

STANDARDS OF PRACTICE



COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF NEWFOUNDLAND & LABRADOR

COPYRIGHT AND TERMS OF USE

This material, including copyright and marks under the Trademarks Act (Canada), is owned by the College of Audiology and Speech-Language Pathology of Newfoundland and Labrador (CASLP-NL) and is protected by law.

PERMISSION STATEMENT

This material may not be reproduced, stored, or transmitted without prior permission from the CASLP-NL. For further information, please contact:

125-60 Hamlyn Rd. St. John's, NL A1E 5X7

Email: info@caslpnl.ca

ACKNOWLEDGEMENTS

This document was developed with contributions from the Newfoundland and Labrador Council of Health Professionals (NLCHP), CASLP-NL members, and audiologists and speech-language pathologists volunteers. CASLP-NL acknowledges the contributions of all individuals who provided guidance, shared their expertise, and helped shape these Standards of Practice. Your efforts have been instrumental in upholding the highest principles of ethical, safe, high-quality, and accountable professional practice.

DISCLAIMER

Any use of this material is strictly at the user's risk and without warranty of any kind. The CASLP-NL, its agents, employees, or contractors will not be liable for any direct or indirect damages, or lost profits arising from your use of the materials.

COLLEGE OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY – NEWFOUNDLAND AND LABRADOR

Copyright © CASLP-NL (Canada) 2025

CONTENTS

Regulation of the Professions.....	5
Standards Authority.....	5
Standards Development Method.....	6
Purpose of the Standard of Practice.....	7
Practice Contexts.....	8
Patients and Clients.....	9
Professional Boundaries.....	10
Boundary Violations.....	10
Conduct Deserving of Sanctions.....	10
Organization of the Standards.....	11
Standard 1.0 – Fundamentals of Professional Practice.....	12
1.1 Professional Responsibilities.....	13
1.2 Professional Relationship Boundaries.....	14
1.3 Conflict of Interest.....	15
1.4 Professional Collaboration.....	16
1.5 Professional Documentation.....	17
1.6 Safeguarding Patient Confidentiality and Privacy.....	18
1.7 Supervision.....	19
1.8 Care and Service Consent.....	20
1.9 Maintenance of Fitness to Practice.....	21
1.10 Professional Duty to Report.....	22
1.11 Delivery of Emerging Services.....	22
1.12 Safety and Infection Prevention and Controls (IPAC).....	23
1.13 Cultural and Trauma-Informed Competence.....	24
1.14 Digital Citizenship.....	25
1.15 Reflective Practice and Career-Long Learning.....	26
Standard 2 – Audiology Clinical Practice.....	27
2.1 Screening.....	27
2.2 Assessment and Diagnosis.....	28
2.3 Interventions and Therapeutics.....	29
2.4 Ongoing Intervention Monitoring and Management.....	29

CONTENTS

2.5 Episodic and Emergent Client Care	30
2.6 Equipment, Tools, and Materials	30
2.7 Referrals.....	31
2.8 Discontinuing Care and Service	31
2.9 AUD Virtual Care and Service.....	32
Standard 3 – Speech-Language Pathology Clinical Practice	33
3.1 Screening	33
3.2 Assessment and Diagnosis	34
3.3 Interventions and Therapeutics	35
3.4 Ongoing Intervention Monitoring and Management.....	36
3.5 Equipment and Tools.....	36
3.6 Referrals and Discontinuing Care and Service	37
3.7 SLP Virtual Care and Service.....	38
Standard 4 – Education Practice.....	39
4.1 Supporting Education and Training.....	39
4.2 Supporting Ongoing Development.....	40
Standard 5 – Administrative Practice	41
5.1 Administrative Leadership.....	41
5.2 Fair and Ethical Business Practice	42
5.3 Administrative Supervision	43
Standard 6 – Research Practice	45
6.1 Supporting Research.....	45
6.2 Ethical research.....	45
6.3 Collaborative, Inclusive, and Safe Research	47
GLOSSARY	48
REFERENCES.....	54

REGULATION OF THE PROFESSIONS

The Newfoundland and Labrador Council of Health Professionals ('NLCHP') is a provincial health professional regulatory body operating under the authority of the Newfoundland and Labrador Health Professions Act (the 'Act'). In accordance with its legislative mandate, the NLCHP acts in the public interest by safeguarding the public from unsafe, incompetent, and unethical healthcare practices.

The College of Audiology and Speech-Language Pathology of Newfoundland and Labrador ('CASLP-NL' and the 'College') is authorized by the Act and its regulations to set practice standards for Audiologists (AUDs) and Speech-Language Pathologists (SLPs) in Newfoundland and Labrador. The principles of professional responsibility and accountability, for provincial AUDs and SLPs, are consolidated within the College's By-laws, the Code of Ethics (the 'Code'), the Standards of Practice (the 'Standards'), the Scope of Practice, and the competency profile, which together form the College's core documents (the 'Core Documents').

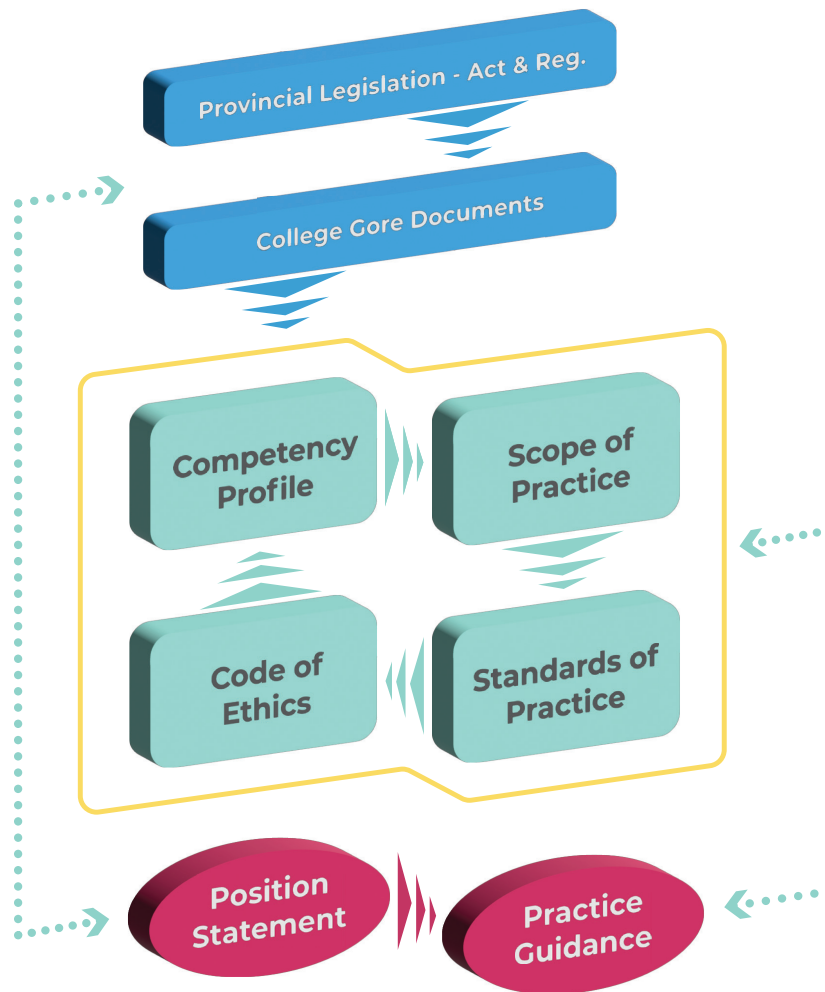
The joint work of the NLCHP and the College can be best summarized as strengthening the health professional regulatory system to ensure the delivery of quality health services, enhancing public protection, and facilitating collaborative interprofessional patient care.

STANDARDS AUTHORITY

The Standards are an integral component of the overall legislative framework that guides provincial audiology and speech-language pathology practice. The Standards need to be understood within the context that they are subservient to:

- The Act, which outlines the governance structure for provincial health professions, including audiology and speech-language pathology.
- All NLCHP policies which encompass general provisions associated with professional registration, renewal, professional development, quality assurance, complaint management, and professional discipline.
- The Audiologists and Speech-Language Pathologists Regulations (the 'Regulations'), which define the practice of audiology and speech-language pathology, clarify professional titles and profession-specific requirements.
- The CASLP-NL Core Documents and associated Position Statements and Practice Guidelines.

Employers can use these policies and the Standards to inform and align their workplace policies and procedures thereby supporting consistent, accountable and high-quality professional care and service delivery. In circumstances where employer policies and procedures conflict with the College's Core Documents, the Core Documents take precedence, as they represent the legal, ethical, and accountability benchmarks for the professions. The policy framework that guides AUD and SLP practice in Newfoundland and Labrador is represented as:



STANDARDS DEVELOPMENT METHOD

The 2025 edition of the Standards was developed between February 2025 and February 2026. The development work was conducted by consultants under the supervision of a steering group comprising representatives from NLCHP and CASLP-NL.

The Standards were formulated based on comprehensive desk research of provincial jurisprudence, comparable professional practice standards from Canada, other jurisdictions, and other health professions.

The Standards also importantly incorporates the concept of “Right Touch Regulation,” which is recognized globally as a leading regulatory policy development practice. The principles of “Right Touch” suggest that regulatory policies should be:

- Proportionate
- Consistent
- Targeted
- Transparent
- Accountable
- Agile

A group of registered AUDs and SLPs offered feedback on the draft Standards from April 2025 to October 2025.

Subsequently, the draft Standards underwent consultation with provincial practitioners and relevant stakeholders before receiving final approval from the College Board and the NLCHP in March 2026.

GLOSSARY

The Standards employ the following terminology guidelines:

- Abbreviated terms are shown in full form when they first appear in the text, with the abbreviation provided in parentheses.
- Defined terms are italicized and bolded upon their first mention in the text.

PURPOSE OF THE STANDARD OF PRACTICE

The Standards apply across all relevant AUD and SLP practice contexts, including clinical, educational, administrative, and research practice.

A practitioner's work may span multiple practice contexts. For example, an AUD or SLP providing clinical services may also be practicing within an educational or administrative practice context if – they are practising clinically whilst also supervising an AUD or SLP student, mentoring a colleague, managing a unit, a work site, or an independent private practice.

PRACTICE CONTEXTS

Audiologists and Speech-Language Pathologists in Newfoundland and Labrador can familiarize themselves with each practice context by reviewing and reflecting upon the following practice context definitions:



CLINICAL AUDIOLOGY PRACTICE - Clinical audiology practice is defined in the Regulations and means identifying, assessing, diagnosing, and treating individuals with peripheral or central hearing loss, tinnitus, and balance disorders.

CLINICAL SPEECH-LANGUAGE PATHOLOGY PRACTICE - Clinical speech-language pathology practice is defined in the Regulations and means identifying, assessing, diagnosing, and treating disorders of communication and swallowing.

ADMINISTRATIVE PRACTICE - means having professional leadership (management and supervisory) oversight responsibilities within a corporation, department, work site, unit, or team. Within the context of audiology and speech-language pathology practice, administrative practice includes oversight of private healthcare business activities and oversight within public healthcare, education or private business entities, departments, work site, unit, or team related to the profession.

EDUCATIONAL PRACTICE - means the actual implementation and application of educational theories, methods, and strategies. Within the context of audiology and speech-language pathology educational practice includes activities such as providing education and training to others within an academic or clinical setting and includes acting as preceptors, mentors, and educators.

RESEARCH PRACTICE - encompasses the systematic application of research methods to investigate a specific question with the aim of generating new, or expanding upon existing, knowledge and understanding. Within the context of audiology and speech-language pathology research practice includes leading, and/or participating in research. The research may be specific to the profession or complimentary in nature. That is to say that the research may relate to healthcare, education, and/or other domains.

PATIENTS AND CLIENTS

AUDs and SLPs establish professional, ethical, respectful, and trusting relationships in all aspects of their practice. In the course of their professional duties, AUDs and SLPs interact with both patients and clients. While the nature of these relationships may differ, both involve inherent power imbalances arising from the practitioner's professional authority, specialized knowledge, and role in decision-making, supervision, care and/or service provision. For clarity, the terms patient and client are defined separately in the Standards and are not interchangeable:

PATIENT

A patient is an individual who is receiving or has received professional care or services from an AUD or SLP. An individual is considered a patient:

- a. From the time they first consent to receiving professional care or services;
- b. When care or services extend beyond a single episodic interaction; and
- c. Until either:
 - Seven (7) days have elapsed following the formal conclusion of episodic care or service, or
 - Six (6) months have elapsed since the AUD or SLP formally terminated the therapeutic patient relationship.

CLIENT

A client is an individual who receives non-therapeutic services from an AUD or SLP and includes individual who are adult interdependent partner of a patient or a person who is involved in the care of a patient through their dependent, interdependent, or close personal relationship with a patient. A client relationship may also include, but is not limited to:

- Individuals who purchase of over-the-counter products, equipment or services from an AUD or SLP;
- Students or interns who are receiving education, training, consultation, or other support services from an AUD or SLP;
- Professional colleagues who are employed, managed, supervised, mentored, evaluated or engaged in a commercial relationship with an AUD or SLP;
- Research participants; or
- A spouse, parent, guardian, alternative decision-maker, representative, or other person who is legally engaged in patient care that is being provided by an AUD or SLP.

An individual is considered a client:

- a. When they consent to or begin receiving non-therapeutic services or emergent care or service from an AUD or SLP;
- b. When they enter a dependent, interdependent, professional, business, employment, supervisory, or educational relationship with an AUD or SLP;
- c. When an AUD or SLP provides education, supervision, mentorship, or evaluation to a student, intern, employee, or mentee;
- d. When a patient consents to receiving professional therapeutic care or service and the AUD or SLP becomes aware that that the individual has a dependent, interdependent, or close personal relationship with their patient and the person is legally engaged in the patient's care; and
- e. Until the practitioner-patient or client relationship is formally concluded or terminated.

PROFESSIONAL BOUNDARIES

Professional boundary management defines the parameters of interactions between health professionals and their patients and clients and offers clarification on what constitutes acceptable and unacceptable professional relationships.

Professional boundary transgressions happen when someone disrespects or intrudes on another's personal space, emotional needs, or autonomy, causing discomfort, violation, and/or harm.

The relationship between an AUD or SLP and their patients and clients is foremost intended to be for professional care or service. Any deviation from this purpose may result in professional boundary transgressions.

In Newfoundland and Labrador, every AUD and SLP has the duty to respect, maintain, and protect the boundaries of their professional relationships with their patients and clients. This means that AUDs and SLPs are accountable for creating and maintaining a neutral and safe environment that facilitates the delivery of objective, safe, and quality professional care and service.

BOUNDARY VIOLATIONS

In keeping with the Standards, regulated AUDs or SLPs may have a close personal relationship with a client, but all close personal and sexual relationships with patients are prohibited. Professional complaints alleging boundary violations, such as sexual abuse or sexual misconduct, will be investigated. If it is determined that professional boundary transgressions occurred, appropriate sanctions will apply.

The Standards also recognizes that patients and clients may occasionally overstep professional boundaries. In such instances, AUDs and SLPs are expected to professionally respond to these incidents by; reporting and documenting incidents, explaining the breach to the patient or client, issuing a patient or client warning, making a patient or client referral to another suitable practitioner, and/or formally terminating the practitioner-patient or client relationship.

CONDUCT DESERVING OF SANCTIONS

Adherence to the policy framework that governs audiology and speech-language pathology practice is legally required. The CASLP-NL obliges its registrants to take appropriate measures to ensure compliance with their professional obligations and expectations as outlined in the legislation, the College's Bylaws, the Code, the Standards, the Scopes, the competency profile and other regulatory guidance documents.

Section 34 (c) of the Act identifies that registrants who do not fulfill their professional responsibilities may be subjected to the NLCHP's complaint process. If substantiated, such non-compliant conduct may result in findings that their conduct is deserving of sanctions. Sanctions are applied if a member is found to have committed acts of:

- Professional misconduct
- Unprofessional conduct

- Professional incompetence
- Conduct unbecoming of a health professional
- Incapacity or Unfitness to practice as a health professional; and/or
- Acting in breach of the Act, the Regulation, or the By-laws.

ORGANIZATION OF THE STANDARDS

The Standards are grounded in core principles of professional self-regulation, emphasizing the protection of patients and clients. The visual model below presents the six complementary Standards that together encompass the practice expectations for audiology and speech-language pathology practice in Newfoundland and Labrador.

- I. Standard 1.0 - Fundamentals of Professional Practice
- II. Standard 2.0 - Audiology Clinical Practice
- III. Standard 3.0 - Speech-Language Pathology Clinical Practice
- IV. Standard 4.0 - Education Practice
- V. Standard 5.0 - Administrative Practice
- VI. Standard 6.0 - Research Practice

Each of the six (6) Standards contains a brief explanation, associated elements, and expected indicator statements.



STANDARD 1.0 – FUNDAMENTALS OF PROFESSIONAL PRACTICE

The public expects professional audiologists (AUDs) and speech-language pathologists (SLPs) to consistently uphold their professional commitments in a manner that respects and honors the trust vested in them by society. This crucial professional principle serves as the foundational element that enables all audiology and speech-language pathology professionals to self-regulate.

1.1 PROFESSIONAL RESPONSIBILITIES

Professional AUDs and SLPs demonstrate mastery of the art, science, and practice of audiology and speech-language pathology by adhering to and complying with the responsibilities and expectations placed upon them as self-regulated health professionals.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.1.1 Adhering to legislated requirements, the College By-laws, the Code of Ethics, the Standards of Practice, the scope of practice, the competency profile, College position statements, and practice guidelines.
- 1.1.2 Adhering to NLCHP registration and renewal requirements and maintaining good standing licensure whilst offering and providing professional AUD or SLP services.
- 1.1.3 Using only approved titles, abbreviations, and/or designations which they are authorized to use.
- 1.1.4 Always conducting oneself as befitting a professional and in adherence with professional good character, good reputation, and governability requirements.
- 1.1.5 Avoiding personal or professional actions that may cause them to be professionally discredited or cause damage to the profession.
- 1.1.6 Consistently acting in the best interests of patients and clients, whilst also upholding and promoting public confidence in the profession.
- 1.1.7 Providing professional services only within the bounds of their education, training, competence (“knowledge, skills, attitude and judgement”), proficiency, and authorization.
- 1.1.8 Striving to practice to their full scope of practice in a way which is commensurate with their professional practice authorization, education, training, competence, experience, roles(s), employment, practice specialty(ies) and context(s).
- 1.1.9 Prudently assessing and managing safety risks whenever they are providing professional care, services, and/or performing other professional activities.
- 1.1.10 Appropriately monitoring and managing their caseload and workload to ensure

- delivery of safe and quality patient and client care or service.
- 1.1.11 Collaborating with their employers and other healthcare colleagues to identify, report, address, and rectify caseload and workload challenges.
 - 1.1.12 Taking appropriate and timely professional action when they recognize that their knowledge, clinical abilities, or experience cannot meet the patient's or client's needs.
 - 1.1.13 Maintaining the specified and required type and amount of professional liability insurance.
 - 1.1.14 Maintaining their professional competence and practice currency, as specified in legislation.
 - 1.1.15 Complying with imposed practice conditions and/or restrictions.
 - 1.1.16 Fully cooperating and complying with professional obligations, including for regulatory investigations, registration, competence assessment, and by providing timely and required professional documentation, assessment report(s), and information.

1.2 PROFESSIONAL RELATIONSHIP BOUNDARIES

Regulated AUDs and SLPs are entrusted with the professional duties and responsibilities to establish and maintain professional, respectful, and trusting relationships with their patients and clients.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.2.1 Respecting professional directives and requirements regarding acceptable professional relationships with patients and clients.
- 1.2.2 Always providing attentive, respectful, and standardized professional care or service to every patient and client.
- 1.2.3 Fostering professional relationships where the physical and emotional well-being of a patient or client is safeguarded from abuse, malpractice, and/or injury.
- 1.2.4 Fostering professional relationships which are free from discrimination, harassment, bullying, abuse, or misconduct.
- 1.2.5 Fostering professional relationships in which patients and clients are not subject to sexualized interactions that may constitute sexual abuse or sexual misconduct.
- 1.2.6 Exercising caution and prudence in selecting appropriate settings and times to conduct and/or deliver professional care or services and applying this principle whenever the AUD or SLP has the ability to influence or control these conditions.
- 1.2.7 Exercising caution, obtaining consent, and making appropriate arrangements when professional care or service interactions will require physical contact or touching of a patient or client.
- 1.2.8 Exercising caution and being mindful of professional relationship boundary requirements when socializing with and communicating with patients or clients,

- or when entering into a close, dependent and/or interdependent personal relationship with a client or former patient.
- 1.2.9 Exercising caution and being mindful of professional relationship boundary requirements prior to providing professional care or services to their spouse, adult interdependent partner, or a family member.
 - 1.2.10 Disclosing to a patient or client any practice conditions or restrictions that may limit or impact the professional care and service they can provide.
 - 1.2.11 Taking timely and appropriate action to explain, document, and issue a patient or client warning if they believe that a patient or client has inappropriately crossed professional relationship boundaries.
 - 1.2.12 Taking timely and appropriate actions to document the incident, refer, and/or terminate the professional patient or client relationship when they have determined that a patient or client has crossed professional relationship boundaries.

1.3 CONFLICT OF INTEREST

A conflict of interest occurs when a regulated AUD's or SLP's private interests interfere with their professional duties. Professional AUDs and SLPs are required to identify, disclose, manage, and resolve conflicts of interest in a manner that maintains the public's confidence and trust in the profession and its professionals.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.3.1 Staying alert for and appropriately managing conflicts of interest situations by identifying, disclosing, and collaborating with others to resolve these situations.
- 1.3.2 Always striving to provide non-conflicted professional care and service and taking timely and appropriate actions to document and refer a patient or client when they have determined that an actual conflict of interest exists.
- 1.3.3 Ensuring that patients' and clients' best interests are considered and favored when making professional decisions.
- 1.3.4 Advising patients and clients in advance of service fees or billing charges and collaborating with them to schedule and obtain payment. If the patient or client is unable to pay for the professional care or services, the AUD or SLP should provide objective, non-conflicted advice and offer recommendations about other readily available intervention(s), payment plan, care and/or service options.
- 1.3.5 Respecting a patient's or client's right to refuse care and/or service, or to receive interventions and to request a referral.
- 1.3.6 Refraining from borrowing money, declining gifts or other offered benefits from patients and clients, unless these incentives are clearly nominal, are offered as a courtesy, and do not compromise the professional integrity, independence, objectivity and judgment of the AUD or SLP.
- 1.3.7 Not offering, providing, or being party to the offering of patient or client inducements on the condition that the patient or client obtain care, a product,

or a professional service from the AUD or SLP. This principle does not apply to “no cost” initial consultation or screening services.

- 1.3.8 Not acting in a manner that may be perceived as coercive or pressuring a patient or client to choose certain product, intervention, service, or course of action.

1.4 PROFESSIONAL COLLABORATION

Quality audiology and speech-language pathology care and service necessitate collaboration between professional AUDs, SLPs, and other regulated and unregulated healthcare team members.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.4.1 Building a strong network of professional and community resources and cooperating with others to provide integrated patient/client-centric care and service.
- 1.4.2 Respecting patients’ or clients’ rights to make their own public or private care or service decisions, to participate in their own care planning, and/or to involve others in their healthcare decision making and/or treatments.
- 1.4.3 Integrating social prescribing in their professional practice and making public, private and concurrent care or service referrals in the best interest of their patients or clients.
- 1.4.4 Respecting the roles, knowledge, expertise, qualifications, and unique care or service contributions of other healthcare professionals and team members.
- 1.4.5 Consistently delivering professional care and service in an open communication and collaborative manner and in a way that contributes to the development and implementation of an integrated intervention plan.
- 1.4.6 Respectfully communicating with patients, clients, and other healthcare team members during care referral and/or when concurrent intervention plans are established or in place.
- 1.4.7 Facilitating the safe sharing of patient or client records and information when a patient or client is referred and/or will be receiving collaborative concurrent care and/or service.
- 1.4.8 Taking timely appropriate action to consult with colleagues when they identify that concurrent care or service activities or procedures may be inappropriate, unnecessary, and/or a duplication of care or service.
- 1.4.9 Clearly communicating with patients and clients, prior to delivering concurrent care or service, such as to enable the patient or client to determine if care or service costs and/or funding entitlements may exceed insured benefits and/or will require them to disburse personal funds.
- 1.4.10 Actively participating in interprofessional and collaborative case discussions, care conferences, and collaborative planning meetings, to support integrated and patient-centric care.

- 1.4.11 Addressing and resolving interprofessional disagreements or conflicts constructively, professionally, and ethically.

1.5 PROFESSIONAL DOCUMENTATION

Regulated AUDs and SLPs demonstrate professionalism and competence by valuing and adhering to requirements for the timely and accurate completion of professional documentation.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.5.1 Recording all care and service information accurately, legibly and in a timely manner and adhering with their employer's documentation requirements.
- 1.5.2 Complying with professional, and their workplace, documentation standards, guidelines, policies, procedures, directives, and advisories.
- 1.5.3 Adapting their professional documentation practices based on their workplace documentation medium or tools (i.e., paper-based and/or information technology-based).
- 1.5.4 Ensuring that the patient or client record contain at least the:
- a. Date and time when professional care or service is/was scheduled, was consented to and was provided.
 - b. Modality used to provide care or service (i.e., mode(s) of communication which may include face-to-face, telephone, video, virtual, and/or other means of communication).
 - c. Patient or client demographic information (i.e., full name, age, date of birth, gender, healthcare number, health insurance information, personal contact, billing, and other personal information).
 - d. Individuals present and/or consulted (i.e., another healthcare team member, an interpreter, the patient, or client's legal guardian, and/or representative).
- 1.5.4.1 As required, information relevant to the care, service(s), intervention(s), and/or outcome(s), including:
- a. Current and concomitant medical diagnosis, medical history, medications, and immunizations.
 - b. Allergies and previous drug reactions and interactions.
 - c. Relevant family medical history.
 - d. Professional observations.
 - e. Laboratory, imaging, pathology, and other assessment or test(s) reports appropriate to the care or service provided.
 - f. Operative and medical procedural reports and discharge summaries appropriate to the care or service provided.
 - g. Emergency contact information.

- 1.5.4.2 As required, relevant and appropriate assessment and intervention notes, including:
- a. Presenting concerns, symptoms, and conditions.
 - b. Assessment and evaluation findings, prescribed care interventions, social prescriptions, advice/recommendations, procedures, testing reliability, prognosis statement, follow-up care instructions, and the person providing the care or service.
 - c. Referrals for other consultations, assessments, or tests.
 - d. Billing information (i.e., dispensed or sold products, billing quotations, fees charged, payment arrangements, and third-party paying agencies).
 - e. Record of missed or cancelled appointments.
 - f. Screening results and scoring records relevant to the AUD or SLP clinical practice.
 - g. Discharge documentation including reason for discharge, summary of progress, outcomes achieved, and any referrals or recommendations made.
 - h. Documentation related to clinical, virtual, and social prescribed care and service outcomes.
 - i. Equipment-related procedures, calibration issues, and/or safety incidents that are relevant to the patient's or client's ongoing care, assessment, screening, or outcomes.
- 1.5.4.3 Details regarding any adverse care or service events and the AUD or SLP's related associated actions.
- 1.5.5 Re-verifying and re-validating recorded consent, during follow-up visits and follow-up care interactions.
- 1.5.6 Diligently, legibly, and accurately making patient and client record amendments or corrections, where supported by the documentation system, through dated, initialed, and single-crossed-out addendums and/or the creation of new electronic record entries, ensuring original entries remain intact and ensuring that an addendum rationale is documented.

1.6 SAFEGUARDING PATIENT CONFIDENTIALITY AND PRIVACY

Every AUD and SLP must diligently uphold public trust and confidence by strictly safeguarding and protecting their patients' and clients' personal and private health information.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.6.1 Complying with provincial privacy and confidentiality legislation, and applicable professional record-keeping standards, guidelines, policies, procedures, directives, and advisories.

- 1.6.2 Being mindful and ensuring that they comply with their patient record custodial responsibilities and requirements, including for:
 - a. Collection, access, use, sharing, transmission, storage, protection, disclosure, and secure disposal of patients' and clients' personal and private health information.
 - b. Care or service consent, record correction, and information sharing agreements.
 - c. Personal and private health information record successor procedure.
- 1.6.3 Ensuring that patients and clients are provided with timely, reasonable, and fair information on how they may amend, access, or obtain a copy of their personal information and private health records.
- 1.6.4 Confirming that referral personnel are provided appropriate and timely information on how they may access patient and client care and/or service information and records.
- 1.6.5 Complying with inspection and investigation of their patient and client health records.
- 1.6.6 Ensuring that virtual care and service platforms are secure, dependable, and compliant with privacy legislation.
- 1.6.7 Verifying patient and client identity and obtaining informed consent when initiating all virtual care and service interactions.
- 1.6.8 Applying appropriate privacy and confidentiality safeguards when sharing patient and client information with other healthcare team members.

1.7 SUPERVISION

Professional AUDs and SLPs diligently and competently fulfill their supervisory responsibilities whenever they are called upon to supervise regulated and unregulated healthcare team members.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.7.1 Ensuring that the terms of supervision and their consent to supervise others are appropriately documented.
- 1.7.2 Only supervising those professional care or service activities that they themselves are trained in, competent, and authorized to perform.
- 1.7.3 Being responsible and accountable, per the agreed-upon supervision terms, for the care and services provided by an intern, a mentee, or a student (both regulated and unregulated healthcare team members) under their supervision.
- 1.7.4 Ensuring that patients and clients have been informed and have consented to receiving care or service from those who are being supervised.
- 1.7.5 Ensuring that the required equipment and resources are appropriate and in good working order prior to allowing supervised care or service delivery.
- 1.7.6 Providing a level of supervision that is proportionate to the level of education,

training, competency, proficiency, and authorization of the person being supervised.

- 1.7.7 Continuously assessing and monitoring for patient and client risks throughout supervised care or service interactions.
- 1.7.8 Ensuring that those who are being supervised clearly and appropriately document provided care and service.

1.8 CARE AND SERVICE CONSENT

When obtaining informed patient and client consent professional AUDs and SLPs uphold their commitment to respecting the rights of all individuals to be active participants in their own care.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.8.1 Obtaining, verifying, and re-confirming the patient or client's informed consent throughout all care or service interactions. Professional AUDs and SLPs also adhere to their workplace consent policies related to follow-up examinations, re-assessment(s), re-evaluation(s), and/or treatment(s).
- 1.8.2 Ensuring, throughout the informed consent process, that:
 - a. Patients and clients who are willingly attending scheduled appointments and/or actively participating in their care and service activities are aware that implied consent applies and is documented as such.
 - b. Patients and clients are aware that they may withdraw their consent at any time and may request a referral.
 - c. The process is free from undue influence, duress, coercion, or inducement.
 - d. The following information is shared:
 - i. Required examination(s), assessment(s), evaluation(s), or test(s)
 - ii. Differential diagnosis or diagnosis.
 - iii. Suggested and recommended intervention(s).
 - iv. Anticipated benefits of the examination(s), assessment(s), evaluation(s), and intervention(s).
 - v. Actual or potential associated intervention risks.
 - vi. Available alternative intervention options and risk comparisons.
 - vii. Risks and consequences of forgoing professional advice and intervention recommendations.
 - viii. Assessment, evaluation, test, and intervention costs.
 - ix. Other information the AUD or SLP deems important and beneficial to the patient care or client service plan.
 - e. Assessment, evaluation, test, and intervention fees are fully disclosed prior to care or service delivery. This includes information respecting insurable

care or services and available payment options and plans.

- f. The patient, client, legal guardian, or substitute decision maker is offered the opportunity to ask questions, and/or to receive additional information to enable them to make an informed decision.
- 1.8.3 Ensuring that a patient's or a client's informed consent or care refusal is accurately and legibly documented in their health record.
- 1.8.4 Confirming and validating that informed consent, which was obtained by others (i.e., by a student, an office administrator, and/or another healthcare team member) was appropriately obtained and accurately documented prior to any professional AUD or SLP examination, assessment, evaluation, test, or intervention being provided.
- 1.8.5 Accurately and legibly documenting when informed consent is obtained from the patient or the client's legal guardian or substitute decision maker (i.e., when the patient or client is a minor or if an adult patient lacks the capacity to provide informed consent themselves).
- 1.8.6 Seeking advice from colleagues and other administrative authorities if they have reasonable grounds to believe that a legal guardian or substitute decision maker's informed consent decision is not in the patient's or client's best interest.

1.9 MAINTENANCE OF FITNESS TO PRACTICE

Professional AUDs and SLPs need to maintain physical and psychological fitness to practice, thereby ensuring that their professional abilities (skills, judgment, and behaviors), to provide ethical, safe, and competent care or service, are not impaired or compromised.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.9.1 Regularly assessing their health and well-being and ensuring that their abilities to deliver safe, ethical, and competent professional services and care are not impaired or compromised.
- 1.9.2 Voluntarily abstaining from practice, seeking assistance and complying with orders and directives if their ability to provide quality professional care and service is compromised or impaired by a physical, psychological or a medical condition, or by an incapacitating disorder, an addiction, and/or medical treatment(s).
- 1.9.3 Collaborating with their employer and their personal healthcare providers if their fitness to practice is limited by a short-term physical, psychological, or medical condition, an incapacitating disorder, and/or medical treatment that can be reasonably accommodated.
- 1.9.4 Cooperating with their employer, their personal healthcare providers and the NLCHP, if their fitness to practice is substantially limited by a long-term physical, psychological, medical condition, an incapacitating disorder, an addiction, and/or medical treatment.

1.10 PROFESSIONAL DUTY TO REPORT

Professional AUDs and SLPs are mindful of and comply with their professional mandatory reporting responsibilities, including those that require self-reporting.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.10.1 Acting responsibly and seeking legal or NLCHP advice if they are unsure whether to and/or how to report professional matters.
- 1.10.2 Taking timely, appropriate action and self-reporting to the NLCHP if:
 - a. They feel that their fitness to practice is impaired or compromised.
 - b. There is a change in their employer.
 - c. They are charged with or convicted of an offence under the Criminal Code of Canada or a similar code in another jurisdiction.
 - d. Their professional registration or practice as an AUD, as an SLP, or in another professional discipline is denied, suspended, cancelled, revoked, or subject to conditions, restrictions, and/or limitations.
 - e. Allegations of civil negligence or professional malpractice are levied against them.
 - f. Allegations of professional incompetence, unprofessional conduct, or misconduct are levied against them, or if they are subject to professional sanction(s) in Canada or elsewhere.
- 1.10.3 Taking timely, appropriate action in reporting to the NLCHP if they observe or have evidence that:
 - a. Someone has engaged in unauthorized AUD or SLP practice and/or is using or has used a protected professional title without authorization.
 - b. regulated AUD or SLP may be unfit or incompetent to practice the profession.
 - c. regulated AUD or SLP has discriminated against, abused, harassed, and/or coerced a patient or client.
 - d. regulated AUD or SLP has committed an act which may constitute unprofessional conduct, professional misconduct, sexual abuse, sexual misconduct, conducted themselves in a way which is unbecoming of an AUD or SLP, or if they have breached the Act, the Regulations, the By-laws, the Code, the Standards or another legislated enactment that applies to the profession.
- 1.10.4 Taking timely, appropriate actions in reporting to other appropriate administrative, regulatory, and policing authorities if they witness, or become aware, during the course of their professional duties, that:
 - a. Criminal activities may be occurring, and/or they are privy to information that leads them to believe that a legislated enactment has been contravened.

- b. There has been a loss, theft, unauthorized access, or disclosure of confidential personal or private health information.
- c. An adverse care or service event has transpired or occurred.
- d. patient or client has been a subject of discrimination, harassment, coercion, abuse, or assault.
- e. Another healthcare team member may be unfit or incompetent.
- f. Caseload or workload challenges are compromising, or have the potential to compromise, the quality or safety of patient and client care or service.

1.11 DELIVERY OF EMERGING SERVICES

The fields of medicine, education, audiology, and speech-language pathology are continuously evolving. Professional AUDs and SLPs regularly evaluate new professional developments and integrate these, as needed and mandated, into their professional practice.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.11.1 Striving to incorporate, as required and possible, new emerging professional trends, evidence-informed practices, technology, and/or professional competencies into their professional practice.
- 1.11.1 Diligently referring a patient or client who requests emerging professional healthcare or service if they are themselves untrained or unauthorized to provide such care or service.
- 1.11.1 Consulting with colleagues and administrative authorities, completing required education or training, and obtaining required applicable authorizations, prior to integrating into their practice new emerging professional service skill, competency, and/or technology.

1.12 SAFETY AND INFECTION PREVENTION AND CONTROLS (IPAC)

Professional AUDs and SLPs conduct their work with an emphasis on patient and client well-being and health. They accomplish this by following evidence-informed safe clinical Infection Prevention and Control (IPAC) practices.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.12.1 Complying with provincial health and safety legislation and their employer's health and safety standards, policies, procedures, guidelines, directives, practices, and advisories.
- 1.12.2 Maintaining professional accountability for monitoring their work practices and implementing appropriate and timely IPAC safe work practices.
- 1.12.3 Considering patient and client safety risks and infection susceptibilities within

- their care or service plans.
- 1.12.4 Applying, when required and appropriate, leading and evidence-informed safe IPAC practices to prevent illness, injury, and to control infection transmission.
 - 1.12.5 Maintaining workplace safety competencies by participating in workplace safety continuing education and professional development activities.
 - 1.12.6 Supporting, collaborating and participating, when opportunities present themselves, in workplace safety training and quality assurance improvement activities.
 - 1.12.7 Complying with their workplace safety hazard and incident reporting requirements.
 - 1.12.8 Cooperating with safety audits, inspections, and investigations.

1.13 CULTURAL AND TRAUMA-INFORMED COMPETENCE

The culture of AUDs or SLPs intersects with that of their patients and clients during every care or service interaction. Regulated AUDs and SLPs demonstrate professional consideration for diverse cultures, foster appropriate professional interactions, and reduce cultural conflict risks by being culturally aware and providing professional services that are culturally safe and trauma informed.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.13.1 Showing open-mindedness, empathy, compassion, and respect for all patients and clients, including those who differ from them physically, psychologically, socially, and culturally.
- 1.13.2 Demonstrating cultural and historical trauma awareness and a commitment to understanding and embracing cultural and trauma-informed safety as central element of ethical, safe, and competent professional practice.
- 1.13.3 Being mindful of their own potential ethnocentrism and the negative impacts of stereotyping while committing to providing equal, standardized, trauma-informed, and non-discriminatory professional care and service.
- 1.13.4 Using a broad range of competencies that demonstrate respect for multiculturalism in healthcare practice, policy making, business management, and research.
- 1.13.5 Adapting their communication style, using translation services when available, and advocating for effective communication with patients and clients of varying cultures, backgrounds, and languages.
- 1.13.6 Recognizing that population-specific diseases, conditions, and culturally specific care circumstances may require them to research, learn, or seek advice from fellow healthcare colleagues or other appropriate resources.
- 1.13.7 Implementing culturally and trauma-sensitive screening, assessment, evaluation, and interventions approaches within their professional practice.
- 1.13.8 Utilizing, whenever available and possible, linguistically appropriate screening, evaluation and intervention tools and instruments.

- 1.13.9 Making culturally appropriate referrals, when possible and required, within their formal and informal professional networks, and working to address service gaps affecting specific cultural groups.
- 1.13.10 Competently using allied services and other available resources to deliver competent, safe, and ethical professional care or services to culturally diverse patient and client groups.
- 1.13.11 Advocating for professional education and training that support anti-discrimination and enhance cultural and trauma-informed awareness.
- 1.13.12 Continuing to develop knowledge, understanding, and implementing cultural and trauma-informed best practices.

1.14 DIGITAL CITIZENSHIP

Professional AUDs and SLPs live and work within interconnected global digital environments. As such, they understand the inherent professional risks and advantages of digital citizenship and responsibly incorporate digital technologies into their professional practice.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.14.1 Acting professionally, ethically, and responsibly when using Artificial Intelligence (AI) platforms, Information Technology (IT) systems and software, and when they engage in online networking environments.
- 1.14.2 Complying with professional guidelines and workplace policies and procedures respecting the use of AI platforms, IT systems, social networking sites, and online/internet-based systems.
- 1.14.3 Clearly delineating their personal and professional online personas.
- 1.14.4 Demonstrating professional digital etiquette and respectfully communicating with others in electronic and online environments.
- 1.14.5 Exercising caution when using AI platforms and other online reference materials, such as to avoid hallucinated references, plagiarism and copyright infringements.
- 1.14.6 Exercising caution and only sharing reliable and factual digitally available information, such as to protect one's own professional integrity and to avoid misrepresentations and conflict situations.
- 1.14.7 Exercising caution when using professional titles when interacting and providing personal opinions in online networking environments.
- 1.14.8 Exercising caution during online discourse, clearly indicating when they are presenting personal opinions and being cautious not to libel, slander, or defame others in online networking environments.
- 1.14.9 Exercising caution when presenting their personal interpretation of scientific knowledge, especially if the topic is not within the scope of their professional education, training, knowledge, skill, and/or practice specialty.
- 1.14.10 Using IT in the best interest of patients and clients and to enhance person-

centric care and service.

- 1.14.11 Not using IT in a way that could be perceived or construed as online discrimination, bullying, harassment, coercion, or abuse.
- 1.14.12 Exerting caution when participating in online networking environments to avoid boundary violations.
- 1.14.13 Complying with digital safeguards that aim to protect the privacy and confidentiality of patient and client information.

1.15 REFLECTIVE PRACTICE AND CAREER-LONG LEARNING

Regulated AUDs and SLPs maintain professional practice currency by engaging in reflective practice, by pursuing continuing education, and by actively participating in professional development activities throughout their professional career.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 1.15.1 Actively engaging in ongoing professional development, competence improvement, and career-long continuing education activities.
- 1.15.2 Incorporating reflective and continuous improvement practice principles within their professional practice.
- 1.15.3 Striving to improve their professional performance through quality practice reviews and by following through with their professional development and performance improvement plans.
- 1.15.4 Complying with the profession's continuing education and professional development program requirements.
- 1.15.5 Maintaining orderly records of their continuing education and professional development activities.
- 1.15.6 Complying with the NLCHP quality assurance program requirements.

STANDARD 2 – AUDIOLOGY CLINICAL PRACTICE

Professional AUDs who practice within a clinical practice context identify, assess, diagnose, and treat patients and clients with or at risk of developing peripheral or central hearing loss, tinnitus, and balance disorders.

2.1 SCREENING

In their clinical practice AUDs are responsible for applying screening procedures and for administering and monitoring screening programs that detect and identify patients and clients with, or at risk of developing, peripheral or central hearing loss, tinnitus, and/or balance disorders.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.1.1 Integrating evidence-informed data in their clinical screening procedures, clinical program administration and clinical monitoring activities.
- 2.1.2 Actively participating in and appropriately administering and monitoring clinical audiology screening programs, when such programs are available and are part of their work responsibilities (i.e. newborn, pediatric, adult – long term care, occupational, clinic hearing screening programs).
- 2.1.3 Obtaining accurate and reliable patient and client case history and screening information, including as appropriate:
 - a. Societal context information and social determinants of health;
 - b. Balance;
 - c. Vestibular function;
 - d. Qualitative and/or quantitative classification of communication abilities;
 - e. Presence or absence of tinnitus and sound tolerance;
 - f. Client history;
 - g. Hearing, speech, and language history;
 - h. Development history;
 - i. Known precipitating factors for hearing loss;
 - j. Educational and occupational history;
 - k. Acoustic physical environment and regular noise exposure;
 - l. Aural rehabilitative history; and/or
- m. Information from other pertinent medical assessment(s), test(s), treatment(s), or report(s) from other healthcare professional.
- 2.1.4 Integrating, when appropriate, required and/or available, patient and client support networks and translation services within the screening process.
- 2.1.5 Adapting the screening procedure(s) based on the information, age, cognitive,

- physical, and emotional abilities, and needs of the patient or client.
- 2.1.6 Integrating within their clinical practice objective observational and other screening findings, including identifying assessment and intervention contraindications.
 - 2.1.7 Accurately scoring, recording, and documenting clinical screening results and making appropriate recommendations.

2.2 ASSESSMENT AND DIAGNOSIS

In their clinical practice AUDs assess patients and analyze and synthesize clinical findings, which inform the formulation of a diagnosis.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.2.1 Obtaining and/or incorporating case history and clinical screening information throughout their clinical assessment and diagnostic processes.
- 2.2.2 Selecting appropriate clinical assessment procedure(s) whilst recognizing the contributions and limitations of each procedure.
- 2.2.3 Selecting appropriate clinical audiology assessment procedure(s) that align with the patient's or client's concerns, signs, symptoms, and reason for visit or referral.
- 2.2.4 Adapting their clinical assessment procedure(s) based on the information, contraindications, and the patient or client's needs, age, cognitive, physical, and psychological, communication and learning abilities whilst also taking into account the individual's life stage, prognosis, and evolving priorities.
- 2.2.5 Identifying and mitigating risks associated with audiological clinical assessment(s).
- 2.2.6 Competently performing assessment procedures using appropriate instrumentation, technology, and other equipment that aim to assess the status of a patient's or client's:
 - a. External ear;
 - b. Middle ear function;
 - c. Cochlear function;
 - d. Retro cochlear function;
 - e. Central auditory function; and/or
 - f. Vestibular function.
- 2.2.7 Assessing the presence of cerumen and the amount, location, consistency, and color to determine the need for, and most appropriate method of treatment and/or removal.
- 2.2.8 Validating clinical assessment results for significant test variance(s) and test error(s) and taking timely, appropriate related actions to resolve these variance(s) and/or error(s).
- 2.2.9 Integrating, within their professional clinical practice, a differential diagnostic methodology.

- 2.2.10 Analyzing and interpreting clinical assessment data, observational findings, standardized and non-standardized test results, and relevant reports from other professionals to:
- a. Determine if a hearing loss or deficit is present;
 - b. Determine the severity of the hearing loss or deficit;
 - c. Determine the site of the lesion along the auditory pathway;
 - d. Determine communicative and/or quality of life impacts;
 - e. If possible, determine the condition etiology;
 - f. Formulate a diagnostic statement;
 - g. Develop and document an evidence-informed intervention plan and associated prognosis;
 - h. Provide advice and recommendations to patients and clients; and/or
 - i. Determine if a referral is needed.
- 2.2.11 Professionally communicating to their patient, and as appropriate clients, assessment findings and diagnosis.

2.3 INTERVENTIONS AND THERAPEUTICS

In their clinical practice AUDs develop, recommend, prescribe, and/or implement appropriate and individualized patient therapeutic intervention plans.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.3.1 Ensuring they possess the necessary education, training, competency, and authorization to perform required and specialized therapeutic techniques and procedures.
- 2.3.2 Considering and incorporating all relevant clinical screening and assessment information in formulating an individualized and integrated therapeutic intervention plan.
- 2.3.3 Considering current intervention protocols and other best practices when developing a comprehensive, timely, individualized, and integrated therapeutic intervention plan.
- 2.3.4 Collaborating with patients and clients to establish realistic therapeutic goals and an appropriate therapeutic intervention plan.
- 2.3.5 Integrating, when appropriate and required, social prescribing within their therapeutic intervention plan.
- 2.3.6 Prescribing, fitting, verifying, and validating the effectiveness of conventional amplification, implantable devices (bone conduction, middle ear, and cochlear), and assistive listening devices that enhance listening and hearing abilities.
- 2.3.7 Recommending remediation strategies, or making appropriate referrals, when auditory processing disorders are identified.
- 2.3.8 Recommending rehabilitative interventions strategies, or making appropriate referrals, when enhanced hearing, communication, vestibular function, and/or tinnitus needs are identified.

- 2.3.9 Appropriately using, when appropriate and required, cerumenolytic agents in the management of cerumen impactions.
- 2.3.10 Providing relevant therapeutic intervention plan information, instruction, and support to patients and clients.

2.4 ONGOING INTERVENTION MONITORING AND MANAGEMENT

In their clinical practice AUDs are responsible for monitoring and making appropriate adjustments to the patient's therapeutic intervention plan.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.4.1 Monitoring ongoing therapeutic progress using appropriate tools, methods, and observations.
- 2.4.2 Analyzing therapeutic outcome data to determine the effectiveness of prescribed interventions.
- 2.4.3 Modifying the therapeutic intervention plan based on response to interventions, progress toward intended and possible outcomes, and evolving patient or client needs.
- 2.4.4 Engaging patients and clients in reviewing the therapeutic progress and making necessary intervention plan adjustments.

2.5 EPISODIC AND EMERGENT CLIENT CARE

In their clinical practice AUDs may be required to provide professional, safe, and non-conflicted episodic and emergent client care or service.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.5.1 Confirming that an emergent situation exists and that episodic care and/or service is appropriate and required.
- 2.5.2 Providing, as and when appropriate and required, professional, safe, and non-conflicted episodic client care or service.
- 2.5.3 Informing a client who will receive episodic and emergent care, that the interaction will be limited to addressing their immediate and emergent presenting concern(s) or condition(s) and that further interventions may be available as a patient.
- 2.5.4 Performing a complete client assessment that is appropriate to the client's episodic care circumstances, and accurately and legibly documenting the findings and recommended intervention(s) in a client record.
- 2.5.5 Discussing the episodic care assessment results, advice, interventions, and follow-up plan with the client.
- 2.5.6 Informing clients regarding how they and/or their primary or other AUD care providers may obtain a copy of the episodic care assessment and intervention record.

2.6 EQUIPMENT, TOOLS, AND MATERIALS

In their clinical practice AUDs use a variety of diagnostic and therapeutic intervention equipment, tools, and materials to screen, assess and treat patients and clients.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.6.1 Selecting appropriate equipment, tools, and materials that align with the purpose of the clinical diagnostic screening, assessment(s) and therapeutic intervention(s).
- 2.6.2 Ensuring all clinical diagnostic and therapeutic equipment and tools are appropriately calibrated, maintained, and used per the manufacturer and professional practice requirements.
- 2.6.3 Adhering to clinical infection prevention and control guidelines when handling, cleaning, or storing clinical diagnostic and therapeutic equipment and tools.
- 2.6.4 Using clinical diagnostic and therapeutic equipment safely, competently, and within one's professional level of training, competence, and authorization.
- 2.6.5 Taking appropriate, timely actions related to broken, damaged, malfunctioning, obsolete, and/or expired clinical diagnostic and therapeutic equipment, material and tools.

2.7 REFERRALS

In their clinical practice AUDs recognize when patients or clients must be referred and make timely and appropriate patient and client referrals.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.7.1 Recognizing when their knowledge, training, competency, and experience may not be sufficient to meet the patient or client's needs and appropriately referring them to another more suitable care and service provider.
- 2.7.2 Referring clients following episodic care interactions.
- 2.7.3 Ethically and professionally managing therapeutic care referrals by:
 - a. Informing patients and clients of the rationale for the referral;
 - b. Identifying alternative options, if any;
 - c. Informing patients and clients how they may gain access to their care or service records;
 - d. Obtaining patient and client consent before sharing their personal information and private health records as part of a therapeutic referral.

2.8 DISCONTINUING CARE AND SERVICE

In their clinical practice AUDs identify when care or services are to be discontinued and take timely appropriate professional actions when discontinuing such care or service.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.8.1 Professionally terminating the therapeutic relationship when the patient and/or client requests that the professional care, services, or relationship be terminated, and/or:
 - a. The patient and/or client no longer requires professional care or service;
 - b. The patient and/or client is abusive and/or poses a safety risk to the AUD;
 - c. The patient and/or client demonstrates a pattern of willful disregard for the practitioner-patient/client relationship (i.e., this includes but is not limited to respecting scheduled appointments, care or service contracts and professional relationship boundaries); and/or
 - d. The patient and/or client has unrealistic treatment expectations or repeatedly fails to comply with the AUD's therapeutic intervention advice, recommendation(s), and/or direction(s).
- 2.8.1 Ethically and professionally managing patient and client transition interactions by:
 - a. Making appropriate and required referral or transfer of care arrangements and providing reasonable notice of their practice absences thereby avoiding patient abandonment claims;
 - b. Informing patients and clients of the rationale for the discontinuation of professional care and service; and
 - c. Informing patients and clients regarding how they may gain access to their care or service records after care or service is discontinued.

2.9 AUD VIRTUAL CARE AND SERVICE

In their clinical practice AUDs may provide professional virtual care and service if such care or service is appropriate for and meets the needs of the patients and clients.

Audiologists who practice clinically demonstrate compliance with this Standard element by:

- 2.9.1 Ensuring they have the professional knowledge and skills required to deliver ethical, competent, and safe virtual care and service.
- 2.9.2 Ensuring that virtual care or service meets regulatory and professional practice standards.
- 2.9.3 Ensuring they hold current and appropriate virtual care and service liability insurance coverage.

- 2.9.4 Assessing the appropriateness of virtual care and service based on the patient's and client's needs, goals, communication abilities, health status, setting, and access to virtual care technology.
- 2.9.5 Utilizing virtual care and service platforms that are compliant with legal, regulatory, and employer requirements.
- 2.9.6 Ensuring that virtual care and service interventions are appropriately adapted to maintain clinical validity and care quality.
- 2.9.7 Identifying and mitigating risks that may compromise the quality and safety of virtual care or service.
- 2.9.8 Establishing and appropriately conveying, to patients and clients, contingency plans in the event that virtual care or service must be cancelled, is interrupted, or if the patient and/or client has concerns or questions.

STANDARD 3 – SPEECH-LANGUAGE PATHOLOGY CLINICAL PRACTICE

Professional SLPs who practice within a clinical practice context identify, assess, diagnose, and treat patients and clients with or at risk of developing communication and/or swallowing disorders.

V3.1 SCREENING

In their clinical practice SLPs are responsible for applying screening procedures and for administering and monitoring screening programs to detect and identify patients and clients with or at risk of developing communication and/or swallowing disorders.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.1.1 Integrating evidence-informed data in their clinical screening procedures, clinical program administration, and clinical monitoring activities.
- 3.1.2 Obtaining accurate and reliable patient and client screening information, including as appropriate:
 - a. Societal context information and social determinants of health;
 - b. Cranial nerve function, gait, and/or posture;
 - c. Qualitative and/or quantitative classification of communication and/or swallowing abilities;
 - d. Communication and swallowing development and disorder history;
 - e. Known precipitating factors for communication and/or swallowing disorders;
 - f. Educational and occupational history;
 - g. Communication and/or swallowing rehabilitative history;
 - h. Information from service request forms, other pertinent sources, assessment(s), test(s), treatment(s), or reports from healthcare and other professionals; and/or
 - i. Other relevant factors to support the timely identification, referral, and prioritization of patients and clients on waitlists.
- 3.1.3 Integrating, when appropriate, required and/or available, patient and client support networks and translation services within the screening process.
- 3.1.4 Adapting the screening procedure(s) based on the information, age, cognitive, physical, and emotional abilities, and needs of the patient or client.
- 3.1.5 Integrating within their clinical practice objective observations and other screening findings, including identifying assessment and intervention contraindications.
- 3.1.6 Accurately recording and documenting clinical screening results and making appropriate recommendations

3.2 ASSESSMENT AND DIAGNOSIS

In their clinical practice SLPs assess patients and analyse and synthesize clinical findings, which inform the formulation of a diagnosis.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.2.1 Obtaining and/or incorporating case history and clinical screening information throughout their clinical assessment and diagnostic processes.
- 3.2.2 Selecting appropriate clinical assessment procedure(s) whilst recognizing the contributions and limitations of each procedure.
- 3.2.3 Selecting appropriate clinical speech-language pathology assessment procedure(s) that align with the patient's or client's concerns, signs, symptoms, and reason(s) for visit or referral.
- 3.2.4 Adapting their clinical assessment procedure(s) based on assessment information, identified contraindications, and patient or client hearing status, needs, age, cognitive, physical, and psychological abilities.
- 3.2.5 Identifying and mitigating risks associated with speech-language pathology clinical assessment(s).
- 3.2.6 Competently performing assessment procedures using appropriate instrumentation, technology, and other tools to assess the status of a patient's or client's:
 - a. Speech sound production;
 - b. Language;
 - c. Fluency;
 - d. Emergent literacy: early reading and writing development skills;
 - e. Literacy, decoding and reading comprehension skills;
 - f. Voice and resonance;
 - g. Cognitive-communication abilities;
 - h. Oral-motor function;
 - i. Pragmatic (social) communication skills;
 - j. Phonological awareness skills;
 - k. Augmentative and alternative communication; and/or
 - l. Swallowing and feeding abilities.
- 3.2.8 Validating clinical assessment results whilst considering potential test variance(s) and testing error(s) and making timely and appropriate adjustments to resolve these variance(s) and/or error(s).
- 3.2.9 Integrating into their professional clinical practice a differential diagnostic methodology. This includes distinguishing among disorders related to:
 - a. Speech sound production;
 - b. Language;
 - c. Fluency;
 - d. Literacy;
 - e. Decoding and reading comprehension;
 - f. Voice and resonance;

- g. Cognitive-communication functions;
- h. Oral motor function;
- i. Pragmatic (social) communication disorders;
- j. Augmentative or alternative communication; and/or
- k. Swallowing and feeding.

3.2.10 Analyzing and interpreting clinical assessment data, observational findings, standardized and non-standardized test results, and relevant reports from other professionals to:

- a. Determine the presence, nature, and severity of a communication and/or swallowing disorder;
- b. Identify the domains affected; (i.e., speech, language, fluency, voice, cognition, swallowing, pragmatics).
- c. Assess the functional and psychosocial impact on communication, learning, and quality of life, taking into account the individual's life stage, prognosis, and evolving priorities.
- d. Formulate a diagnostic statement;
- e. Develop and document an evidence-informed intervention plan and associated prognosis;
- f. Provide advice and recommendations to patients and clients; and/or
- g. Determine if a referral is needed.

3.2.11 Professionally communicating, to patients, and as appropriate to clients, assessment findings and a diagnosis.

3.3 INTERVENTIONS AND THERAPEUTICS

In their clinical practice SLPs develop, recommend, prescribe, and/or implement appropriate and individualized therapeutic intervention plans.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.3.1 Ensuring they possess the necessary education, training, and competency to perform required and specialized therapeutic techniques and procedures.
- 3.3.2 Considering and incorporating all relevant clinical screening and assessment information in formulating an individualized and integrated therapeutic intervention plan.
- 3.3.3 Considering current intervention protocols and other best practices when developing a comprehensive, timely, individualized, and integrated therapeutic intervention plan.
- 3.3.4 Collaborating with patients and clients to establish realistic therapeutic goals and an appropriate therapeutic intervention plan.
- 3.3.5 Integrating, when appropriate and required, social prescribing within their therapeutic intervention plan.
- 3.3.6 Providing relevant therapeutic intervention plan information, instruction, and

- support to patients and clients.
- 3.3.7 Confirming that an emergent situation exists and that episodic care and/or service is appropriate and required.
 - 3.3.8 Providing, as and when appropriate and required, professional, safe, non-conflicted and documented episodic client care or service.
 - 3.3.9 Informing a client who will receive episodic clinical assessment and/or intervention that such care or service will be limited to addressing their immediate presenting concern(s) or condition(s) and result in a referral to their primary SLP care provider thereafter.
 - 3.3.10 Informing clients regarding how they and/or their primary SLP or other care providers may obtain a copy of the episodic care assessment and intervention record.

3.4 ONGOING INTERVENTION MONITORING AND MANAGEMENT

In their clinical practice SLPs are responsible for monitoring and making appropriate adjustments to the patient's therapeutic intervention plan.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.4.1 Monitoring ongoing therapeutic progress using appropriate tools, methods, and observations.
- 3.4.2 Analyzing therapeutic outcome data to determine the effectiveness of prescribed interventions.
- 3.4.3 Modifying the intervention plans based on the response to interventions, progress toward intended and possible outcomes, and evolving patient and/or client needs.
- 3.4.4 Engaging patients and clients in reviewing their therapeutic progress and making necessary intervention plan adjustments.

3.5 EQUIPMENT AND TOOLS

In their clinical practice SLPs use a variety of diagnostic and therapeutic intervention equipment, tools and materials to screen, assess and treat patients and clients.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.5.1 Selecting appropriate equipment and tools that align with the purpose of the clinical diagnostic screening, assessment(s) and therapeutic intervention(s).
- 3.5.2 Ensuring all clinical diagnostic and therapeutic equipment and tools are appropriately calibrated, maintained, and used per the manufacturer and professional practice requirements.
- 3.5.3 Adhering to clinical infection prevention and control guidelines when handling, cleaning, or storing clinical diagnostic and therapeutic equipment and tools.

- 3.5.4 Using clinical diagnostic and therapeutic equipment safely, competently, and within one's professional level of training, competence, and authorization.
- 3.5.5 Taking appropriate, timely actions related to broken, damaged, malfunctioning, and/or expired clinical diagnostic and therapeutic equipment, material and tools.

3.6 REFERRALS AND DISCONTINUING CARE AND SERVICE

In their clinical practice SLPs recognize when patients or clients must be referred or when care or service provision must be discontinued. When such circumstance arises, they take timely and appropriate actions to professionally refer or discontinue such care or service.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.6.1 Recognizing when their knowledge, training, competency, and experience may not be sufficient to meet the patient or client's needs and appropriately referring them to another more suitable care and service provider.
- 3.6.2 Appropriately referring clients following episodic care interactions.
- 3.6.3 Ethically, and professionally managing therapeutic care referrals by:
 - a. Informing patients and clients of the rationale for the referral;
 - b. Identifying alternative options, if any;
 - c. Informing patients and clients how they may gain access to their care or service records;
 - d. Obtaining patient and client consent prior to sharing their personal information and private health records as part of a therapeutic referral.
- 3.6.4 Professionally terminating the therapeutic relationship when the patient and/or client requests that the professional care, services, or relationship be terminated, and/or:
 - a. The patient and/or client no longer requires professional care or service;
 - b. The patient and/or client is abusive and/or poses a safety risk to the SLP;
 - c. The patient and/or client demonstrates a pattern of willful disregard for the practitioner-patient/client relationship (i.e., this includes but is not limited to respecting scheduled appointments, care or service contracts and professional relationship boundaries); and/or
 - d. The patient and/or client has unrealistic treatment expectations or repeatedly fails to comply with the SLP's therapeutic intervention advice, recommendation(s), and/or direction(s).

- 3.6.5 Ethically and professionally managing patient and client transition interactions by:
- a. Making appropriate and required referral or transfer of care arrangements and providing reasonable notice of their practice absence thereby avoiding patient abandonment claims;
 - b. Informing patients and clients of the rationale for the discontinuation of care and service; and
 - c. Informing patients and clients regarding how they may gain access to their care or service records after care or service is discontinued.

3.7 SLP VIRTUAL CARE AND SERVICE

In their clinical practice SLPs may provide professional virtual care and service if such care or services is appropriate and meets the needs of the patients and clients.

Speech-Language Pathologists who practice clinically demonstrate compliance with this Standard element by:

- 3.7.1 Ensuring they have the professional knowledge and skills required to deliver ethical, competent, and safe virtual care and service.
- 3.7.2 Ensuring that virtual care or service meets regulatory and professional practice standards.
- 3.7.3 Ensuring they hold current and appropriate virtual care and service professional liability insurance coverage.
- 3.7.4 Assessing the appropriateness of virtual care and service based on the patient's and client's needs, goals, communication abilities, health status, setting, and access to virtual care technology.
- 3.7.5 Utilizing virtual care and service platforms that are compliant with legal, regulatory, and employer requirements.
- 3.7.6 Ensuring that virtual care and service interventions are appropriately adapted to maintain clinical validity and care quality.
- 3.7.7 Identifying and mitigating risks that may compromise the quality and safety of virtual care or service.
- 3.7.8 Establishing and appropriately conveying, to patients and clients, contingency plans in the event that virtual care or service must be cancelled, is interrupted, or if the patient and/or client has concerns or questions.

STANDARD 4 - EDUCATION PRACTICE

Professional AUDs and SLPs in educational practice are responsible for supporting the on-going development and academic or clinical education, training, mentorship and/or coaching of other healthcare team members.

4.1 SUPPORTING EDUCATION AND TRAINING

In their professional education practice AUDs and SLPs educators, preceptors, mentors, and coaches support the development and training of other healthcare team members.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 4.1.1 Undertaking educator, preceptor, mentor, and coaching training and engaging as an educator, preceptor, mentor, and coach whenever possible.
- 4.1.2 Modeling professional values, behaviors, and conduct expected of a professional AUD or SLP educator, preceptor, mentor, and/or coach.
- 4.1.3 Ensuring that their consent to precepting, mentoring or coaching learners is appropriately documented.
- 4.1.4 Ensuring that delivered education or training aligns with education/training standards and/or other approval requirements.
- 4.1.5 Integrating legislation, evidence-informed best practices, and other professional education or training requirements into their practice.
- 4.1.6 Leveraging a broad range of educational or training methods, techniques, and technologies to support learners achieve learning outcomes.
- 4.1.7 Creating a safe, collaborative, and supportive learning environment for all learners.
- 4.1.8 Communicating respectfully with all learners throughout their professional education practice.
- 4.1.9 Integrating education, training, mentoring and coaching supervision standards and policies within their practice.
- 4.1.10 Ensuring that AUD or SLP learners provide professional care and service within the limits of their education, training, competence, proficiency, supervision rules and authorization.
- 4.1.11 Providing clear, objective, and fair evaluation and performance feedback to all learners.
- 4.1.12 Ensuring that interns, students, and mentees appropriately document patient and client consent prior to delivering supervised professional care and/or service.
- 4.1.13 Ensuring that learners are fully informed of and are compliant with their professional intern, student or mentee disclosure and reporting obligations.
- 4.1.14 Safeguarding the privacy and confidentiality of learners' personal and health information in accordance with legislation and educational program policies.
- 4.1.15 Fostering and respecting educator-learner relationship boundaries throughout

their professional education practice.

- 4.1.16 Refraining from entering close personal relationships with learners they are teaching, precepting, mentoring, and/or coaching.
- 4.1.17 Taking appropriate, timely action, as an educator, a preceptor, a mentor, or a coach, in stopping and reporting conflicts of interest and situations that involve patient and client harm, discrimination, harassment, bullying, and abuse.
- 4.1.18 Engaging in ongoing critical self-reflection and professional development to improve one's teaching, training, precepting, mentoring, and coaching competencies.
- 4.1.19 Seeking education, training, mentoring and coaching performance feedback and taking timely, appropriate improvement action as may be required.

4.2 SUPPORTING ONGOING DEVELOPMENT

As part of their professional education practice AUDs and SLPs demonstrate professional leadership in supporting the ongoing development of other healthcare team members.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 4.2.1 Advocating for and supporting the ongoing development of other healthcare team members.
- 4.2.2 Engaging within and supporting the advancement, development, and growth of their professional communities of practice.
- 4.2.3 Supporting and advocating for, whenever possible, interprofessional and interdisciplinary education and training.
- 4.2.4 Collaborating with, supporting self-discovery, and empowering patients, clients, and their families to learn about how they may care for themselves, their loved ones, and improve their own health and well-being.
- 4.2.5 Advocating for and supporting AUD and SLP career-long professional development.
- 4.2.6 Promoting awareness of and supporting the development and dissemination of evidence-informed professional continuing education, training, mentorship and coaching information.
- 4.2.7 Encouraging learners to self-reflect as a means of promoting ongoing personal and professional development and competency maintenance.

STANDARD 5 - ADMINISTRATIVE PRACTICE

Professional AUDs and SLPs, who practice within an administrative practice context, are responsible for the oversight and for supporting the delivery of quality professional audiology, and speech-language pathology care and service.

5.1 ADMINISTRATIVE LEADERSHIP

In their administrative practice AUDs and SLPs demonstrate leadership by fostering a professional and safe work environment that prioritizes compliance with provincial legislation, regulatory requirements, standards, and policies.

Audiologist and Speech-Language Pathologist administrators demonstrate compliance with this Standard element by:

- 5.1.1 Exercising visible and accessible leadership in the interest of building team trust and confidence.
- 5.1.2 Modeling professional values, behaviors, and conducting themselves professionally throughout their administrative practice.
- 5.1.3 Fostering a professional and courteous work environment grounded in mutual trust and respect, fairness, equity, and inclusion.
- 5.1.4 Responsibly overseeing business operations, per their job description and in keeping with corporate policies (i.e., professional care and service delivery, billing, financial transactions, payroll, human resources, documentation, and patient and client documentation and/or referrals).
- 5.1.5 Integrating legislation and evidence-informed best business and healthcare practices.
- 5.1.6 Communicating respectfully with colleagues, patients, clients, and others.
- 5.1.7 Fostering and creating a safe workplace environment.
- 5.1.8 Ensuring that employees are fully informed regarding their work obligations and responsibilities.
- 5.1.9 Demonstrating a commitment to supporting the professional growth of others towards their full potential.
- 5.1.10 Fostering and integrating within their practice just culture principles, with a focus on safe reporting, root cause analysis, risk and hazard mitigation, and adverse care or service incident prevention.
- 5.1.11 Collaborating with safety, regulatory, and risk management organizations, as well as employees, patients, and clients, to resolve workplace risks, hazards, adverse care or service incidents, and to implement prevention measures.

5.2 FAIR AND ETHICAL BUSINESS PRACTICE

In their administrative practice AUDs and SLPs are responsible for ensuring that corporate business practices comply with legal, ethical, quality, and other best business practices.

Audiologist and Speech-Language Pathologist administrators demonstrate compliance with this Standard element by:

- 5.2.1 Fostering a work environment that upholds ethical, transparent, and equitable business practices.
- 5.2.2 Fostering a workplace culture that empowers and motivates others to deliver high-quality outcomes and that embraces continuous improvement.
- 5.2.3 Proactively identifying and/or appropriately actioning and managing potential workplace conflicts of interest situations.
- 5.2.4 Ensuring that all business advertising, including contracted advertising, complies with fair and ethical business advertising standards.
- 5.2.5 Professionally managing and appropriately resolving business advertising complaints.
- 5.2.6 Selling products or professional services at fair market value.
- 5.2.7 Ensuring ethical and transparent promotion and sale of services, goods, or treatments without coercion, enticement, or manipulation.
- 5.2.8 Ensuring, as required, that offered care or service products are authorized for sale in Canada.
- 5.2.9 Maintaining appropriate and accurate product records, with consideration for:
 - a. The product purchase price, any discounts, rebates, or price reductions that may have been received;
 - b. The names and contact information of the product manufacturer and supplier;
 - c. The date the product was purchased, received, and sold;
 - d. The products' expiry date;
 - e. Information provided to the patient or client about the product; and
 - f. Contractual product purchase terms and payment plans.
- 5.2.10 Ensuring that business practices comply with legislated privacy and confidentiality requirements.
- 5.2.11 Ensuring that appropriate information-sharing agreements are in place when personal and/or private health information is shared with other record custodians.
- 5.2.12 Ensuring that business records are appropriately maintained (i.e., if using electronic records, ensuring that they are stored on an independent and regularly backed-up IT system) and that records are disposed of in a manner that protects patient and client confidentiality and privacy.
- 5.2.13 Ensuring that patients and clients are provided with timely information regarding how they may access their (or a copy of their) records.
- 5.2.14 Confirming that referral personnel are provided appropriate and timely information and access to the patient and client records.

- 5.2.15 Appropriately managing the closure or relocation of a business practice in a manner that is transparent, organized, and compliant with legal and other regulatory requirements.
- 5.2.16 When possible, collaborating with other AUDs or SLPs who will be absent from practice, such as to facilitate patient and client referral, continuity of care, and to guard against abandonment claims.
- 5.2.17 Undertaking workplace quality improvement activities to improve workplace business practices.

5.3 ADMINISTRATIVE SUPERVISION

In their administrative practice AUDs and SLPs exercise workplace oversight and provide competent supervision to other healthcare team members, such as to ensure quality delivery of care and services.

Audiologist and Speech-Language Pathologist administrators demonstrate compliance with this Standard element by:

- 5.3.1 Ensuring that workplace policies and procedures align with legislated and regulatory requirements.
- 5.3.2 Ensuring that employees are compliant with their work obligations and responsibilities.
- 5.3.3 Ensuring that regulated professional employees possess the necessary qualifications, registrations, and/or authorizations to provide required professional care and services.
- 5.3.4 Remaining vigilant and taking appropriate, timely action in response to claims of workplace coercion, discrimination, harassment, bullying, abuse, unprofessional conduct, sexual abuse, or professional misconduct.
- 5.3.5 Ensuring compliance with infection prevention and control (IPAC) policies and standards.
- 5.3.6 Taking timely appropriate actions if medical equipment requires maintenance, cleaning, disinfection, sterilization, and/or replacement.
- 5.3.7 Taking timely appropriate actions in ensuring the availability of required clinical equipment, supplies, and consumables.
- 5.3.8 Ensuring that appropriate precepting and mentoring agreements are in place prior to any precepting and/or mentoring activities occurring in the workplace.
- 5.3.9 Implementing robust systems and procedures for reporting, investigating, and managing workplace hazards, complaints, incidents, and adverse events.
- 5.3.10 Taking timely appropriate actions in reporting, managing, and/or investigating workplace hazards, complaints, adverse events, and safety incidents in accordance with legal and regulatory obligations.
- 5.3.11 Appropriately monitoring caseload and workload conditions, within their area of responsibility, and taking timely appropriate action when these conditions may compromise the quality or safety of patient or client care and/or the safety of employees.

- 5.3.12 Taking timely and appropriate NLCHP reporting action if an AUD or SLP, they employ or supervise, is unwilling or unable to address an impairment that interferes with or prevents them from delivering ethical, competent and/or safe professional care or service.
- 5.3.13 Taking timely and appropriate NLCHP reporting action, if they suspend or terminate the employment of an AUD or SLP for cause.
- 5.3.14 Investigating and reporting, to the appropriate administrative authorities, safety, confidentiality, and privacy breach events and taking timely, appropriate management actions to mitigate related escalation and/or future incident recurrence.

STANDARD 6 - RESEARCH PRACTICE

Professional AUDs and SLPs involved in research practice are responsible for supporting quality research in the science, techniques, and practice of audiology, speech-language pathology, or other domains.

6.1 SUPPORTING RESEARCH

In their research practice AUDs and SLPs are accountable for promoting and supporting professional research that objectively informs and advances their profession or other bodies of knowledge.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 6.1.1 Demonstrating strong ethical values in all professional research-related activities.
- 6.1.2 Sharing professional expertise and knowledge as part of research activities.
- 6.1.3 Respectfully and professionally engaging in community of practice research discussions.
- 6.1.4 Sharing research information, knowledge, and studies, when authorized and appropriate.
- 6.1.5 Upholding professionalism and ethics when discussing, reporting, or disseminating research information and other research findings.
- 6.1.6 Refraining from disseminating and sharing what they know to be incomplete, false, or wrong research information.
- 6.1.7 Keeping themselves apprised of emerging professional research and undertaking professional research development activities to enhance their own research and professional competencies.

6.2 ETHICAL RESEARCH

In their research practice AUDs and SLPs are accountable for upholding ethical research practices that safeguard participants' rights, promote scientific integrity, and maintain public trust in themselves and the profession.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 6.2.1 Promoting ethical research that upholds ethical standards, advances knowledge and/or the health and well-being of participants.
- 6.2.2 Engaging in ethical research activities that comply with legislation, professional research standards, policies, procedures, directives, and evidence-informed research best practices.
- 6.2.3 Adhering to all applicable ethical research guidelines and protocols.
- 6.2.4 Promptly reporting, to the appropriate research authorities, any adverse research events and unethical and/or illegal research activities.

- 6.2.5 Developing and employing research participant recruitment strategies that are accurate, honest, respectful, and aligned with ethical research standards.
- 6.2.6 Acting with consideration for the physical and psychological safety of research participants.
- 6.2.7 Complying with research conflict-of-interest disclosure policies and procedures and professionally managing such situations.
- 6.2.8 Ensuring that research participants are provided balanced, relevant, accurate, and comprehensive information to support their informed research participation decision.
- 6.2.9 Obtaining and appropriately documenting research participant's informed consent.
- 6.2.10 Promoting ethical research relationships that acknowledge and manage the power imbalance and dynamics between researcher, research participants, research industry partners, and other research involved third parties.
- 6.2.11 As a primary researcher, refraining from engaging in a close personal relationship with a research participant, unless such a relationship has been disclosed and authorized.
- 6.2.12 Ensuring that research documentation complies with ethical research documentation, reporting, record-management, and record-keeping standards.
- 6.2.13 Taking appropriate steps to protect and safeguard the integrity and security of research information and data.
- 6.2.14 Demonstrating a commitment to research transparency by accurately communicating research findings and publishing in reputable journals.

6.3 COLLABORATIVE, INCLUSIVE, AND SAFE RESEARCH

In their research practice AUDs and SLPs are accountable for ensuring that the research design and methods appropriately consider and are adapted to align with collaborative and safe research practices.

Audiologists and Speech-Language Pathologists demonstrate compliance with this Standard element by:

- 6.3.1 Being open and honest, with participants, about the research process, intentions, risks, and benefits.
- 6.3.2 Fostering a collaborative research environment where community members are engaged in the research development process.
- 6.3.3 Promoting and fostering a research environment based on collaboration, mutual respect, safety, inclusivity, joint learning, and partnership.
- 6.3.4 Exhibiting polite, respectful, and professional behaviors throughout all aspects of professional research.
- 6.3.5 Incorporating participant determinant considerations into every stage of the research process (i.e., this includes but is not limited to: design, pretesting, instrument selection, required translation, participant recruitment and selection, data collection, data analysis, data interpretation, report writing, and dissemination).
- 6.3.6 Considering and incorporating trauma-informed best practices into every stage of the research process.
- 6.3.7 Creating a safe research environment where participants feel secure and can withdraw from the research at any time.

GLOSSARY

Acting in Breach of the Act, the Regulation, or the By-laws – means professional AUD or SLP conduct which contravenes the Act, the Regulation, or the College By-laws.

Adult Interdependent Partner – in Newfoundland and Labrador, means someone living in a relationship of interdependence, for a period of at least 1 year, or a relationship of some permanence if there is a child by birth or adoption.

Administrative Authority(ies) – means a governmental, public, or private agency or commission that is legislatively required to adopt and enforce regulations, standards, and guidelines. In the context of audiology and speech-language pathology practice, this includes, but is not limited to, professional regulatory authorities, professional healthcare and health and safety authorities, special government commission(s), and employers.

Adverse Care or Service Event(s) – means event(s) or occurrence(s) which occur due to error or failure to apply an accepted assessment, treatment, or intervention strategy. While the event was not preventable, it could have been less harmful if care had been different. The resulting adverse care or service event negatively impacted patient care or service delivery and/or the patient outcome(s).

Caseload – refers to the number of patients and clients receiving professional care and/or services from an SLP and/or AUD.

Coaching – means a form of development where an experienced person, the coach, supports a learner in achieving a specific goal.

Client(s) – refers to an individual who receives non-therapeutic services from an AUD or SLP and includes individual who are adult interdependent partner of a patient or a person who is involved in the care of a patient through their dependent, interdependent, or close personal relationship with a patient. This may include someone who purchases a product, equipment or service, a student or intern, a professional colleague, a research participant and/or a spouse, parent, guardian, alternative decision-maker, representative, or other person who is legally engaged in an AUD or SLP patient's care. An individual is considered a client:

- a. When they consent to or begin receiving non-therapeutic services or emergent care or service from an AUD or SLP;
- b. When they enter a dependent, interdependent, professional, business, employment, supervisory, or educational relationship with an AUD or SLP;
- c. When an AUD or SLP provides education, supervision, mentorship, or evaluation to a student, intern, employee, or mentee;
- d. When a patient consents to receiving professional therapeutic care or service and the AUD or SLP becomes aware that that the individual has a dependent, interdependent, or close personal relationship with a patient and is legally engaged in the patient's care; and
- e. Until the practitioner-patient or client relationship is formally concluded or terminated.

Close Personal Relationship – means a dependent, interdependent, and intimate relationship between two individuals.

Colleague(s) – includes industry and business partners, associates, suppliers, employees, peers, precepted student, intern, mentee, other regulated or unregulated healthcare team member, or any person with whom the audiologist or speech-language pathologist has an interdependent business relationship or affiliation.

Communication – in the context of audiology and speech-language pathology practice encompasses the processes by which a patient receives, comprehend, formulate, and express information through spoken language, written language, nonverbal cues (such as gestures, facial expressions, and body language), and alternative or augmentative systems. It includes hearing, listening, speech production, language comprehension and expression, voice, fluency, and social/pragmatic aspects of interaction, as well as the use of technology or assistive devices to support these functions.

Community of Practice – means a group of people who share common concerns, interests, and passion and who come together to engage in collective learning, knowledge sharing, and networking.

Competence – is defined as the combined knowledge, skills, attitudes, and judgment required to provide professional services. It is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the patients and others being served. Competence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence. Professional competence is developmental, impermanent, and context dependent.

Condition(s) or Restriction(s) – means conditions or restrictions imposed on a registrant, and which may constrain, limit, and/or restrict them from providing professional care or services to the full extent of their scope of practice.

Conduct Deserving of Sanctions – means professional conduct, per section 34(c) of the Health Professionals Act of Newfoundland and Labrador, which is deserving of sanctions.

Conduct Unbecoming – means professional or personal conduct of a regulated AUD or SLP that harms the integrity of and/or that undermines the public's trust and confidence in the profession and/or the College.

Conflict of Interest – refers to a conflict between the private interests and the professional responsibilities of a person in a position of trust.

Diagnosis – means the identification of the nature of an illness or problem by examination and investigation of the person's signs, symptoms, and other personal determinants.

Education – refers to the process of acquiring theoretical knowledge through the successful completion of formal academic coursework or through the successful completion of approved continuing education activities.

Emergent Care or Service – is care or service that, if not provided, would likely result in

the person experiencing suffering, a disability, or sustaining serious bodily harm.

Episodic Care / Service – means professional client care or service interactions that are unlikely to lead to ongoing care or service, beyond a single professional care or service episode.

Evidence-Informed Practice – refers to practice that is based on successful strategies that improve patient outcomes and are derived from a combination of various sources, including client (patient) perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.

Fit or Fitness to Practice – means that a person's ability to provide safe and competent professional services or care is not impaired or compromised by a medical, physical, psychological condition, illness, disorder, or an impairment caused by or an addiction to alcohol, drugs, or other substances.

Full Scope of Practice – means the complete range of professional functions, activities, and responsibilities that a regulated AUD or SLP professional is authorized/or and can competently perform under applicable legislation, regulatory standards, and professional guidelines and which is commensurate with their professional education, training, competence, experience, role(s), employment, practice specialty(ies) and context(s).

Good Character – means having moral and ethical strength and includes having and demonstrating consideration for others, respect for the rule of law and legitimate authority, ability to know right from wrong, integrity, responsibility, accountability, fairness, open-mindedness, candour, honesty, truthfulness, and trustworthiness.

Good Reputation – means that others consider one to behave in a manner that demonstrates respect and consideration for others, respect for the rule of law and legitimate authority, knowing right from wrong, integrity, responsibility, accountability, fairness, open-mindedness, candour, honesty, truthfulness, and trustworthiness.

Good Standing – means that a professional AUD or SLP has met the registration requirements and does not have conditions or restrictions on their registration due to disciplinary proceedings.

Governability – means that one is capable and amenable to being governed (controllable and manageable) subject to laws, regulations, regulatory and administrative authority programs, standards, policies, procedures, directives, and rules.

Implied Consent – means that the AUD or SLP assumes, through a patient or client's inferred deliberate actions, that they have permission to conduct a professional screening, assessment, or intervention.

Incapacity or Unfitness to Practice – means suffering from a medical, physical, or psychological condition, illness, or disorder, and/or addiction to alcohol, drugs, or other substances that impairs an AUD or SLP's ability to provide professional services in a safe and competent manner.

Indicator Statements – are performance measures to determine if the standards are met or are being achieved.

Informed Consent – refers to obtaining permission from a patient/client “based on reasonable disclosure of the facts, costs, risks, and alternatives, to use or receive identified care, service, treatment, intervention, or procedures.

Intervention(s) – means a professional therapeutic intervention plan, treatment, activity, or procedure which is undertaken with the intent of improving the health and well-being of a patient or client.

Just Culture – means a workplace philosophy that emphasizes accountability and fairness when addressing mistakes, misconduct, or failures. It recognizes that most errors result from flawed systems rather than individual negligence and aims to foster a safe reporting environment where individuals are encouraged to report errors and near misses without fear of punishment.

Learner(s) – refers to an individual who is learning about a particular subject and/or how to do something. In the context of these standards, learners include but are not limited to students, interns, mentees, and others being educated, trained, mentored, and/or coached.

Mentoring – means the act and process used by a mentor in helping and providing advice to a colleague or less experienced person who is enrolled in a mentorship program.

Patient(s) – refers to an individual who is receiving or has received professional care or services from an AUD or SLP. An individual is considered a patient:

- a. From the time they first consent to receiving professional care or services;
- b. When care or services extend beyond a single episodic interaction; and
- c. Until either:
 - Seven (7) days have elapsed following the formal conclusion of episodic care or service, or
 - Six (6) months have elapsed since the AUD or SLP formally terminated the therapeutic patient relationship.

Person-Centered(ic) Care – involves the diagnosis, treatment, and ongoing delivery of professional care or services interventions, while directly and deliberately engaging the patient or client and their families in decision-making specific to their unique care circumstances, needs, wants, and desires.

Position Statement(s) – are formalized statements issued by the College that clarify the College’s position.

Practice Guidelines – published practice directives that serves to interpret and provide additional context regarding professional position statements, By-laws, Code of Ethics, Standards of Practice, Scope of Practice, competency and/or practice elements.

Precepting – means the act and process used by a preceptor in providing guidance, instruction, and/or supervision to a colleague or less experienced person who is enrolled in a formal academic practicum, internship, or residency program.

Professional Boundaries – are the spaces between the healthcare professional’s power and the patient or client’s vulnerability. The power of the healthcare professional stems

from their professional position and access to sensitive and personal patient/client information, as well as the patient/client's needs, wants, or desire to obtain professional care or services from the healthcare professional. Professional boundary management governs the parameters of how AUDs and SLPs interact with patients, clients, and others, with a distinction between what is "acceptable" and "unacceptable."

Professional Incompetence – means professional AUD or SLP conduct that displays a lack of knowledge of or a lack of skills or judgment in the provision of professional services.

Professional Misconduct – means that a registrant has acted in contravention of the standards of practice or of another enactment that applies to the profession. It also means a registrant's refusal and/or failure to comply with registration, renewal, continuing competence/education, conduct investigation, undertaking, disciplinary orders, and any other directions of the Council, a Committee of the Council, its Registrar, an investigator, and/or an inspector.

Practice Violation – means unsatisfactory professional AUD or SLP conduct that contravenes the profession's expected standards of practice and/or another enactment that applies to the profession and may be subject to NLCHP investigation and disciplinary sanctions.

Reasonably Accommodated – means a reasonable work environment or job adjustment or modification that enables a qualified and authorized AUD or SLP to continue to perform and comply with their professional functions and requirements without creating patient/client safety risks and degrading professional service or care below expected standards.

Registrant and Regulated AUD or SLP – means a registered member of the College.

Sexual Abuse – means threatened, attempted, or actual conduct, of a regulated AUD or SLP and towards one of their patients, that is of a sexual nature and includes: sexual intercourse with; sexual touching or sexual contact of any sort; and/or enticement or encouragement to perform a sexual act or sexual touching of any sort.

Sexual Misconduct – means an incident or repeated incidents of objectionable or unwelcome conduct, behavior, or remarks of a sexual nature, by a regulated AUD or SLP and towards one of their patients, that they know or ought to have reasonably known will or would cause offence or humiliation to the patient or would adversely affect the patient's health and well-being, but that does not include acts of sexual abuse.

Scope of Practice and Full Scope of Practice – means the total of all authorized and permitted professional competency activities.

Social Prescribing – means linking a patient and/or client with non-medical community activities or groups that can improve their health and wellbeing.

Student(s) – For the purposes of these Standards, a student or a group of students enrolled in a recognized, formal education or training program in audiology, speech-language pathology, another regulated or unregulated health profession, who is participating in learning activities under the supervision, preceptorship, mentorship, or

clinical instruction of an AUD or SLP.

Substantially Limited – means that the practitioner’s ongoing work cannot be reasonably accommodated by their employer and they are hindered and/or limited in their ability to provide professional, ethical, competent, and safe care or service.

Training – involves the real-world experiential application of knowledge and skills within a supervised (simulated, academic and/or clinical) practice context, with the aim of enhancing competency.

Unprofessional Conduct – means professional AUD or SLP conduct that is contrary to the accepted code of professional ethical conduct and involves, but is not limited to, professional misrepresentation, making false professional declarations, fraud, dishonesty, breach of trust, or conflict of interest.

Virtual Care and Service – means remote healthcare or related services provided by a licensed and duly registered healthcare professional using digital or telecommunication technologies, and that is held to the same legal and professional standards as in-person care or service.

Workload – refers to all professional and work-related activities required and performed by a practising SLP and/or AUD.

REFERENCES

A. Newfoundland and Labrador – Regulatory and College Documents

1. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2004). Assessing and certifying clinical competency: Foundations of clinical practice for audiology and speech-language pathology [PDF].
2. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2024). Administrative by-laws [PDF].
3. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2021). Code of ethics [PDF].
4. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2021). Scope of practice for audiology [PDF].
5. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2023). Scope of practice for speech-language pathology [PDF].
6. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2020). Statement on conduct deserving of sanction [PDF].
7. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2020). Statement on sexual misconduct [PDF].
8. College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador. (2012). Code of Ethics. (Approved by the CASLPNL Board of Directors, October 11, 2012.)

B. Newfoundland and Labrador – Legislation and Oversight Bodies

9. Government of Newfoundland and Labrador. (2010). Health Professions Act, S.N.L. 2010, c. H1.02.
10. Government of Newfoundland and Labrador. (2013). Audiologists and Speech-Language Pathologists Regulations, NLR 47/13.
11. Newfoundland and Labrador Council of Health Professionals. (2025). Annual Report 2024–2025.

C. Canadian Federal Legislation

12. Government of Canada. (2000). Personal Information Protection and Electronic Documents Act (S.C. 2000, c. 5).
13. Government of Newfoundland and Labrador. (2011). Personal Health Information Act (PHIA).

D. Provincial Regulatory Bodies (Canada)

14. College of Health and Care Professionals of British Columbia. (n.d.). Website Home page.
15. Alberta College of Speech-Language Pathologists and Audiologists. (n.d.). Website

Home page.

16. College of Speech-Language Pathologists and Audiologists of Saskatchewan. (n.d.). Website Home page.
17. College of Audiologists and Speech-Language Pathologists of Manitoba. (n.d.). Website Home page.
18. College of Audiologists and Speech-Language Pathologists of Ontario. (n.d.). Website Home page.
19. Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick. (n.d.). Website Home page.
20. Nova Scotia Regulator of Audiology and Speech-Language Pathology. (n.d.). Home page.
21. College of Audiology and Speech-Language Pathology of Prince Edward Island. (n.d.). Website Home page.
22. College of Alberta Denturists. (n.d.). Standards of practice. Website.
23. Government of Alberta. (2018). Teaching Quality Standard (Ministerial Order; document dated 20180117).

E. International Regulation and Professional Standards

24. Professional Standards Authority for Health and Social Care. (n.d.). Right-touch regulation.
25. British Academy of Audiology. (n.d.). Scope of practice update.
26. American Academy of Audiology. (2023). Scope of practice for audiology [PDF].
27. American Speech-Language-Hearing Association. (n.d.). Scope of practice in speech-language pathology.
28. Speech Pathology Australia. (n.d.). Professional standards for speech pathologists in Australia.
29. NHS England; Chartered Management Institute; Faculty of Medical Leadership and Management; Florence Nightingale Foundation; KPMG. (2024). Management and Leadership Framework: Standards and Competencies (Version 3.0, released 06/02/2024).
30. Faculty of Medical Leadership and Management. (2020). Leadership and Management Standards for Medical Professionals (3rd ed.).
31. Department of Health (UK). (2002). Code of Conduct for NHS Managers.
32. Academy of Medical Educators. (2021). Professional Standards (4th ed.). Cardiff: Academy of Medical Educators.



**COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE
PATHOLOGISTS OF NEWFOUNDLAND & LABRADOR**