significant challenge to all regulating bodies, given that self-reflection is the cornerstone of most professional quality assurance programs whether it is in one's daily practice or whether it is involved in developing learning plans for those members who need remediation. All is not lost, however, because further research has demonstrated that self assessment appears to be more accurate when external data/feedback is provided, for example, in the form of benchmark performances of one's peers. This certainly is food for thought when we redesign CASLPO's Self Assessment Tool as we approach the new cycle in 2011. We are working towards putting the self assessment tool online, which may allow us a much better opportunities for developing a more effective tool. The use of technology allows for a more interactive tool that guides the participant more effectively.

Technology was another "hot" topic at the conference this year. Both advances that promise great innovation to our member's practice, as well as the advances that present great threats to regulation and public safety. Currently, many state boards have opened up their board meetings to the public through advances in technology. Participants can log on to a computer and watch the proceedings from the comfort of their home. Added benefits reportedly include more appropriate behaviour and accountability from board members as well as greater participation of the public, members and stakeholders. Although putting in place this technology is a fairly large undertaking currently, with time, no doubt it will become easier and cheaper and it will become the norm. Advances in technology at the high end now make it possible to provide real-time, life sized, holographic interfaces with people across the planet. This raises the possibility of clinical intervention that crosses state, provincial, and country boundaries. The opportunity for increased access, especially in Ontario and Canada where so many communities are so far from the clinical resources they need is astounding. However, with that come many questions around regulation and protecting the public. For example, who has jurisdiction over the practitioner who is practicing in an unethical or illegal manner with the citizens of Ontario but resides in a country that does not regulate that profession? Can any action be taken and if so, how can it be enforced?

Lastly, interesting models were presented by regulatory bodies that use

some form of alternative dispute resolution approaches when it comes to resolving complaints and discipline issues. Because the United States reportedly spends an inordinate amount of money on legal fees, approximately 15 years ago the Colorado Legislature mandated that the Department of Regulatory Agencies and the Department of Law explore alternatives to traditional means for delivering legal services in disciplinary actions. The College of Nurses took the lead initially and their success resulted in an expansion of the program in 2004 to what is now known as the Office of Expedited Settlement. In the last year they have seen approximately 800 cases of which they have settled 79%. The remainder have gone to the attorney general and followed the formal discipline process. This has resulted in approximately \$450,000 in savings! These are encouraging statistics for Ontario given that one of the changes to the Regulated Health Professions Act, 1991 that came into effect on June 4, 2009 was the requirement that regulating Colleges provide alternative resolution processes as an option for appropriate cases.

These and other presentations have provided not only great food for thought, but practical strategies and resources that will inform our future CASLPO projects.

## Contacting the College: Myth or Fact?

By Karen Luker, Deputy Registrar and Carol Bock, Deputy Registrar

**W**hen speaking with members, a variety of myths or misconceptions frequently arise, either from past practices, lack of reliable information, or failure on our part to communicate effectively. Of late, we have heard many myths and misconceptions around how the College handles complaints and concerns. Read on and see if you are harbouring any myths.

### Myth or Fact?

**When I call to discuss my concern about the practice of another member, I will be required to send a written complaint.**

#### Myth

Staff at the College will advise you with regards to the seriousness of your concern, the standards of practice that may be in violation and what your various options may be. One of those options may be to put your concerns in writing. However, the only situation in which it is mandatory for a colleague to report to the College, as outlined in the *Regulated Health Professions Act (RHPA)*, is when members (and facility operators) have reasonable grounds to believe that a member has sexually abused a patient. The report must be in writing and contain the pertinent details. However, the name of the patient cannot be revealed unless the patient agrees in writing to this disclosure.

### Myth or Fact?

**If I call the College to discuss my concerns surrounding someone else's practice, the College will automatically initiate an investigation.**

#### Myth

One of CASLPO's roles is to provide advice on a multitude of matters. Members are encouraged to call, and may do so anonymously, to discuss their concerns. The College will provide information on possible next steps, and only investigate a matter in the following cases: (a) if a formal, written complaint is sent, or (b) the member identifies him/herself and, due to the nature of the concerns, the College feels that an investigation is warranted.

### Myth or Fact?

**As an employer, I must provide a termination report on a member who has demonstrated some degree of clinical incompetence even if the member quits before he/she is terminated.**

#### Fact

The RHPA states that mandatory termination reports are required when the employment or association with the member is terminated for reasons of professional misconduct, incompetence or incapacity. Whether the member in question ended the employment situation voluntarily or not, a termination report is required. The fact that you had *intended* to terminate the member is the determining factor.

## Myth or Fact?

**If I make a complaint to the College in writing, I will be kept informed of every step of the investigation.**

### Myth

When a complaint is received, it is sent to the member in question, who then has an opportunity to respond in writing within 30 days. The response is then shared with the complainant, who may make additional submissions. The College then determines if further investigation is required and become the "owner" of the complaint. Once the investigation is complete, the Inquiries, Complaints and Reports Committee (ICRC) will consider the complaint and make a decision. A copy of the written decisions and reasons is sent to the member as well as the complainant. Other members of the College and the public are made aware of the nature and outcome of the complaint in *CASLPO Today*.

## Myth or Fact?

**If I report a concern, I can remain anonymous and the member in question will never know who informed the College.**

### Myth

The College cannot guarantee your identity will not be revealed at some point in time. If a concern is of significant gravity, the Registrar may direct further investigation. In this investigative process, the identity of the person who lodged the initial concern may be revealed. This iden-

tifying information may not be explicitly divulged; however, depending on the circumstances it may be implicitly determined who reported the concern.

## Myth or Fact?

**If I report concerns regarding someone's competence or fitness to practice the profession, I will have to provide information to support these concerns.**

### Fact

If the College determines that the concerns warrant further investigation, you may be asked to participate in an interview with an investigator, or to provide documentation (e.g., client charts, minutes of supervisory meetings). The investigator will guide you through the process and be very specific about what information needs to be collected.

## Myth or Fact?

**If a complaint is lodged against a member, his/her record is tarnished or flagged, and future dealings with the College may be more difficult.**

### Myth

One of the requirements of self-regulation is that a procedure be in place to allow individuals, especially members of the public, to express their concerns. It is the College's responsibility to address these concerns, whether they are supported by evidence or not. Just as with civil matters, individuals are innocent until proven guilty.

## Myth or Fact?

**If I lay a complaint or express a concern about a member of the College, that member will lose his/her license to practice.**

### Myth

As a general rule, the College prefers to offer remedial solutions to assist members in practicing safely and competently. Punitive measures are often only put in place if and when remedial strategies have failed, or if the nature of the concerns are very serious. The Inquiries, Complaints and Reports Committee does not have the power to revoke or suspend someone's certificate of registration. This may only occur through a discipline hearing.

## Myth or Fact?

**If I call the College and reveal my lack of knowledge about standards of practice, I will be targeted for further investigation or a peer assessment.**

### Myth

The College regularly receives more than 20 calls/emails per day from members with questions relating to all aspects of practice. The fact is the answers to almost all these questions are contained in the CASLPO Desk Reference. However, the College sees part of its role as being a resource to the membership because having better educated members results in better service to the public, which is our ultimate responsibility. No question is too simple to ask. We are here to inform.

# Fast Facts about How the College Works

By Karen Luker, Deputy Registrar

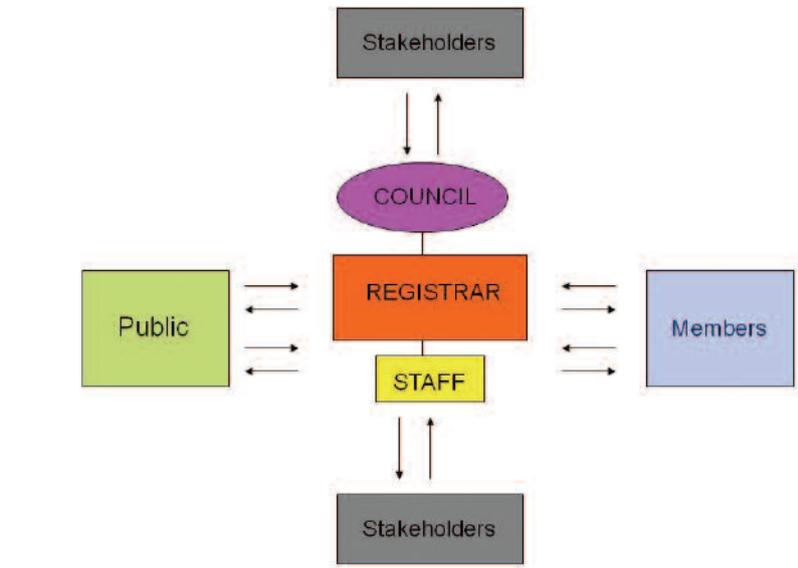
Have you ever asked yourself how things happen at the College? What is the difference between the Registrar and the President? The Council and staff?

- The *Regulated Health Professions Act (RHPA)* contains a set of “rules” which dictate how all the 23 health regulatory colleges conduct their business. All colleges that regulate health professions from doctors, to dentists, to audiologists and speech-language pathologists have the same basic rules.
- In addition, CASLPO is also directed by the *Audiology and Speech-language Pathology Act*.
- The college and its members must also abide by PHIPA, the *Health Care Consent Act*, etc.
- Every College has a Council. The Council acts in the same way as a Board of Directors: it sets the direction, and is accountable for the work of the staff.

**coun•cil** a group elected or appointed as an advisory or legislative body<sup>1</sup>

The CASLPO Council is composed of:

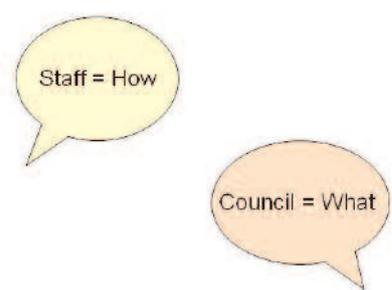
- Nine professional members (speech-language pathologists and audiologists) who are elected
- Seven public members who are appointed by the government (these are members of the public who are not members of the



- profession, but who generally have an interest in how the professions govern themselves)
- Two members from a faculty of audiology or speech-language pathology of a university in Ontario

Council members are elected within an electoral district; however, they do not represent their individual constituents at the council table. Their role is to ensure the public is protected and they make decisions in the public interest. Their job is to bring their knowledge and expertise to the Council table so that decisions on clinical and other matters that will affect how the members of the profession practice, are practical and enforceable.

**reg•is•trar** an official recorder or keeper of records



Staff, including the Registrar, take policy direction from the Council, and ensure that its objectives are attained. The Registrar acts as the liaison between Council and staff.

## Who We Are

- **The Registrar** is responsible for all of the daily operations of the College. The Registrar also has statutory authorities and responsibilities set out in legislation and must exercise independence from Council in some matters.

- **The Council** meets four times per year. Council members are appointed to committees which meet in between Council meetings.
- **Statutory (or mandatory) committees** are: Registration, Quality Assurance, Inquiries, Complaints and Reports, Discipline, Patient Relations, Fitness to Practice, and the Executive Committee. These committees have statutory responsibilities set out in legislation and also act independently of Council within these statutory boundaries. In addition, these committees provide advice to Council on policy matters.
- **Standing (or optional) committees** are: Audiology Practice Advisory Committee, Speech-Language Pathology Practice Advisory Committee. These committees are strictly advisory in nature and bring advice to council on matters affecting the services that members provide to clients and other matters

The Council, with the assistance of staff, is involved in developing the following:

- REGULATIONS (e.g., misconduct, advertising, records)
- BYLAWS (e.g., fees, elections)
- GOVERNANCE POLICIES (e.g., role of President, conduct of Council)
- STANDARDS OF PRACTICE (e.g., Practice Standards and Guidelines, Position Statements)

## Fast Facts

- The Council abides by its own strict privacy and conflict of interest guidelines

**stakeholder** one who is involved in or affected by a course of action

- Members of the public deal with staff, including the Registrar, for matters involving the College. They do not have direct access to the Council.
- Members of the profession deal primarily with staff, including the Registrar, for matters involving the College. They do not have direct access to the Council on day-to-day activities or statutory matters, but can raise issues through correspondence with the Council. Council members do not communicate with members of the profession directly or individually about the business of the College.
- 85% of the College's budget is spent on regulatory (mandatory) activities such as the quality assurance program, complaints and discipline.
- The remaining 15% is used for discretionary (optional) activities such as public awareness and stakeholder relations
- The College regulates over 3,300 professionals across Ontario
- Stakeholders are numerous, and include associations, provincial ministries, other Canadian regulators, other health professions

**committee** a body of persons delegated to consider, investigate, take action on, or report on some matter

Definitions from Merriam Webster online

# OSLA Welcomes New CASLPO Members



Welcome to the fascinating and rewarding world of communication disorder professionals in Ontario. The careers of audiologist and speech language pathologist offer you a lifetime of involvement in that most critical of human accomplishments, communication. The Ontario Association of Speech Language Pathologists and Audiologists wishes you great success as you move from your life as a student to your career bringing assistance to children and adults with communication disorders.

Ontario is an exciting place to be a professional in communication disorders today. Our community is vibrant with research, academic life, a wide variety of working environments, and colleagues with extensive experience.

In 1965 a small group of audiologists and speech language pathologists formed our first professional community in Ontario to further the aims of our professions, quality professional service to our clients, the development of government and community resources for the provision of service and for our initial and ongoing professional education and peer support of each and every member throughout their career. We were the group who established standards of education and practice for audiologists and speech language

pathologists in Ontario and we worked successfully with the Ontario government to enshrine these standards in law through the creation of the College of Audiologists and Speech Language Pathologists of Ontario.

With the establishment of the college, OSLA's role no longer includes "protection of the public" through maintenance of educational and practice standards but continues as the lobbying vehicle of our professions, an important contributor to ongoing professional education and the professional association which supports you. We engage in extensive consultation with the Ontario government to press the issues of service levels in all clinical settings, we provide you and employers with statistical information regarding working conditions and compensation levels, we provide a variety of educational events, and we have put in place numerous "reward" programs which provide our members with significant monetary benefits through partnership with Ontario companies. We are the head, the heart, and the voice of audiologists and speech language pathologists in Ontario.

And we need you, your first-class, state-of-the-art education, your vigour, your energy, and your commitment to your career and to your colleagues if we are to continue to be that head, heart and voice. We hope you will join us and the community of audiologists and speech language pathologists in our life and work together.

Email us at [mail@osla.on.ca](mailto:mail@osla.on.ca) or call 416-920-3676.

## Use of the Title "Doctor"

### **CASLPO members have been requesting clarification on the use of the title "Doctor" by those members who have doctoral degrees.**

The title "Doctor" is restricted in Ontario, by the *Regulated Health Professions Act (RHPA)* which states that, with the exception of chiropractors, optometrists, physicians, psychologists, and dentists, "no person shall use the title Doctor, a variation or abbreviation or an equivalent in another language, in the course of providing or offering to provide, in Ontario, health care to individuals." Of course, audiology and speech-language pathology are defined as health care services.

Note that the restriction on the use of the title "doctor" is only in the course of providing or offering to provide health services. Thus a member with a doctoral degree can use the title "doctor" in any other setting just so long as you are not offering health care.

We have advised our members that if they wish to refer to their academic qualifications when they are providing or offering to provide health care to individuals they should inform clients that they have a "Doctorate of Audiology", for example as shown below:

"Jane Doe, Doctor of Audiology, Audiologist."

Thus, members are not precluded from accurately setting out their

academic qualifications but are not permitted to call themselves "Dr. Doe," regardless of their qualifications, when they are providing or are offering to provide health care in Ontario.

CASLPO has made many representations to the Government of Ontario requesting that members of a College who hold an earned doctorate degree in the discipline in which the person is registered by the College be allowed to use the title doctor in the course of providing or offering to provide health care to individuals. The college believes that to meet standards of fairness, consistency and reason, the RHPA must be modernized to permit audiologists and speech-language pathologists with doctoral degrees to use the title "doctor" when providing health care services.

However, until the RHPA is amended the restrictions apply.

Please consult the College's position statement on Use of the Title "Doctor" available in your Desk Reference and online at [www.caslpo.com](http://www.caslpo.com) for further details.

# Pandemic Planning

By Carol Bock, Deputy Registrar

It is safe to say that we have been inundated with information about the H1N1 pandemic. Whether you pick up the paper, turn on the radio, or listen in to conversations across the proverbial water cooler (which by the way may be a host for the virus!), the message is clear: We are experiencing an official pandemic. For the first time in over 40 years, the World Health Organization has declared an influenza pandemic.

Past experience with influenza pandemics underscore the potential risks and heighten the anxiety. In the 20th century, the most severe influenza pandemic occurred in 1918–1919 and caused an estimated 40 to 50 million deaths worldwide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

However, since the WHO announcement in June of this year, the ensuing information (and misinformation) has been confusing. Questions abound regarding the timing and effectiveness of H1N1 in concert with seasonal flu vaccines, the effectiveness of hand washing, and more. Not to mention the less serious questions, such as those posed by Olympic athletes who are scratching their heads over the advice of the Canadian Olympic Committee chief medical officer to “fist bump” instead of shaking hands. Will this leave senior officials on the receiving end of the fist bump perplexed and perhaps offended?

Regardless of whether the current pandemic seems as grave as those in the past, the statistics and projections are alarming. As professionals

in the health care field, it behooves us to stay informed, especially in an environment of ever-changing, new information. However, what is unchanging, regardless of the practice setting, is the simple set of common recommendations for helping to prevent the spread of influenza:

- Wash your hands frequently
- Cough and sneeze into your arm, sleeve or tissue
- Stay home when you are sick

In this environment, what role does the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) play? First and foremost, we are a source of information. Links on our website, [www.caslpo.com](http://www.caslpo.com) (under “What’s New”) direct the public and the membership to public health sites that contain the most current information on pandemic plans. Secondly, we are a source for guidance if and when difficult decisions around care arise. Local pandemic plans may involve:

- Providing care to susceptible or vulnerable clients;
- Risks to members;
- Assuming additional skills to facilitate care delivery in unusual circumstances

All these situations place demands and expectations that call for thoughtful consideration regarding the balance between professional duty to provide patient/client care with personal and public safety. Undoubtedly, we all hope it does not advance to these situations but planning ahead and staying informed will be the best safeguard.

## Resources

Government of Ontario Ministry of Health and Long-Term Care (MOHLTC) website – <http://www.health.gov.on.ca/en/>

Canadian Centre For Occupational Health and Safety (CCOH) has a pandemic Planning site that outlines tips for home, work and community as well as other information site [www.ccohs.ca/pandemic/](http://www.ccohs.ca/pandemic/)

Public Health Agency of Canada has information about the Canadian plan for the health sector along with links to territory and provincial plans – [www.phac-aspc.gc.ca/cpip-pclpci/index-eng.php](http://www.phac-aspc.gc.ca/cpip-pclpci/index-eng.php)

What’s New link from the CASLPO website, where Ontario Government links for pandemic planning are located – [www.caslpo.com/WhatsNew/tabid/124/Default.aspx](http://www.caslpo.com/WhatsNew/tabid/124/Default.aspx)

Document, Infection Control For Regulated Professions, outlines general guidelines for infection control in the work environment – [www.caslpo.com/PracticeStandards/InfectionControl/InfectionControlforRegulatedProfessionals/tabid/184/Default.aspx](http://www.caslpo.com/PracticeStandards/InfectionControl/InfectionControlforRegulatedProfessionals/tabid/184/Default.aspx)



# David Hodgson: A Retrospective of 10 Years

By Sherry Hinman

**When Delmer Maize, president of CASLPO Council in 1999, approached David Hodgson about the position of college registrar, David says he had to think about it – for about two seconds.**

He had been providing consulting services to a number of colleges including CASLPO, was registrar of the Association of Architects before that and had had a successful career with the provincial government. Looking back, David recalls, “I said yes because I really liked the work of regulatory colleges. The common thread with my previous careers was the regulation of professions.”

At the time, CASLPO was in a transition stage. Set up in 1994, the college’s first three to four years had been a difficult period. Council had spent much of their time carrying out administrative duties, and there was high staff turnover. “By 1999, they were just starting to develop processes,” David recalls. “What the college was looking for was someone to lead the organization and get it on track. There was a need to bring stability.”

David saw his initial role with the college in three parts: bringing stability, recruiting other staff – such as practice advisors – and determining what the college needed to do to meet the requirements of the Regulated Health Professions Act (RHPA).

David Pfingstgraef, audiologist and past president of CASLPO Council

from 2002 to 2005 and again during 2006, recalls that early period. “David came into the college at a good time. The pioneer members had the huge task of setting up the location, registering the members, establishing guidelines, and so on. This was just coming to an end when David arrived, and the timing was right for leadership on how governance was done.”

Once behind the desk, David set about to work toward three goals: First was to create an efficient and effective team. Second was to provide the council with the tools they needed, particularly the governance tools. It was critical that the chair understand his or her role, and the differences between staff and council. And we had to create things like position statements, practice guidelines and so on, to support members. We built a lot of tools and advisory structures.” Third, were the important external matters, such as members’ uncertainty about the role of the college, including the differences in the roles between CASLPO and CASLPA.

David talked about his vision for CASLPO. “We are the caring college,” he explains. “So my vision of the college was to be supportive of

the members so that the public was protected. Be the best college you can be. For me, this meant, ‘Do innovative things.’ So we created the website, we tried online learning, we created *CASLPO Today* magazine, and we dared to take the college out into the public. This included increasing public awareness of the fact that speech-language pathologists and audiologists are experts in their fields. This was important.”

Stu Brandon, public member and council president in 2005/2006, says, “I was always impressed by his vision. He had a clear idea of where council should take the college.”

There were important influences, both internal and external to the college. Internally, the college council was a critical player. David says the presidents of the college were all passionate about the professions and gave him a sense of what needed to be done. Externally there were many sources of input. “We got a lot of good advice from members at the regional meetings.” And of course the government told the college what it could do, from the point of view of legislation.

Debbie Shugar, speech-language pathologist, was council president in 2007. Debbie describes David as

driven. “He has the ability to see what needs to be done and move it forward. David would talk about the 3 Rs: results, roles, and rules, and always said that you could approach any task with this in mind and get it done. I saw him do that many times.”

She goes on to say, “He was such a strong leader. We went from being a small college to being a nationally recognized college under his leadership. That’s what the college needed: a strong, assertive leader.”

Meg Petkoff, speech-language pathologist, is CASLPO Council’s current president. “David’s ability to be prepared and organized is a standout for him. His preparedness for council meetings has impressed me – he is always able to speak to the topic. He has also shown a lot of foresight, in knowing what’s coming down in terms of legislation.”

As David’s role at CASLPO comes to an end this December, he looks back on the last 10 years with a great deal of deserved pride. Of all the initiatives he has led, he is most proud of having begun the Canadian Alliance of Regulators of Audiology and Speech-Language Pathology (CAR). As its first chair, David is pleased to see that CAR is beginning to come together. “It has put us on the map. We are talking about finally getting on with harmonizing standards, including regulatory standards, practice standards, and more.”

As for the future of the alliance, David says, “The future of the alliance is very bright. However, the greatest challenge is that it is hard to put in the time to maintain the work of the alliance. I hope CASLPO Council and the other councils see the value and the need to staff this initiative.”

One of David’s best memories of his time with CASLPO is one of his oldest. “It was my first meeting as

registrar, and it was the 6th of December, 1999. I remember the date because it was my birthday. They gave me a card, and every year on my birthday at least one person remembers and sends me a card. That has meant a lot.”

Council presidents spoke about David’s connection with people. Stu describes David as “a great team builder. He knew how to develop a cohesive group. As a public member, I was pleased to be president – David made it easy for me. Everything he did worked out well. Working with David made me proud of the council, proud of the college, and proud of myself.”

Debbie, too, talks about this side of David. “He was very good at having a good time, socializing with people. I learned a lot from David about how important it is to be connected. David understood this. He was well connected politically because he had worked in government before. He just understood it. And he wasn’t afraid to take risks, he was incredibly gutsy and courageous.”

David himself makes a similar point about the sense of team. “It’s important that we build a sense of camaraderie and team amongst councillors. We have a lot of fun when we socialize. But then we’re much more open and productive at meetings because of this.”

Reflecting on his legacy as he prepares to leave the college, David hopes he’ll be remembered for doing a good job. “I think I moved the college forward in a lot of ways. I hope I leave it better than when I started. And what will I miss? The people. And making the multitude of decisions every day. I enjoyed that the buck stopped with me.” As he passes the torch to CASLPO’s next registrar, David hopes that “whoever it is, that person will think big and think bold. And make decisions.”

His decision to leave the college stems from his belief that people and organizations benefit from change, and that it’s time for him to move on to other things. He says he has had some health problems and that it’s time to slow down, and spend time with his horses, his Great Danes, and his partner Janet. And about what comes next? He isn’t sure. “We’ll see what else comes along. I’ve got some irons in the fire but I have absolutely enjoyed my time with the college. If you asked me to do it again, I’d say, ‘you bet.’”

David P. spoke about David H. as he steps down from the college, saying, “I am left with a sense of awe. Where do you find an executive of that quality for an organization of this size?” he asks. He also spoke to David H.’s understanding of the professions. “As a person coming into the college who is not within one of the professions, he has become one of its greatest assets. He almost *became* a speech pathologist/audiologist. And he functioned like that, wherever he went.”

David H. talks about this, too. “I’ve learned a lot about the professions and the services they provide. And I’ve been amazed and overwhelmed by what speech-language pathologists and audiologists do to improve the lives of people with speech, language, and hearing problems. It’s been a great 10 years. I really enjoyed the job and the people. I’m proud of the friendships I’ve made and to have been associated with these two amazing professions.”

*Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.*

# Read Anything Good Lately?

By Sherry Hinman

"We walked down the path to the well-house, attracted by the fragrance of the honeysuckle with which it was covered. Someone was drawing water and my teacher placed my hand under the spout. As the cool stream gushed over one hand she spelled into the other the word water, first slowly, then rapidly. I stood still, my whole attention fixed upon the motions of her fingers. Suddenly I felt a misty consciousness as of something forgotten – a thrill of returning thought; and somehow the mystery of language was revealed to me. I knew then that "w-a-t-e-r" meant the wonderful cool something that was flowing over my hand. That living word awakened my soul, gave it light, hope, joy, set it free! There were barriers still, it is true, but barriers that could in time be swept away."<sup>1</sup>

Who could ever forget Anne Bancroft and Patty Duke in the famous scene this quote describes, immortalized in the 1962 movie *The Miracle Worker*. This movie became the iconic symbol of deaf/blind children. For decades afterwards, we learned from this story that these people had a story to tell, and that they, like Helen Keller, could go on to live fulfilling lives. Keller's *The Story of My Life* positioned deafness, in particular, in the mainstream, something nothing else had done before.

There were other examples, even 50 years ago, of stories that sought to enlighten the world about disorders that affect communication, but there were not many. *Dibs: In Search of Self*, by Virginia Axline, is the story of a brilliant but disturbed child, and how play therapy fostered his healthy mental development. Today we might describe the child in this story as having

Asperger syndrome, but this term was not recognized nor was it well understood in the '60s.

Today, bookstore shelves are full to bursting with books about such individuals. The 1990s and 2000s brought an onslaught of books on these topics, whether they were memoirs, works of non-fiction, or even novels. It begs the question whether the number of books reflects society's increased understanding or whether, perhaps, it is the other way round: a greater understanding of these conditions is the result of the availability of such an abundance of books.

Probably the best-known author of "neurological tales" is the British neurologist Oliver Sacks. His contributions to the clinical world are many, including of course his clinical work itself, countless journal articles, his teaching and consulting. But probably his greatest popular

appeal is for his stories. His engaging and instructive tales have ranged from deafness (*Seeing Voices: A Journey Into the World of the Deaf*, 1989) to a variety of disorders such as autism, Tourette syndrome, amnesia, and more (*An Anthropologist on Mars*, 1995).

Sacks's tales are remarkable in that they are told in a fascinating narrative form that captivates the reader while surreptitiously passing on a depth of learning usually only available in medical journals. Who could not be caught up in the stories collected in the national bestseller *The Man Who Mistook His Wife for a Hat*: the patient who had clear and minutely detailed recollection of his entire past up until 1945 and then not a shred of memory after that; the young woman whose seizures, caused by an inoperable tumour, brought about beautiful, visionary dreams of her childhood home in India; or the man described in the book's title who, because of a severe visual agnosia, did indeed try to lift up on his wife's head at the end of his visit with Dr. Sacks, thinking she was his hat.

Other books that treat the subject of neurological conditions include Mitch Albom's 1997 chronicle about his college professor who suffered from ALS, *Tuesdays with Morrie*; and Oliver Sacks's 1973 book on post-encephalitic Parkinson's, *Awakenings*.

Occasionally, it is the person with

the disorder who is gifted with the insight to tell the story from the inside. Jill Bolte Taylor's personal journey is told in her gripping 2006 bestseller, *My Stroke of Insight*. Taylor, a brain scientist, suffered a massive left-hemisphere stroke in 1996. While certainly terrified from the experience, she also found herself in complete awe, witnessing in an experiential way her left hemisphere shutting down. This allowed her to observe and later describe the differences between the hemispheres, because she could compare the intermittent functioning of her left hemisphere to its total silence when it ceased functioning.

Other personal tales on the topic of stroke include Barbara Newborn's 1997 *Return to Ithica*, and June Callwood and Terry Evanshen's 2001 book *The Man Who Lost Himself*.

Recently, there has been a spate of books on the topic of Asperger's syndrome. Daniel Tammet published his extraordinary memoir, *Born on a Blue Day*, in 2006. Tammet, a man with high-functioning Asperger's, also has savant syndrome, which allows him to perform inexplicably complex mathematical tasks as well as acquire many languages. He is also has synaesthesia, a crossing over of sensory experiences. In his case, he connects numbers and words with individual shapes and colours. What makes Tammet remarkable is not only the combination of his conditions but also his superior level of insight into them, and his ability to describe them in an easily accessible way.

In one part of his story, he tells what it was like to try to converse with other people as a young boy at school:

"I was never purposefully impolite; I did not understand that the purpose of conversation was anything other than to talk about the things that most interested you. I would talk, in very great detail, until I had emptied

## Books on Topics of Interest to Speech-Language Pathologists and Audiologists

### Deafness

- The Story of My Life, Helen Keller, 1905
- Seeing Voices: A Journey Into the World of the Deaf, Oliver Sacks, 1989
- Deafening, Frances Itani, 2003

### Autism/Asperger's/Autistic Savant Syndrome

- Dibs: In Search of Self, Virginia Axline, 1964
- The Curious Incident of the Dog in the Night-Time, Mark Haddon, 2003
- Born on a Blue Day: Inside the Extraordinary Mind of an Autistic Savant, Daniel Tammet, 2006
- Look Me in the Eye: My Life with Asperger's, John Elder Robison, 2008

### Stroke and Aphasia

- Return to Ithaca: A Woman's Triumph over the Disabilities of a Severe Stroke, Barbara Newborn, 1997
- My Stroke of Insight: A Brain Scientist's Personal Journey, Jill Bolte Taylor, 2006
- The Man Who Forgot How to Read: A Memoir, Howard Engel and Oliver Sacks, 2008

### Traumatic Brain Injury

- I'll Carry the Fork! Recovering a Life after Brain Injury, Kara L. Swanson, 1999
- The Man Who Lost Himself: The Terry Evanshen Story, June Callwood and Terry Evanshen, 2001
- Where is the Mango Princess? Cathy Crimmins, 2001

### Other Neurological Disorders

- Awakenings, Oliver Sacks, 1973
- The Man Who Mistook His Wife for a Hat: And Other Clinical Tales, Oliver Sacks, 1985
- An Anthropologist on Mars: Seven Paradoxical Tales, Oliver Sacks, 1995
- Tuesdays with Morrie: An Old Man, a Young Man, and Life's Greatest Lesson, Mitch Albom, 1997

myself of everything that I wanted to say and felt that I might burst if I was interrupted in mid-flow. It never occurred to me that the topic I was talking about might not be of interest to the other person. I also never noticed if the listener began to fidget or look around, and would carry on talking until I was told something like 'I have to go now.'"(p. 95)<sup>2</sup>

He also provides insights into his difficulty interpreting abstract language. For example, his teacher might say to him,

"'seven times nine' while looking at me, and of course I knew that the answer was sixty-three, but I did not realise that I was expected to say the answer out loud to the class. It was only when the teacher repeated his question explicitly as: 'What is seven

times nine?' that I gave the answer."<sup>2</sup>

Novels on the topic of Asperger's include Mark Haddon's 2003 novel *The Curious Incident of the Dog in the Night-Time*, and John Elder Robison's 2008 novel *Look Me in the Eye*.

Ending where we began, in the world of deafness, is Frances Itani's 2003 novel *Deafening*. This is a stirring tale about a young deaf woman, Grania, who lives in Deseronto, Ontario, during the First World War, and Jim, the soldier with whom she falls in love. We hear Grania's haunting voice as she teaches Jim about her world, just as he teaches her about his. Deafness is not the only theme of the story, but it is at its heart:

"...Grania must pay attention every second, every minute. If she doesn't, people will think she's stupid. She has to be ready all the time. Ready? For what? To break through the silence."<sup>3</sup>

These books, and others like them, use the narrative form, whether through fiction or non-fiction, to tell the story behind deafness, stroke, or conditions/diseases such as autism, Parkinson's and others. The stories they tell not only instruct but also convey the humanity behind the facts.

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1. Keller H. *The Story of My Life*. New York: Doubleday Page & Co., 1905.
2. Tammet D. *Born on a Blue Day*. Great Britain: Hodder, 2006.
3. Itani F. *Deafening*. Toronto: Harper Collins, 2003.

*Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.*