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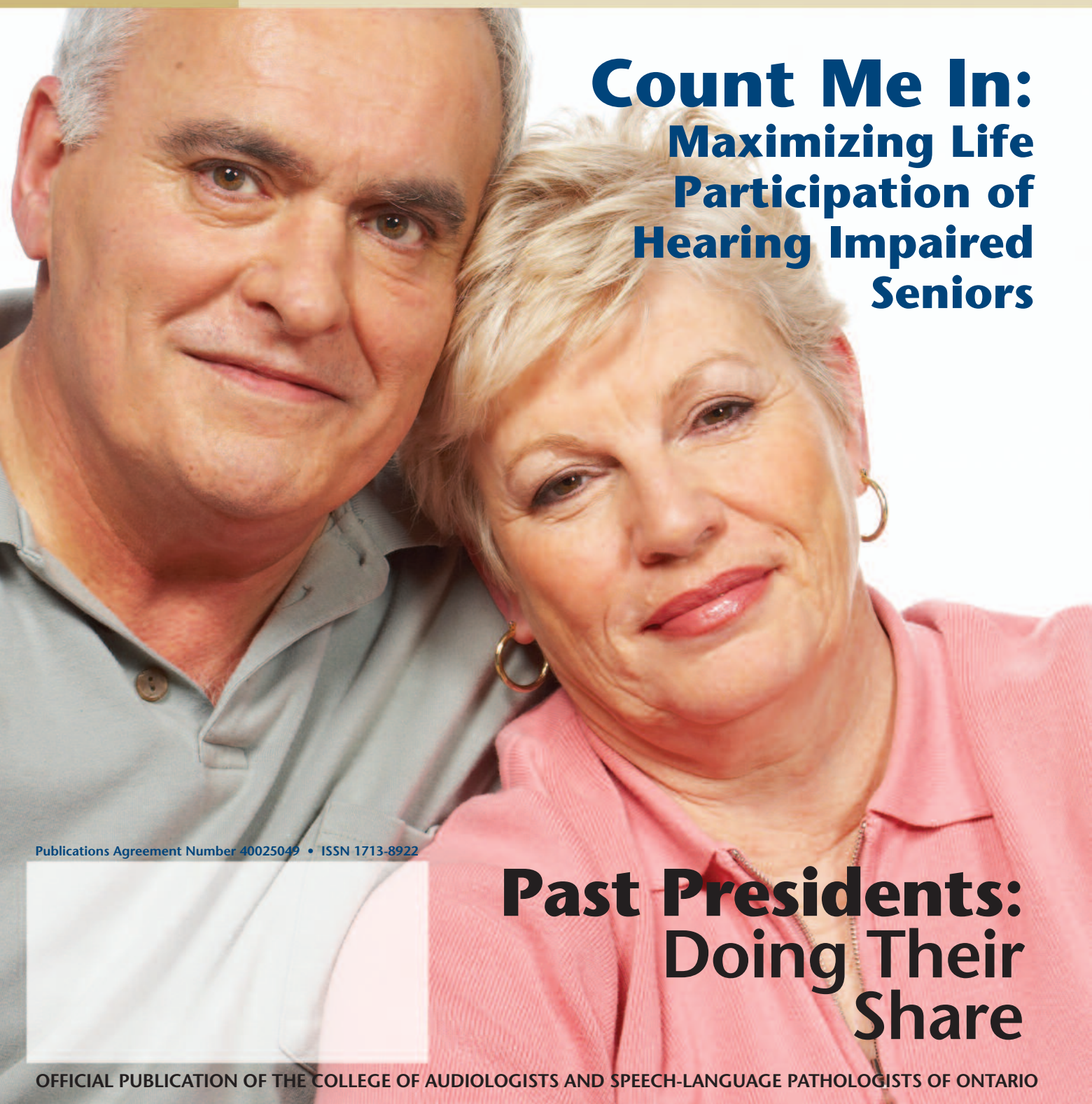

Count Me In: Maximizing Life Participation of Hearing Impaired Seniors

Publications Agreement Number 40025049 • ISSN 1713-8922

Past Presidents: Doing Their Share

OFFICIAL PUBLICATION OF THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF ONTARIO

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MESSAGE FROM THE PRESIDENT

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Learning the Language of the Professions and Regulation

Audiologists and speech-language pathologists don't speak the same language as other people. Words such as labyrinthitis, laryngectomy, presbycusis, and echolalia colour their conversations around the water cooler. Regulators are very much the same. They deal with terms such as *procedural code, controlled act, fair access, and informed consent,* all in the interest of protecting the public. It is quite a learning experience to sit around a council chamber and hear the terms fly. It is even more fascinating to attempt to make these words relevant and understandable to professional members and our target populations.

An examination of the time and effort required to clearly understand, define, and communicate terms which we endeavour to use in the regulatory environment is a most revealing exercise. Many discussions and debates have concluded with the realization that individuals have significantly diverging opinions on what seemingly simple terms signify. What is a standard? What is a guideline? An essential competency? Quality? Misconduct? What is true self-regulation? It is only once one engages in the dialogue that one can truly appreciate how complex this language really is.

A number of the College's recent activities have involved ongoing development of the terminology which serves to ensure competent regulation. The vocabulary on which groups settle acts as the framework for continued development of programs and processes. In December, the Quality Assurance Committee undertook a review of its Practice Standards and Guidelines development procedures with input from associations, universities, and members of the professions. The liveliest debate centred around identifying the differences between a "standard" and a "guideline," and determining which organization can and should develop each. Stay tuned!

CASLPO is also involved in a national effort to develop essential competencies through a grant provided by the federal government. It is interesting to note that the Speech-Language Pathology Working Group came to a major roadblock with the most basic of definitions. While participants were in agreement that members of the profession act as collaborators, communicators, scholars, managers, professionals, and advocates, they were at a loss when asked to identify their area of expertise. Is it communication? Speech and language? Speech, language, feeding, and swallowing? Communication sciences and disorders? In the same vein, Audiologists engaged in a discussion regarding whether or not to include "balance" as part of their main identity.

Most of the College's staff and committees have been involved to some degree in reviewing our regulations (and draft regulations) in the past few years. This includes Professional Misconduct, Advertising, Conflict of Interest, Registration, and Records. Again, defining and agreeing on the intent of *each* statement in *every* document has been the focus of this analysis and has generated many questions.

I would like to personally applaud all of the individuals who agree to give of

their time to examine these important issues. This allows the College to continue to establish policies and produce documents which are of the highest quality and which take a broad range of perspectives into account. Many organizations might be tempted to stop working on a project once the product is "good enough." CASLPO is committed to going beyond this standard. This avoids the need to go back every year to patch up previous work which is breaking down because it wasn't completed appropriately in the first place.

I would also like to encourage members to contact the College at any time if they wish to gain a better understanding of some of the thinking and decision making that go behind generating regulations, position statements, policies, standards and guidelines. Regional seminars are also an excellent forum to ask questions and express concerns. As communication specialists, we have much to gain by ensuring we are speaking the same language.

Karen Luker, M.H.Sc., Speech-Language Pathologist

COUNCIL HIGHLIGHTS: DECEMBER 2007

Council held its regular Council meeting on December 7, 2007. The following are the highlights.

- Council approved changes to the Continuous Learning Activity Credits (CLACs). The revised CLAC forms and manual will be sent to all members early in 2008.
- Council discussed the pros and cons of passing a regulation to require CASLPO members to use specific titles and prohibit the use of others. Council decided that members would continue to be encouraged to use the titles "audiologist "and "speech-language pathologist" when providing or offering to provide services. It was noted that consistent and frequent use of these titles may assist to raise awareness of the professions.
- Council received a report on the Essential Competencies Project which is a project being undertaken by professional associations, regulatory bodies and universities across Canada. The project will ultimately produce essential competency profiles for each profession incorporating perspectives of the academic community, practitioners, and regulators in audiology and speech-language pathology. The essential competency profiles will be used to establish competency based registration standards and processes, as well as to inform professional standards and university curricula.
- Council accepted the auditor's report for 2006/2007. The auditor confirmed that CASLPO finances are in excellent shape and are being well managed.
- Council discussed objectives and desired outcomes for the 2008 public awareness /external relations program. It was agreed that the outcomes should include increased awareness of the college, the professions, and the services they provide, communication and hearing disorders and the need for programs and the services of CASLPO members to meet client/patient needs. A program is being developed and will be considered at the March Council meeting.
- Council requested a review and updating of the Council Planning Cycle and Governance Policies.

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

Current Record Keeping Questions

By Lynne Latulippe, Manager of Professional Conduct

Member questions regarding record keeping have emerged from the regional seminars that the College conducted in the fall of 2007. In addition, the College's revision of the Proposed Records Regulation, in which member feedback was sought and received, has prompted an increase in professional practice calls and emails to the College on the topic of record keeping. Some of these recurring areas of inquiry are addressed below.

Some of my colleagues who are regulated health professionals tell me that that they are required by their College to keep an appointment book listing their scheduled appointments for the day. Does CASLPO have this requirement, and if so, am I obliged to retain this appointment book for the same time period as I have to keep patient/client records?

The member is indeed correct that, in Ontario, some regulated health Colleges require their members to maintain daily appointment records, setting out the names of each patient/client to whom the member provides services. However, CASLPO does not have such a requirement for its members.

Some CASLPO members do maintain such appointment logs or books and when they contact the College regarding any retention requirements, they are informed that if they have recorded and included in the patient/client records all the necessary information as listed in the Proposed Records Regulation, they are not required to retain the appointment books. For example, the Records Regulation states that "each member shall maintain a system that records the date of each contact with a patient or client whom the member assesses or treats." Consequently, if the only patient/client information that was recorded in the appointment book was the date of contact and if the member has recorded these dates in the patient/client record, the member would not be required to retain the appointment book.

I was employed at a facility that abruptly closed its doors, and I do not have access to the patient/client records. Also, I am not sure where the records are located at this time, and whether they will be retained for the required time period. What are my responsibilities in this matter, if any?

Members who may find themselves in this situation are encouraged to contact the College to discuss the particular circumstances of their situation. Given that this matter is also addressed in the Personal Health Information Protection Act, (PHIPA) 2004, members should also contact the Office of the Information and Privacy Commissioner (www.ipc.on.ca), who has published documents to assist regulated health professionals in this and similar circumstances.

Members wishing to avoid these situations in the future may note that in a comparable situation, the Information and Privacy Commissioner remarked that although the health care practitioners who provided services at the clinic in question were not responsible for the secure storage, retention, or disposal of the records, they clearly had an interest in ensuring that the records were handled appropriately. The Commissioner suggested a written contract between the health information custodian and the individual health care practitioner, that clearly sets out responsibilities for records management, including the responsibility for secure storage of the records should the clinic cease operation, would have been helpful in avoiding the situation that eventually unfolded.

I will be retiring from my private practice in a few years and am unsure as to what I should do with the patient/client records in my possession.

Although the current Proposed Records Regulation (1996) establishes the steps a member, who is resigning as a member or ceasing to practice, must take to ensure that patient/client records are appropriately retained, those provisions in the Records Regulation have been superseded by PHIPA.

Information provided by the Information and Privacy Commissioner states that with limited exceptions (e.g., where a health information custodian (HIC) dies or sells a practice and transfers records to a successor), the persons or organizations, as described in PHIPA, who served as HICs immediately before a change in practice continue to be the HICs after the change in practice. In their role as HICs, these persons and organizations continue to be responsible for complying with the duties and obligations imposed on HICs under PHIPA. And these HICs have a duty to ensure that records of personal health information are retained, transferred, and disposed of in a secure manner.

If an HIC does transfer records of personal health information to a successor in accordance with PHIPA requirements, the successor becomes the HIC with custody or control of the records of personal health information. For example, where a member transfers the records to another member, the latter becomes the health information custodian of the records. However, as stated in PHIPA, before transferring the records, the member is obliged to make reasonable efforts to give notice to the patient/client or, if that is not reasonably possible, to give the notice as soon as possible after transferring the records.

Do you have any questions regarding record keeping? Contact Lynne Latulippe, at 1 800 993 9459 or at 416 975 5347 ext. 221.

CORRECTION

After the publication of *CASLPO Today* Volume 5, Issue 4, we received the letter excerpted below from Chantal Kealey, the manager of audiology services and supportive personnel for the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA):

> The section on "College Updates Doctorate in Audiology" states that the Canadian Association of Speech-Language Pathologists and Audiologists has endorsed the professional doctorate as the degree required for entry into practice. CASLPA's position on the professional doctorate degree in audiology was approved by the Board of Directors in October 2007 and states:
>
> "The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) supports the concept of the professional doctoral degree in audiology (Au.D.) in Canada for future professionals and commits to further investigation of this issue."
>
> As a voluntary national professional association, CASLPA does not set entry-to-practice standards. The above position was carefully written to exclude any reference to entry-to-practice although CASLPA is in support of this degree.

Unfortunately, at the time the article was written, we were looking at a previous position statement that CASLPA had issued on this topic and we were unaware of CASLPA's position that was just adopted in October of 2007.

We regret any confusion this error may have caused.

Communicating Excellence:

Celebrating 50 Years of Educating Leaders in Speech-Language Pathology

By Carla J. Johnson, Ph.D.

Fifty years ago, in 1958, the University of Toronto (U of T) established a post-graduate diploma program in speech-language pathology (SLP), which was the first SLP program in Canada to be taught in English. 1958 was a busy year for a small, but dedicated, group of early professionals who founded not only the U of T program, but also our professional association, known then as the Ontario Speech and Hearing Association. Since then, the program at U of T and the profession of speech-language pathology in Ontario have grown and developed in tandem.

The initial years at U of T were filled with challenges. The program was small, with only seven students in the first class. The profession was new and not well known. Faculty members were practicing clinicians who selflessly gave extra time and effort to teach and mentor the first students. Both academic and clinical skills were taught in whatever spaces could be found as the program had no classroom or clinic space of its own until it was moved to the Old Church on College Street in 1966. Even then, facilities and resources were less than optimal. Despite these humble beginnings, the program continued to grow and thrive. Over the years, a total of 203 graduates completed the diploma program at U of T.

In 1978 the SLP department began to offer a professional master's degree. Faculty, students, and practicing professionals had planned and lobbied extensively for a full eight years in order to create the new master's program. Sixteen students graduated in 1980, earning the first Master of Health Science (MHSc) degrees from the department. In recent years, the University of Toronto SLP program has increased its enrolment in the MHSc program to its current level of 40 students per year. Over the years, almost 500 MHSc graduates have joined the ranks of practicing professionals in our field throughout Ontario and beyond. Many of these graduates have played key roles in ensuring appropriate services for Ontarians with communication and swallowing disorders, in advocating for our profession through our associations, or in regulating the practice of speech-language pathologists since the 1994 establishment of CASLPO.

In 1995 and 1996, U of T accepted its first students into two new research degree programs, the Master of Science (MSc) and Doctor of Philosophy (PhD) programs, respectively. Since then, six have graduated from the MSc program and 10 from the PhD program. U of T PhD graduates are currently pursuing wide-ranging research interests in universities and research institutes across North America. Meanwhile, 18 students are now enrolled in these programs, preparing to contribute to the scientific basis for the practice of speech-language pathology.

To celebrate its rich history and promising future, the Department of Speech-Language Pathology at U of T is planning a Gala Dinner on May 29, 2008, and a full-day symposium on May 30, 2008. The Honourable Bob Rae will present the keynote address at the Gala Dinner. Speakers at the full-day symposium will include: Dr. Rupal Patel (Northeastern University), the first PhD graduate from U of T SLP, who will speak on new directions in human-machine interfaces for non-speaking individuals; Dr. Michael Iwama (University of Toronto), world-renowned for his work in multicultural practice, who will highlight key principles and insights on this topic for speech-language pathologists; and Dr. Yves Joanette (Université de Montréal), who will address future opportunities and challenges in speech-language pathology.

For more information on the department's 50th anniversary celebrations, please visit www.slp.utoronto.ca. We are interested in hearing from former students and faculty of the department. If you have not been receiving our annual SLP alumni newsletter in recent years, please submit your name, contact information, and year of graduation to us by email at slp.rsvp@utoronto.ca or by fax at (416) 978-1596. We'd love to include you in our celebration and plans for the future!

Co-signing and Countersigning: What CASLPO Members Need to Know

By Lynne Latulippe, Manager of Professional Conduct

Are you co-signing or countersigning documents?

Members have asked when it would be appropriate for them to co-sign documents that have been signed by other persons.

At this time, the College requires members to co-sign (also known as countersigning) in the following situations and these are the only situations where members may do this.

Supervision of Students in Audiology and SLP

The position statement on Supervision of Students of Audiology and Speech-Language Pathology states that all of the student's written work must be co-signed by the supervising member.

This position statement applies only to students who are currently enrolled in a university program in audiology or speech-language pathology. The position statement cannot be extended to other contexts, for example, where an individual has completed a university program and is awaiting registration with the College.

Supervision of Support Personnel

The College's current position statements on the use of support personnel clearly indicate situations where members are required to co-sign documents initially signed by support personnel. The position statement "Use of Support Personnel by Speech-Language Pathologists" states that support personnel cannot sign "formal documents that are part of the patient/client record such as chart notes, reports, etc. without counter signature of the SLP. This does not preclude support personnel from documenting progress in a formal record (e.g., medical chart, Ontario Student Record) as long as the record also includes documentation of the assigned activities by the SLP." The position statement "Guidelines for the Use of Supportive Personnel by Audiologists" indicates that support personnel cannot "sign any formal documents unless countersigned by the supervisor."

Members co-signing for support personnel must ensure they are abiding by the requirements contained in the position statement, which limit the tasks that can be assigned to support personnel.

Members are not allowed to co-sign documents in any other contexts. For example, a CASLPO member should not co-sign any assessment reports except where a student enrolled in a university program in audiology or speech-language pathology has conducted the assessment, in accordance with the position statement. Thus, an audiologist should not be co-signing hearing assessments leading to hearing aid recommendations conducted by any person other than a student enrolled in a university program in audiology or speech-language pathology. Similarly, a speech-language pathologist should not be co-signing assessment reports conducted by an applicant to the College, as that person is not a student currently enrolled in a university program in audiology or speech-language pathology.

In summary, the College's requirements do not currently allow members to co-sign documents in any contexts other than those presented above. If you are currently co-signing or considering co-signing in any other circumstances, please contact Lynne Latulippe at 416-975-5347 ext. 221 or at llatulippe@caslpo.com for further information.

The Allied Health Professional Development Fund (AHPDF)

CASLPO Members may apply for continuing education funding: hurry before it's too late!

HealthForceOntario is an innovative, collaborative multi-year plan to give Ontario the right number and mix of health care providers, working in communities across the province to meet our health needs – now and in the future. It includes a range of initiatives designed to help Ontario identify its health human resource needs, develop new provider roles to meet our changing health needs, work closely with the education system to develop people with the right knowledge, skills, and attitudes, and compete effectively for health care professionals. One of those initiatives is The Allied Health Professional Development Fund (AHPDF).

The AHPDF is part of the province's health human resources strategy. Its purpose is to help to ensure Ontario has the right supply and type of health care professionals. Through HealthForceOntario, the government is reaching out for the second consecutive year and recognizing the contribution provided by allied health professionals to Ontario's health system by providing funds for professional development.

In 2006/2007, the fund was an overwhelming success. This year the fund was increased to $2.5 million and expanded to provide support for professional development opportunities to more health professionals. For 2007/2008, medical laboratory technologists, physiotherapists, medical radiation technologists, speech-language pathologists, audiologists, occupational therapists, pharmacists, dietitians, and respiratory therapists are eligible to apply to the program. The fund allocated to each profession based on the size of the membership. All applicants must be registered with their regulatory college and practicing or eligible to practice in their profession in Ontario.

CASLPO members received copies of the 2007–2008 application form in hard copy through the mail and as part of an email blast in the fall.

Applying for reimbursement of continuing education funding has never been easier.

The AHPDF Application and Application Guide are available on the website www.ahpdf.ca. CASLPO members may submit their application and supporting documentation in hard copy or on line.

CASLPO members may apply to receive up to $1,500 reimbursement for a completed continuous learning activity that occurred between April 1, 2007 and March 31, 2008.

To apply you will need to include:

1. A completed application form.
2. An official receipt documenting payment issued by the professional development provider.
3. Evidence of successful completion or attendance at the professional development activity.
4. Proof of registration with CASLPO. (A photocopy of your current registration card will suffice.)
5. A void cheque for direct deposit.

The funding pool is limited thus reimbursement cannot be guaranteed but funding can only be granted if one applies. CASLPO members are encouraged to apply as soon as possible as all eligible applications will be considered.

Don't let this opportunity pass you by. Apply for reimbursement before March 31, 2008.

For more information, please contact:

Lilian Sawaya,
Administrative Assistant
Allied Health Professional Development Fund
lsawaya@ahpdf.ca

or

Rita Stasiuleviciene,
Administrative Assistant
Allied Health Professional Development Fund
rstas@ahpdf.ca

Discipline Hearings

By Lynne Latulippe, Manager of Professional Conduct

CASLPO places great emphasis on assisting members to provide high-quality services in an ethical and patient-centred manner. The public has a right to these high-quality services, and our members have an obligation to perform up to the standards set by the College. Typically, the public is more than satisfied with the services received from our members and the manner in which they are delivered.

However, when the services or conduct of our members fall short of standards and expectations, it is the right of the public to voice their concerns, and it is the College's responsibility to investigate those concerns and take appropriate action.

Since 2004, the College has been regularly publishing in *CASLPO Today* summaries of matters reviewed by the Complaints Committee. These summaries are published for informational purposes, to inform members about issues that might be relevant to their practices. As the complaints process is confidential, all identifying information is removed from the published summaries. This may not be the case for summaries of discipline hearings, for example when the College is required to publish the member's name as indicated in the Regulated Health Professions Act.

Both the Complaints Committee and Executive Committee can refer a member to the Discipline Committee for a hearing into allegations of professional misconduct or incompetence. A case is referred to the Discipline Committee when the issues are serious and there is evidence to support the allegations. Only a Discipline Committee panel can make a finding of professional misconduct of incompetence.

During its 14-year existence, CASLPO has held only four Discipline Committee hearings. This low number of discipline hearings is a clear indication of the high quality of services provided by members.

Once a referral to the Discipline Committee has been made by the Executive Committee or the Complaints Committee, the allegations are drafted and the member is notified. The member will receive a letter indicating that the case has been referred to the Discipline Committee for a hearing. The letter to the member will also include a copy of the allegations.

The discipline hearing is between the College and the member. The College's lawyer will prosecute the case on behalf of the College. To prepare for the hearing, the College's lawyer may meet with witnesses. Likewise, the member and their counsel (if they retain counsel) will prepare their case. The member may choose to retain legal counsel or represent themselves. Many members facing a discipline hearing do retain legal counsel and the College is supportive of members doing so.

The College is required to provide the member and his or her lawyer with all relevant information obtained by the College, including written and documentary evidence that will be introduced, the identity of any expert witnesses and summaries of the evidence they will give, and the identity of any other witnesses who will appear.

The Discipline Committee is made up of members of the public and members of the College. It sits as an independent tribunal to reach a fair decision based on evidence presented by legal counsel for the College and legal counsel for the member.

The Pre-Hearing Conference

After an allegation has been referred to the Discipline Committee, a first step may be to hold a pre-hearing conference. Both parties must agree to participate in this process. Through informal and unrecorded discussions, an attempt is made to determine whether a settlement can be reached.

Any proposed settlement must be

supported by the member of the Discipline Committee acting as chair during the pre-hearing conference. The settlement is then presented to a Discipline Committee Panel, often in the form of an agreed statement of facts. The Panel makes its decision in consideration of the terms of the settlement and whether it will protect the public. The Panel is not bound by the recommendation made jointly by the counsel for the College and the member, and not all cases are settled at the pre-hearing conference.

The Hearing

A hearing is a formal process, much like that of a court of law, conducted by a panel of the Discipline Committee. A Panel is composed of three to five members of the Discipline Committee, including at least two public members of the College Council.

Generally, College panels are composed of five persons: three professional members and two public members. For hearings involving an audiologist, one or more of the professional members is typically an audiologist; similarly, one or more speech-language pathologists are included in the Panel if the concern addresses speech-language pathology.

At the hearing the Panel will:

- consider the allegations, hear the evidence and determine the facts of the case;
- determine whether the evidence proves the allegations;
- determine whether the member has committed an act of professional misconduct or is incompetent; and
- determine the penalty to be imposed where there is a positive finding.

Evidence is presented under oath and witnesses are subject to examination and cross-examination. Hearings are open to the public unless the Panel believes the public should be excluded because of public security, public interest, or safety.

Decisions

The Panel of the Discipline Committee determines whether the evidence proves the allegations and whether the member has committed an act of professional misconduct or incompetence. At the end of the entire process, the panel will issue its written decision and reasons for the decision. If it finds the member guilty of professional misconduct or incompetence, it may impose a penalty that can include:

- Imposing terms, conditions, and limitations on the member's certificate of registration;
- Requiring the member to appear before the Panel to be reprimanded;
- Revoking or suspending the member's right to practice in Ontario;
- Requiring the member to pay a fine to the government of Ontario;
- Payment of the College's legal, investigation, and hearing costs and expenses.

Appeals from decisions of the Discipline Committee are dealt with by the courts.

Publication

The Regulated Health Professions Act, Procedural Code requires the publication of Discipline panel decisions and reasons. The College is required to publish the member's name when the results of the hearing meet the requirements for inclusion on the register.

Summary of Two Recent Cases

The following decisions will be part of the College's annual report and are published as a requirement of the RHPA. The publication of Discipline Committee decisions assists members and the public in understanding what does and does not constitute professional misconduct or incompetence. The publication of decisions and accompanying reasons may also provide information regarding professional standards and behaviour.

The name of the member who is the subject of the hearing may be included depending on the decision of the panel of the Committee. Information revealing the name of witnesses and patients/clients is usually removed from the publication of the decision and reasons.

Summary of the decisions and reasons in the discipline hearing held on November 6, 2007, concerning Ms. Estelle Mayer-Linklater, Speech-Language Pathologist

This matter came before a Panel of the Discipline Committee at a hearing which was held on Tuesday, November 6, 2007.

Allegations

It was alleged that Estelle Mayer-Linklater ("Ms. Mayer-Linklater"), engaged in professional misconduct within the meaning of the following paragraphs of section 1 of Ontario Regulation 749/93, made under the Audiologists and Speech-Language Pathologists Act, 1991:

- Paragraph 2 (failing to maintain a standard of practice of the profession),
- Paragraph 18 (using a name other than the member's name, as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession),
- Paragraph 19 (failing to keep records as required), and
- Paragraph 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Response to the Allegations

Ms. Mayer-Linklater admitted engaging in professional misconduct on the basis of an Agreed Statement of Facts.

Evidence

An Agreed Statement of Facts, as approved by the member and the College, stated the following:

- Commencing in 2000, Ms. Mayer-Linklater was employed by, and practiced speech-language pathology with a Health Unit as a service provider in the Preschool Speech-Language System. Ms. Mayer-Linklater also practiced with a number of partner agencies of the Health Unit, providing services through local hospitals and social service agencies.
- In 2003, Ms. Mayer-Linklater was injured in a motor vehicle accident. She went on medical leave from the Health Unit following the accident and has been unable to work since that date.
- In an effort to ensure uninterrupted client care, the Health Unit attempted to locate the records of those clients for whom Ms. Mayer-Linklater provided services but the Health Unit was unable to locate all such records in its offices or in offices that Ms. Mayer-Linklater had used.
- The Health Unit subsequently learned from Ms. Mayer-Linklater that many of these records were at her home. Many of her patient/client notes were in rough form only, and were incomplete at the time of the accident.
- In February 2004, the Health Unit Coordinator attended at Ms. Mayer-Linklater's home and retrieved client records and other relevant information relating to clients.
- In the course of responding to the complaint made to the College, Ms. Mayer-Linklater provided considerable additional information about many of her clients that, had she included in the records or provided to the Health Unit Coordinator when she attended at Ms. Mayer-Linklater's residence in February 2004 would have been of considerable assistance in terms of providing uninterrupted and appropriate client care.
- Ms. Mayer-Linklater therefore engaged in professional misconduct within the meaning of paragraphs 2 (failing to maintain a standard of practice of the profession), 19 (failing to keep records as required), and 37 (engaging in conduct or performing an act, relevant to the

profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional).

- Between September 2000 and November 2003, Ms. Mayer-Linklater failed to maintain client records that accurately reflected the services that she provided and otherwise failed to create or maintain appropriate records:

  a) In seventy (70) cases for which Ms. Mayer-Linklater was responsible, the vast majority of records were incomplete, in that they did not contain assessment reports or findings, client contact notes, recommendations, progress notes, client goals, progress towards goals and next steps.

  b) Unscored test forms with notes regarding observations and recommendations and unsigned "working notes" were also present.

  c) Often, "working notes" that had observational notations taken during a therapy session were included in the client records with more than one patient/client on the same page recorded together.

  d) In many cases, monthly statistics that Ms. Mayer-Linklater reported to the Health Unit indicated that clients had attended for various interventions but there was no corresponding documentation as to the nature of the service, progress, changes to treatment programs, further recommendations, and/or consultations with other caregivers.

- Attached is a copy of a report of an independent expert retained by the College, dated February 6, 2006. While Ms. Mayer-Linklater does not necessarily agree with the entire content of the expert's report, she does not dispute the expert's overall views for purposes of these proceedings.

- After receiving a complaint about Ms. Mayer-Linklater, the College invited Ms. Mayer-Linklater to forward to the College, in their original form, any patient/client materials still in her possession including the materials she had variously referred to in her correspondence to the College as "contact notes," "group notes," and "group file."

- In response, in June 2005 Ms. Mayer-Linklater forwarded documents to the College, including but not limited to:

Group Contact Notes that Ms. Mayer-Linklater had in her possession at the time of the accident.

Contact Notes pertaining to individual clients prepared by Ms. Mayer-Linklater using information from "Group Contact Notes." Many of these "Contact Notes" were written by Ms. Mayer-Linklater from April to June 2005, long after the contact had occurred, sometimes over 18 months later. Ms. Mayer-Linklater failed to note the date when she charted these late individual "Contact Notes" and, at times, she failed to provide sufficient information with respect to the client contact. In some of the documents that she forwarded to the College, Ms. Mayer-Linklater also identified more than one client's name along with the information relating to those clients, rather than creating proper notes for individual client.

- Ms. Mayer-Linklater therefore engaged in professional misconduct within the meaning of paragraphs 2 (failing to maintain a standard of practice of the profession), 19 (failing to keep records as required) and 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

- At all material times, Ms. Mayer-Linklater has been registered with the College as "Estelle Mayer-Linklater."

- However, Ms. Mayer- Linklater identified herself to the Health Unit, and in its records, as "Estelle Mayer." Further, Ms. Mayer-Linklater referred to herself in client records as "Estelle Mayer," "E. Mayer," or "E.M."

- By failing to use the name that she has registered with the College, Ms. Mayer-Linklater engaged in professional misconduct within the meaning of paragraphs 2 (failing to maintain a standard of practice of the profession), 18 (using a name other than the member's name, as set out in the register, in the course of providing or offering to provide services within the scope of practice of the professions), 19 (failing to keep records as required) and 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional).

Findings

The Committee found that Ms. Mayer-Linklater committed acts of professional misconduct as defined

by paragraphs 2, 18, 19, and 37 of section 1 of Ontario Regulation 749/93, made under the Audiologists and Speech-Language Pathologists Act, 1991, and as more particularly set out in the Agreed Statement of Facts.

Penalty

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

a. Reprimanding the member;

b. Directing the Registrar to suspend the member's certificate of registration for a period of one month commencing on a date to be fixed by the Registrar but which date will be no later than January 1, 2008;

c. Directing the Registrar to impose a term, condition, and limitation on the member's certificate of registration requiring the member to draft a paper that will be a minimum of 1,000 words addressing practice issues that are relevant to the allegations contained in the Notice of Hearing including, but not limited to, the requirements to make and maintain proper records. The paper must refer to all pertinent requirements, including all College standards, and be to the satisfaction of the Registrar or his or her designate and the member must obtain such approval within three (3) months from the date of this Order. All costs associated with reviewing the paper will be at the member's expense;

d. Requiring the member to pay $500.00 in costs to the College within three months from the date of the Order.

Penalty Decision

The Panel understood from the submissions that, where a hearing involved a Joint Submission on Penalty, the Panel should accept the proposal if it is within a reasonable range of penalties for similar conduct. The Panel concluded that the penalty being jointly submitted was a fair and appropriate penalty having regard for the facts of this case.

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

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

Reasons for Penalty

There are several audiences for this Order on Penalty.

- The public which has to be assured that the College takes this misconduct very seriously and that it is capable of policing the profession and protecting the public.
- The profession which must be sent a message, in the strongest of terms, that this type of behaviour is totally unacceptable.
- The member, who must suffer consequences for her actions to ensure that the behaviour will not occur again and who, at the same time, shall be provided with an opportunity for rehabilitation.

In the Panel's view, the penalty imposed constituted a fair one which balanced all of the principles of sentencing. The conduct which Ms. Mayer-Linklater engaged in was a blatant disregard of her professional and ethical obligations. The Panel also wanted members of the profession to know that conduct of this nature reflects on all members of the College and gives our profession a reputation it does not deserve. All members of the College have an obligation to ensure documentation is complete and reflective of the best possible service provision and if that cannot be fulfilled, then it is again the responsibility of the member to communicate that to their supervisors to ensure the standards of practice of the profession are met. The Panel also wanted Ms. Mayer-Linklater and all other members of the College to know that this type of behaviour would not be tolerated. At the same time, however, the Panel believed that the penalty which was ordered by the Panel gave recognition to certain mitigating factors which were described by counsel for the Member and which related to Ms. Mayer-Linklater's financial and medical situation, her existing undertaking agreement (mentoring) with the College and her cooperation with the College.

Summary of the decisions and reasons in the discipline hearing held on November 6 2007 concerning Ms. Karen Mallet, Speech-Language Pathologist

This matter came before a panel of the Discipline Committee at a hearing which was held on November 6, 2007.

Allegations

It was alleged that Karen Mallet (Ms. Mallet) engaged in professional misconduct within the meaning of paragraphs 2 (failing to maintain the standard of practice of the profession), 32 (contravening a provincial law, viz., the Personal Health Information Protection Act, 2004, and a bylaw or rule of a hospital, relevant to the member's suitability to practice) and 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Response to the Allegations

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

Evidence

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

- On various occasions between August 2003 and March 2006, Ms. Mallet inappropriately accessed personal information and personal health information at the hospital where she was employed in respect of persons not under her care and who did not consent to such access. Ms. Mallet accessed this information for non-employment and non-practice purposes.
- On or about January 16, 2007, the College received a telephone call from someone who identified herself as "Karen," who reported that her employer had suspended her for five days, and she identified two instances of her having accessed personal health information inappropriately. The caller further advised that the College could expect to receive further information from the hospital.
- The mandatory report from the hospital was received by the College on February 15, 2007. Ms. Mallet's response dated March 30, 2007 was also received by the College.
- Ms. Mallet admits that by inappropriately accessing personal health information of patients at the hospital as hereinbefore described, she engaged in professional misconduct within the meaning of paragraphs 2 (failing to maintain the standard of practice of the profession), 32 (contravening a provincial law, viz., the Personal Health Information Protection Act. 2004 and a bylaw or rule of a hospital relevant to the member's suitability to practice) and 37 (engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful or unprofessional).

Findings

The Panel was satisfied that the conduct described in the Agreed Statement of Facts constituted professional misconduct as defined by paragraphs 2, 32 and 37 of section 1 of Ontario Regulation 749/93, as amended, under the Audiologists and Speech-Language Pathologists Act, 1991. It, therefore, found Ms. Karen Mallet had committed acts of professional misconduct.

Penalty

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

circumstances of this case:

a) Reprimand the member;

b) Require the member to pay a fine in the amount of $1,000.00 within three months from the date of the Order.

Penalty Decision

The Panel concluded that the penalty being jointly submitted was both a serious and appropriate penalty having regard for the facts of this case.

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

The Panel heard from both parties and ultimately directed that the results of the proceeding be included in the College's register and the public portion thereof thereby resulting in the proceeding being published with the name of the member included.

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

Reasons for Penalty

There are several audiences for this Order on Penalty.

- The public which has to be assured that the College takes this misconduct very seriously and that it is capable of policing the profession and protecting the public. To this end, the Panel determined that entering the member's name and this decision on the public portion of the register would provide the public with access to this decision.
- The profession which must be sent a message, in the strongest of terms, that this type of behaviour is totally unacceptable. Therefore, it was determined by the Panel that the matter will be publicized in *CASLPO Today*.
- The member, who must suffer consequences for her actions to ensure that the behaviour will not occur again and who, at the same time, shall be provided with an opportunity for rehabilitation.

In considering the appropriateness of the penalty, the Panel took into account the fact that Ms. Mallet had, as a result of her conduct, been suspended by her employer five days without pay. It considered that the reprimand which was ordered would provide a mechanism for the Panel to emphasize to Ms. Mallet the seriousness of her actions and the expectations that the Panel had respecting her future conduct. In the Panel's view, the penalty imposed constituted a fair one which balanced all of the principles of sentencing. The conduct which Ms. Mallet engaged in was a serious breach of her professional and ethical obligations. The Panel also wanted members of the profession to know that conduct of this nature would not be tolerated. At the same time, however, the Panel believed that the penalty gave recognition to Ms. Mallet's remorse, her restitution, and her co-operation with the College as well as other mitigating circumstances.

2008 Self Assessment

AVAILABLE IN MARCH 2008

By Barbara Meissner Fishbein,
Director of Professional Practice

CASLPO members are now well aware that the 2005–2007 Self Assessment Tool is no longer current. This version of the Self Assessment Tool and any supporting documentation should be stored and kept for three years so that at any time a member has a full three-year cycle on file. The 2002–2004 Self Assessment Tool can now be discarded including the opportunities for growth and change sections.

The 2008 Self Assessment Tool will be available in March 2008. The Tool and the Continuous Learning Activity Credit (CLAC) program are currently being updated and revised to ensure that they meet the needs of CASLPO members. Members can expect down- loadable forms which will be easy to use for tracking both compliance ratings and CLACs. Members will be given more examples of learning goals and more direction in applying partially compliant indicators to learning goals and activities.

Members will have to wait until March of 2008 to redo their compliance ratings. However, members can start to formulate learning goals and collect CLACs now, before the new forms are available. Members can use a blank form from the 2005–2007 cycle to record learning goals and CLACs. These forms are still available on the College website

Tool:

www.caslpo.com at the bottom of the Self Assessment section. Members can follow the examples in the 2007 CLAC manual for formulating learning goals.

It is anticipated that the criteria for CLACs will change. As a result, for any learning activities done from January to March 2008 members are advised to keep detailed descriptions of the learning activities and record all of the credit hours. This will then ensure that members have all the required information to transfer this data to the revised CLAC forms for the 2008–2010 cycle.

Since the inception of the Self Assessment Tool and the inclusion of a self directed learning component in the CLAC program, CASLPO members have demonstrated a commitment to critical self assessment and continuous learning to ensure that they meet the standards of the profession. The revisions to the 2008 Self Assessment Tool are intended to make keeping this commitment more efficient and effective for audiologists and speech-language pathologists. Together CASLPO and its members strive to provide the best possible care to communicatively impaired individuals in Ontario.

2007/2008 Registration Renewal

This year was the first year that the College did not mail out renewal forms to all members and as a result, the College saw a 27% increase in members who chose to renew online. Last year, 48% (1,688) of members renewed online. This year, 75% (2,333) of CASLPO members renewed online. This rise has led to a decrease the number of paper forms that required data entry by staff, making the renewal process more efficient.

In addition, by providing the Registration Renewal Application Form and Guide online in PDF format, the number of members requesting renewal packages by mail was very low. This reduced our printing and postage costs.

For most members, the online process was smooth and easy but some members did experience difficulty with the online renewal system. The College appreciates the patience and understanding of any member who faced technical problems.

The College works to improve the online renewal system every year. We hope to make it better next year and look forward to increasing number of members who renew online.

In order to ensure that you will receive an electronic notice for next year's renewal, make sure that your electronic contact information is up-to-date and accurate. CASLPO uses email and fax to contact members throughout the registration year. If you have not been getting any email or fax messages from CASLPO lately, contact the College and let us know.

Members should remember to check their spam, junk, or bulk mail folders regularly for email messages from CASLPO and ensure that messages from the College are not blocked from your mailbox.

If you wish to update your contact information, please notify the College in writing. You can email us your new contact information at caslpo@caslpo.com. Please also remember to provide your name and your registration number in the body of your email message.

If you have not yet received your 2007/2008 membership card, please contact Colleen Myrie, Manager of Registration Services at cmyrie@ caslpo.com.

New Position Statement on Use of Support Personnel by Speech-Language Pathologists

Implications for SLP Practice

CASLPO members received the Position Statement on Use of Support Personnel by Speech-Language Pathologists in December 2007. This is the culmination of several years of work and consultation. Members were given two different drafts to comment on, one in 2004 and the current one in 2007. During the development of this document it became apparent that there were a number of issues that needed to be addressed separately for audiology and speech-language pathology. As a result, Council decided to publish two separate profession-specific documents. This current document replaces the original 1997 position statement on Guidelines for the Use of Support Personnel but only for speech-language pathologists. The 1997 position statement will still apply to audiology practice as the new position statement on Use of Support Personnel by Audiologists is currently under development. Audiologists will have a chance to comment on a draft in the spring.

CASLPO would like to thank the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) for sharing their *Preferred Practice Guideline: Speech Speech-Language Pathologists' Use of Support Personnel to Augment Speech-Language Pathology Service Delivery.* CASLPO has used a significant portion of the contents and concepts of the ACSLPA Position Statement in creating the current position statement for our members. This is an excellent example of regulatory bodies, who are members of the Canadian Alliance of Regulators of Audiology and Speech-Language Pathology, working together to harmonize standards affecting the professions across Canada.

The new position statement on Use of Support Personnel by Speech-Language Pathologists has incorporated the results of the member feedback process as well as an external stakeholder consultation that included responses from the Canadian Association of Speech-Language Pathologists and Audiologists, the Ontario Association of Speech-Language Pathologists and Audiologists, the Alberta College of Speech-Language Pathologists and Audiologists, the Durham and Georgian College Communication Disorders Assistant Programs, and the Communication Disorder Assistants Association of Canada. The resulting position statement is considerably longer and more detailed than the document it replaces. It is organized under the following headings:

Background Requirements

A. Preparation for the Use of Support Personnel

B. Continuing Service Responsibilities

C. Determination of the Appropriate Use of Support Personnel

1. Tasks that may be assigned to support personnel
2. Consideration of competencies of support personnel
3. Assignment of activities to support personnel
4. Tasks that may not be assigned to support personnel

D. Determining the Amount of Supervision Required

The nature of the position summarized at the beginning of the document has changed. It states:

> SLPs must assign tasks to support personnel to achieve the desired outcomes of speech-language intervention when adequate clinical supervision is provided. The speech-language pathologist is accountable for all professional services provided by support personnel.

This emphasizes that support personnel may only be used if the expected outcome of the intervention will not be jeopardized and only where adequate supervision is provided. This change came out of the member consultation process as speech-language pathologists pointed out that one needs to consider patient/client needs before determining whether a support personnel service delivery will actually meet those needs. It also provides speech-language pathologists with a framework to determine if support personnel may be used in order to achieve efficiencies of care. As long as the patient/client is able to realize the same end results from speech-language pathology intervention,

then support personnel may be used.

This document explicitly outlines the responsibilities and accountability of speech-language pathologists for the training, competency, supervision and performance of support personnel providing a speech-language pathology service. It is based on a risk of harm approach so that the number of support personnel that a member may supervise and the amount of supervision required is determined by the complexity of the patient/client, the likelihood of change, the nature of the tasks assigned, the risks associated with the intervention and the competency of the support personnel.

Based on this risk of harm approach, the document does not provide disorder specific guidance. While treatment of some speech-language disorders have a greater inherent risk of harm such as voice therapy or dysphagia intervention, there may be situations where appropriately trained and supervised support personnel can be used to assist the patient/client to realize the goals of speech therapy. For instance a support person may assist a child in monitoring their voice volume or a support person may assist an elderly individual in oral motor exercises designed to improve the oral transit time of a swallow. Similarly this position statement acknowledges that while support personnel cannot administer standardized or non-standardized assessments they can assist the speech-language pathologist with an assessment but only if they are in full view and working cooperatively with the supervising speech-language pathologist. This is not so much an assignment or delegation of activities as much as assistance and support of the speech-language pathologist. In these cases the support person would be functioning as an extra set of hands.

This document also recognizes that there are competent well trained support personnel who may require only a minimum of supervision. In the case where support personnel are doing very similar tasks for different groups of patients/clients, such as a preschool language group, the required supervision may be just enough to ensure that the support person has the skills to handle the group, even if it is a new group of patients/clients. However, the speech-language pathologist must always have sufficient face-to-face contact with all patients/clients in order to provide appropriate supervision and there must be sufficient direct supervision provided to the support person in order to determine that the speech therapy program is being implemented as the speech-language pathologist intended. All work provided by support personnel is the responsibility of the speech-language pathologist, so much so, that it should be as if the speech-language pathologist actually did the work

This position statement clearly delineates the difference between support personnel and indirect service. Where a speech-language pathologist is in a consultative role, providing input to individuals who are involved with the patient/client either in a professional capacity such as a teacher or a nurse or in a caregiver capacity such as a parent or a spouse, the speech-language pathologist is responsible for the advice that they give but not the implementation. That is left for others. This would not be considered a support personnel relationship.

The documentation requirements for supervision are also made more explicit in this position statement. Not only must the work of support personnel be documented in the patient/client record but the amount and type of supervision must also be reported. This may be housed in the patient/client record or it may be kept elsewhere such as a file containing all administrative details relating to support personnel. If the supervision documentation is not retained in the patient/client record it must be maintained for the same length of time as specified in the CASLPO Regulation for Records.

There is clarification on the type of documentation support personnel can provide. As in the old position statement, support personnel cannot sign any formal documents that are part of the patient/client record without countersignature of the speech-language pathologist. However, in the current position statement it is specified that the support personnel may include progress notes within a formal record (such as a medical chart or Ontario Student Record) as long as the record also includes some type of documentation that reflects that the speech-language pathologist has assigned and supervised the speech therapy tasks and that the support personnel documentation has been reviewed. This does not mean that the speech-language pathologist needs to countersign every session note written by support personnel. A subsequent speech-language pathology progress note or report could detail the results of patient/client intervention including the tasks that were assigned to support personnel, how they were supervised and confirming any progress information provided in the support personnel progress note. The support person could also document that the speech-language pathologist is supervising the implementation of the program. If one considers the patient/client record as the story of the intervention, then the story must include all the details includ-

ing what was supervised, how it was supervised and how the results all fit together. The speech-language pathologist is responsible for telling the whole story.

There is a greater emphasis on speech-language pathologist preparation for support personnel. Speech-language pathologists must consider the employer commitment and understanding of the supervisory nature of the support personnel relationship and the requirements set out in the position statement to ensure that support personnel are used according to CASLPO standards. This includes providing sufficient resources be they monetary or human resources. Speech-language pathologists also need to consider whether they are sufficiently empowered to provide appropriate supervision and assign appropriate activities. Similarly, where the supervising speech-language pathologist is leaving an employment setting there is an obligation to inform the employer and make reasonable efforts to ensure the continuity of supervision. It is strongly advised that speech-language pathologists document all aspects of this discussion. In instances where employers do not understand or appreciate the requirements for the use of support personnel CASLPO would be available to educate the employer on the invitation of the member.

Another aspect of preparation for support personnel is the consideration of the requirements for the speech-language pathologist. Unlike the 1997 document, a speech-language pathologist does not have to be practicing for a specific time period before supervising support personnel. However, the speech-language pathologist must have the skills and competencies in order to provide appropriate supervision. This does not mean that every new graduate of a speech-language pathology master's program has these skills and competencies but it would allow for more junior clinicians to utilize support personnel if they have done so as part of their clinical training and have acquired the knowledge and ability to do so. All members supervising support personnel must ensure that they have the necessary expertise and this must be consistently updated. As a result, members are required to do continuing education to update and enhance their supervisory skills.

It is important to recognize that this position statement applies to support personnel who work under the supervision of a speech-language pathologist. At times an individual support person may provide support to a number of different professionals such as a rehabilitation or personal support worker who is part of a multidisciplinary team. The speech-language pathologists would only be responsible for the tasks that are assigned for the delivery of speech-language pathology services. Other professionals would be responsible for the work that they assign.

When considering whether the position statement applies to a supportive relationship, it needs to be determined whether the tasks assigned are in fact speech therapy. If an individual is solely responsible for booking patient/clients or other strictly administrative tasks then the individual would not have to be considered support personnel. The tasks may facilitate the delivery of speech therapy but the administrative duties would not be specifically related to the clinical care provided to a patient/client. When making this determination it is not relevant to consider how the support person is paid or what their job title might be. Volunteers may be considered support personnel if they are performing assigned tasks which further a patient's/client's therapeutic goals. Educational assistants, personal support workers, rehabilitation aids, students (other than speech-language pathology students), and others would be considered support personnel only if they are used to further the goals of speech therapy. Members are encouraged to call the College for clarification when faced with the challenge of determining whether a specific relationship is truly one of support personnel.

The employment relationship between the speech-language pathologist and support personnel is also not relevant to the support personnel relationship. Speech-language pathologists may hire support personnel themselves or they may be hired by an employer. If the latter is the case, the speech-language pathologist should do everything reasonably possible to ensure that the position statement is followed. These efforts should be documented and the College is always available to work with employers to assist education about the standards for this type of service delivery. Speech-language pathologists may be hired and paid by support personnel. Unlike the 1997 position statement, there is nothing in the current document that would prevent this from occurring. As long as the requirements in the document are met, the business relationship between the support personnel and the speech-language pathologist is not relevant.

Support personnel provide a valuable service to speech-language pathologists and their patients/clients when used appropriately. The purpose of this position statement is to support the provision of speech therapy using support personnel and to provide guidance to speech-language pathologists in order to practice according to the standards of the profession.

Representation for Ontario's Audiologists

By Beth Ann Kenny and Peter Kirchberger

Historically, the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA), has been the professional association of audiologists and speech-language pathologists in Ontario. As our professions have grown, there has been some sentiment expressed that we, as two separate professions, may be better served by two collegial, yet distinct, professional associations. Recent restructuring has occurred within OSLA which has resulted in the creation of an independent and autonomous Audiology Section. At the same time, the Canadian Academy of Audiology (CAA) has expressed a serious interest in developing an Ontario section, the Ontario Academy of Audiology, to represent the professional interests of audiologists.

Both members of OSLA and CAA were invited to participate in a survey in the fall of 2007. OSLA's Past President Justine Hamilton worked with a group of audiologists, including Joanne Querney, Albert Chaves, Roberto Guadagno, Peter Kirchberger, and CAA Past President André Marcoux, to design a survey which provided background information and asked a basic question: "As a profession comprised of approximately 450 professionals, it is important that we are united in our advocacy efforts: we need one strong professional association. As an audiologist in Ontario, would you prefer to be professionally represented by an Audiology Section of OSLA, or by an Ontario Academy of Audiology (OAA)?"

Both OSLA and CAA agreed that the results would be non-binding. Responses and comments would be reviewed carefully to provide guidance to OSLA and CAA in the future.

Results

A majority of respondents indicated that the formation of an Ontario Academy of Audiology would be supported. The results of the survey are as follows:

Responses in favour of (*N*=111)		
OAA	91	82%
OSLA section	20	18%

How OSLA Members Responded (*N*=70)		
OAA	50	71%
OSLA section	14	20%
No opinion/undecided	6	9%

How CAA Members Responded (*N*=115)		
OAA	87	76%
OSLA section	13	1%
No opinion/undecided	15	13%

OSLA members learned in the winter 2007–2008 issue of *OSLA Connection* that during OSLA's 2007 Annual General Meeting (AGM) in November, an item of "New Business" was introduced; OSLA members had been notified by email and a posting to the OSLA website that this would be considered. OSLA's President Justine Hamilton advised delegates at the AGM that this survey had been designed cooperatively, over many months, to help us determine the most appropriate organization to serve as the voice for audiologists in Ontario.

OSLA sought legal advice to help with planning, and a motion was brought forward to the AGM, fully recognizing that it was much too early in the process to make any significant changes. A motion was "carried" (approved) as follows:

> That OSLA support, in principle, the creation of the Ontario Academy of Audiology (OAA), and that the OSLA Board of Directors be charged with pursuing the necessary legislative and/or corporate changes for OSLA to support the creation of the OAA, such that OSLA will function as an association of speech-language pathologists. It is understood that such changes will be brought before the membership for ratification at a further general membership meeting.

This motion gives OSLA's Board of Directors the direction, in principle, to work with audiologists in the year ahead to ensure audiologists will be represented in the best means possible in Ontario. It will allow OSLA to enter into discussions and work on future directions over the next year.

It must be recognized, however, that an Act of Provincial Parliament is the overarching "law" under which OSLA is incorporated, in which its Charter is defined. It states that OSLA serves both speech-language pathologists and audiologists, and the recognition by Government of

OSLA as the voice for both professions would need to be changed through the Provincial Parliament. OSLA members must be consulted further before any changes to the Act could be considered.

OSLA's Board of Directors continued intense deliberations at its meeting on November 3 – discussions will continue at subsequent meetings. A committee, comprised of our president, secretary-treasurer, at least one audiologist from the board, and the executive director (ex officio,) was formed and has been charged with conducting any further discussions relating to OAA.

At the same time, the initiators of the survey have formed an interim executive of OAA until a formal governance structure is developed and elections are held. This interim executive consists of Peter Kirchberger (president), Joanne Querney (vice-president), Roberto Guadagno (secretary), and Albert Chaves (treasurer) who will continue discussions with OSLA and CAA. The interim executive includes two recipients of OSLA's Honours of the Association.

We recognize that many questions are left to be answered, but, in the meantime, audiologists are urged to volunteer, to support OSLA's endeavours in this time of planning and transition, and to join OSLA to ensure our voice is strong in Ontario.

For more information, please feel free to contact Beth Ann Kenny, OSLA's executive director, at bakenny@osla.on.ca, or by phone at 416-920-3676/toll free 1-800-718-OSLA (6758) ext. 24 or Peter Kirchberger at peter@hearingclinic.ca.

CASLPO Elections –

May 26, 2008

Elections will be held this spring for Electoral Districts 1* & 3. One Audiologist and one Speech-Language Pathologist will be elected in each district. This is an opportunity for members in those districts to get involved in the governance of the College.**

The following are the important dates to remember:

March 12: Notice of Election & Call for Nominations to members

April 11: Deadline for receiving nominations

April 25: Ballots & candidate statements mailed to members

May 26: Deadline for receiving ballots is 12 p.m.

Ballots will be counted at 12 p.m. and the results will be announced

If you would like more information about the duties and responsibilities of a member of Council, please call David Hodgson, Registrar, at 1-800-993-9459 or email dhodgson@caslpo.com.

***Electoral district 1**, the eastern district, composed of the counties of Frontenac, Hastings, Lanark, Leeds and Grenville, Lennox and Addington, Northumberland, Peterborough, Prescott and Russell, City of Prince Edward County, Renfrew, Stormont-Dundas and Glengarry, and the City of Ottawa.

** **Electoral district 3**, the south-western region, composed of the regional municipalities of Dufferin, Halton, Hamilton-Wentworth, Niagara and Waterloo together with the counties of Brant, Haldimand, Huron, Norfolk Perth and Wellington, Elgin, Essex, Chatham -Kent, Lambton, Middlesex, and Oxford.

Doing Their Share

By Sherry Hinman

Ask volunteers why they do it and the answer is invariably that the rewards are greater than the contribution. When David Pfingstgraef and Debbie Shugar step down from CASLPO Council in June 2008, they will have served the maximum term of nine years on Council. We talked to them to find out what drove them to make this extraordinary contribution and why they'd encourage CASLPO members to run for Council.

David Pfingstgraef is an audiologist and the owner of Elgin Audiology Consultants in St. Thomas, as well as regional audiology consultant for the Infant Hearing Program in southwest Ontario. He first became involved with the CASLPO Council as a non-council member on the professional relations committee, from 1996 to 1999, and was the first non-council member to chair a committee. During his time on council, he participated on several committees, including the executive committee, and sat as vice-president and president. His current position is vice-president of audiology.

Debbie Shugar, speech-language pathologist, is system facilitator for tykeTALK for the Thames Valley Preschool Speech and Language Program, as well as coordinator for the Infant Hearing Program for most of southwest Ontario. Debbie served on the executive committee from approximately her third year up to this past September, sitting as a regular executive member, vice-president and president. She has participated on the professional relations committee, complaints, quality assurance (which she chaired), and the register audit. Debbie is currently a regular council member.

David Pfingstgraef

Debbie Shugar

SH: Why did you run for council and why did you continue?

DP: When I began, I was interested in standards. I wondered why certain audiologists do things differently. I felt that certain things weren't being done right and I got involved to see if I could help fix some of them. The further I went along with the issues, the more I realized they were not an "easy fix." Things did change – they began to move slowly. But we were helping to decide important things: whether we would regulate HIPs, the prescription of hearing aids, and so on. I still find the work interesting. It's a chance to guide and make rules for the good of the public and the profession.

DS: I always enjoyed sitting on boards. I was still serving with CASLPA when the College came into being, and I followed that closely. I was interested in regulation and in looking at issues from the lens of protection of the public. Although I had a strong background, members shouldn't feel the need to have prior experience to run for council. It was an advantage for me but any member can come in and offer valuable input. I continued to serve on council because I was "bitten" – I got caught up in the issues. I wanted to see how they'd turn out and to influence the process. You get passionate about the issues and then it's hard to leave.

SH: Why did you run for president and what was that role like for you?

DP: I was interested in a lot of the same things as previous presidents, and this was a chance for me to move some of the causes along. I believed in what the College was doing – the practice standards and guidelines, how hearing aids are prescribed in Ontario.

I had the chance to talk to speech-

language pathologists and audiologists across the country, and to help start the Council of Regulators with other provinces that have colleges.

DS: I had been president of CASLPA, so I had a lot of experience. Being on executive committee and chairing committees, it was a natural progression. For me, the role of president allowed me to function as a facilitator, to pull council together and help them move forward.

SH: What were some of the highlights and challenges during your time on council?

DP: When I was president, one of the challenges was learning how a corporation of that size functions. The president is the link between the Council and the Registrar and rest of the staff. I have to compliment all of them on how well they do their jobs. Early on, we changed the bylaws to increase audiology representation on council, as there were only two of us. We also now have two vice-presidents, one for each of the professions, who chair their respective practice committees. CASLPO is a young college—when I started, we didn't have a strong identity and now we're able to make the profession better for the public. You can see the maturity of the college – the governance issues are now taken care of and we can concentrate on public protection.

DS: The first challenge was to get my head around the role of Council as one of protection of the public, not the profession. I was on Council when we joined with a number of consumer groups to challenge the government cutbacks to OHIP funding for hearing tests, and the new restrictions on direct public access to hearing tests performed by audiologists. It was a real learning experience. One of the greatest highlights was the people I had the opportunity to work with, both the professional and public members of council. This experience taught me so much about leadership, politics, public issues, and the profession. I come away from it feeling like I contributed. I'm very proud of the work we did. The entire staff were great – they've made real positive change to ensure protection of the public.

SH: As you step down from council, how do you feel and how would you like to be remembered for your contribution?

DP: In certain ways, I would like to finish some of the work. But it's time for someone else to have a fresh look at it. I tried to keep an open mind as to how self-regulation should have worked and progressed. I hope we did that for the good of the profession. I have tried and hope that others agree that I've treated people with honesty and respect throughout my time at the College.

DS: Nine years is enough. It's good to have new blood and new ideas. I'd like to be remembered for my leadership, my openness to different ways of doing things, and helping Council to move issues forward. I believe you can lead from any chair – Council is an excellent example of that. I hope people feel that I contributed a lot and that the College will be better for it. But in the end, it's not about you. It's about what you do for the betterment of speech-language pathology and audiology services for the good of the public.

SH: What will you take away from the experience on council?

DP: I am taking away quite a bit. I learned a huge amount on how this sort of corporation functions, how to help create an environment where many opinions can be heard, and to keep an open mind. My experience has affected how I deal with my practice and my life.

DS: I have learned so much about both professions, the process, politics, group dynamics, and the value that people add no matter where they come from. This is true whether they have experience or not. I enjoyed working with the public members; some really understood who we were and some learned it. Now I'd like to take what I've learned and transfer it to help in my community.

SH: What would you tell CASLPO members who are considering running for Council?

DP: If they've ever volunteered in their community with an association, this is another avenue. It's a way to help the people of Ontario get good audiology and speech-language pathology services. At the same time, they can help the professions – the work you do also elevates the profession in the view of the public.

There are four Council meetings per year and, on average, councillors sit on a couple of committees, which vary in frequency. The College covers some of the expenses: there's an honorarium for your time and your travel expenses are paid. Even if members don't want to be in a Council position, they can be a non-Council member on a committee, which would meet four times a year.

DS: It's an incredible experience. You'd be surprised at how much you know and grow. Even if it's not right for now, don't forget about it. I'm receiving a plaque from the college for being president and it says "Your contribution to the success of the College will long be remembered and appreciated." I'm really proud of that.

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

Count Me In:
Maximizing Life Participation of Hearing Impaired Seniors

By Sherry Hinman

"Leave my hearing aids in tonight – I want to hear everything."

These were the words of an elderly woman as she went to sleep the night she died. She was a patient of Brenda Lewsen, audiologist at Sunnybrook Health Sciences Centre, in Aging and Veterans Care, a long-term care residence for veterans. "This woman was initially reticent to wear her hearing aids," Lewsen says. "But it's an example of how, once they realize the importance of their hearing, some people are engaged in life to the very last second."

Lewsen's caseload is made up of veterans of the Second World War and Korean War, and 90% of them are men. Her role as an audiologist is somewhat atypical – a lot of what she does is aural rehabilitation, supporting residents so they can cope with their hearing loss and maintain and use their hearing aids, other assistive listening devices, and strategies for communication effectively.

Marilyn Reed is pictured talking to Frieda, a resident in the Apotex, the Baycrest nursing home. They're using an FM system, an assistive listening device that is mentioned in the interview (Marilyn's wearing the microphone, and Freda's wearing the receiver). You can also see a large button amplifying phone on the table in between them.

"What's interesting," Lewsen says, "is that at one time our residents had less access to a variety of recreational activities, so they didn't identify as much need to hear what was going on. Now we have lots of recreation and creative arts programs and there is a greater demand. I'll hear 'Can you fix it now? I have to go to jazz group.'"

Dana Storms, audiologist in the Otologic Function Unit at Mount Sinai Hospital, has been in practice for 29 years. She says talking to patients about how their hearing loss is limiting them is their whole approach to rehabilitation. She says her patients fall into one of two categories: those who are motivated about getting a hearing aid and those who are undecided or reluc-

tant. They may need a hearing aid or they may just need information. One of the most important pieces of information she discusses with them is that getting a hearing aid is only one part of the solution and it may not be something she recommends.

She says there are three approaches to rehabilitation: maximizing potential, aids and assistive devices. In the first category, simple strategies may make all the difference. "For example, the client may not be able to hear well in a restaurant and the answer may be something as simple as requesting a quieter place. A booth creates noise baffles that make it easier to hear. Or perhaps someone doesn't function well in a larger group but can enjoy socializing in small groups of two or three people."

Storms says the second approach is to use devices. Her role involves making people aware that, for example, many theatres are equipped with infrared systems and personal FM systems to assist hearing impaired patrons. Many of her clients are recently retired and like to attend lectures at the university or the Royal Ontario Museum (ROM) for example.

Storms tells of a hearing impaired businessman she worked with recently, who is close to 80 years old. "He travels all over the world, and lectures in many languages. When he gives lectures, he has an assistant in the audience who helps during the question period. The assistant listens to the questions and uses a transmitter to whisper them to him so that he can answer. Without the FM system, he would-

Examples of communication access initiatives as part of Baycrest's Environment Team, which is responsible for their Accessibility Plan required by the Ontarians with Disabilities Act. These examples suggest ways to make the facility more accessible to hard of hearing clients, largely through the provision of assistive technology: (courtesy of Marilyn Reed, audiologist at Baycrest)

- Amplifiers on all public phones (payphones, taxi phones and information phones), as well as TTY at main entrance.
- Communication Kits at nursing stations, containing Pocketalkers, voice amplifiers, white boards, etc.
- Visual fire/smoke alarms in washrooms.
- Closed captioning on TVs.
- Upgraded speakers to improve volume and clarity of PA system.
- Training of receptionists in communication techniques, etc.
- Wellness library resource centre equipped with assistive technology to ensure information on computer and videotape is accessible to those who are hard of hearing.

n't be participating at this level."

As far as hearing aids go, while some seniors may be reluctant to wear them, there are options, says Storms. "We have open-fit aids for people with a milder hearing loss, for example those with a high-frequency loss who may have difficulty hearing their grandchildren. I also do a class for reluctant hearing aid users if they don't want to meet with me one-on-one."

Marilyn Reed, senior audiologist at Baycrest's Department of Communication Disorders, only works with seniors, and has done so since she began her career in 1976. "One thing people don't always realize," Reed says, "is that the elderly have problems related to the aging process, so they may be able to hear but not understand conversation. Their greatest difficulties are discriminating voices over background noise and finding that people speak too quickly. These characteristics are due to processing problems and may make things difficult even if the person's hearing is not that bad. The brain becomes hard of hearing, not just the ears."

"These problems can't be fixed by simply restoring audibility with hearing aids," Reed explains. "The aids amplify the speech but often the background noise is other people talking. Aids are much better now, but they haven't come far enough. As a result, we have to shift the focus of our rehabilitation approach from the individual (in terms of hearing aid effectiveness) to making their environment accessible, thus facilitating their participation in activities of daily life."

Reed says environmental management can be accomplished in two main ways: assistive technology and the use of communication strategies with family, friends and caregivers. Regarding assistive technology, she says one of the greatest challenges is that the signal-to-noise (S:N) ratio can be poor in complex acoustic environments such as retirement or long-term care facilities.

"The most effective way of increasing the S:N ratio," she says, "is by placing a microphone close to the sound source; while a hearing aid microphone is located at the ear of the listener, a remote mic close to the sound source picks up the

speech signal without attenuation or interference by noise. As a result, the speech level and S:N is typically 15 to 20 dB higher than at the listener's location."

Often the reluctance to take advantage of approaches to improve the hearing impaired elderly person's participation in life has to do with the environment. "It's a hidden disability," Lewsen says. "The awareness of hearing loss is not there societally." To some extent, seniors need to learn to be their own advocates. "I encourage residents to make their needs known. For example, one of the residents said it's especially difficult to converse on a dark winter morning when he is still in bed and not yet wearing his glasses or hearing aids. In that situation, he might ask the nurse for no chit-chat, as it takes a lot of effort to try to hear and he wishes to focus on the important aspects of the communication. Elderly people have other aspects of their medical status sapping their energy."

One important consideration is the

Strategies to help the elderly process spoken language (courtesy Marilyn Reed, audiologist at Baycrest)

- Speak slowly and clearly, slightly louder than normal. Do not shout.
- Keep sentences short and simple.
- Paraphrase sentences you have to repeat.
- Ensure there is no background noise or music where possible (turn off TV/radio).
- In restaurants or at social gatherings, choose seats away from noisy areas.
- One speaker at a time!
- Ensure your face is clearly visible to facilitate speech reading.
- Stand in a clear light facing the person to whom you are speaking.
- While speaking, keep hands and other objects away from your face; do not chew gum or eat.
- Attract the person's attention before speaking.
- Inform the listener of the topic of conversation and let the person know when the topic is changed.
- Ensure the information has been heard correctly.
- When in doubt, ask the person how you can facilitate communication.

risk to seniors of not addressing the effects of hearing loss on their quality of life and well-being. "Seniors can become withdrawn," says Reed. "If they can't participate in what's going on around them, they feel isolated. They're often embarrassed to ask people to repeat themselves, so they make mistakes and withdraw, sometimes becoming depressed. Studies have shown that, if they're in cognitive decline and their hearing loss isn't managed, they suffer a more rapid decline. If they can't communicate with other people, it affects all their activities of daily living. It also affects their safety – they may not be able to hear the phone or safety alerts. This can lead to a loss of independence, as family becomes worried about the elderly person being left alone.

Often, what stands in the way of some seniors participating to their fullest potential is lacking information. Whether it's fitting someone with hearing aids, utilizing available technology, or simply informing others around them of how best to communicate with them, there is much they can do to increase their ability to participate. However participation is accomplished, the result is a fuller enjoyment of life. To illustrate this, Storms tells of one of her patients who, on receiving her new hearing aids, told her "I thought all the songbirds in Toronto had gone."

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