CASLPO TODAY

VOLUME 10 ISSUE 2 • SPRING 2012

Developing a Profession from Scratch: Speech-Language Pathology in Bangladesh

The Best of CASLPO TODAY!

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

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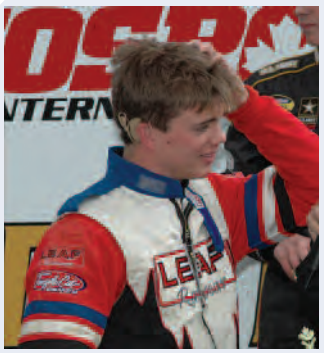

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PRESIDENT'S MESSAGE

Democracy In Action

By Vicky Papaioannou

Ever since CASLPO came into being in 1993, we have had Council elections for professional members. All members of the College who have paid their annual membership fee are entitled to vote in elections in their District. **Voting for who should represent you on College Council goes to the very heart of the concept of professional self-regulation.** As has been stated in these pages many times over the past ten years, professional self-regulation is a privilege granted by the public through their elected legislative representatives at Queen's Park. All members of Council are expected to govern "in the public interest", and are not to conduct themselves as an advocate of a particular profession or area of practice.

The *Audiology and Speech-Language Pathology Act* specifies that our Council must be composed of:

- Up to nine elected members of the professions;
- Up to seven members appointed by the provincial government; and
- Two academic members selected from among the university programs in Ontario.

CASLPO Council sets the schedule for elections and enacts bylaws governing the conduct of elections.

The College bylaw concerning the election of Council members stipulates that the 9 professional representatives shall be drawn from five geographic electoral districts,

- Eastern Ontario, including Ottawa & Peterborough (District 1)
- Central Ontario, including Toronto, Durham, Peel and York (District 2)
- Southwestern Ontario, including Halton, Niagara, Waterloo, Brantford, London, Hamilton, Huron, Essex, Dufferin, Middlesex, Perth, Wellington, Windsor, Elgin, Oxford, Brant, Haldimand and Norfolk (District 3)
- Northwestern Ontario, including Algoma, Manitoulin, Bruce, Grey, Kenora, Rainy River, Thunder Bay and Sudbury (District 4)
- Northeastern Ontario, including Cochrane, Timiskaming, Parry Sound, Nipissing, North Bay, Muskoka, Haliburton, Simcoe and Kawartha Lakes (District 5)

There is also a member-at-large drawn from an all-Ontario District 6, who can be either a speech-language pathologist or an audiologist.

For Districts 1, 2 and 3, there are two seats available in each District with one seat to be represented by an SLP and the other by an audiologist. In the case of Districts 4 and 5, there is one seat open for election in each of these districts,

which can be represented by either a SLP or an audiologist.

Therefore, in order to construct an appropriate balance in representation between the two professions, the Council, through the bylaw, has allowed for some democratic proportionality with a minimum of three seats out of nine being occupied by audiologists, who number approximately 600 of our total College membership of 3,500.

Members serve three-year terms, with no person allowed to serve more than nine consecutive years. Elections for seats are staggered so that no more than three or four seats will be open for election within a given year.

The College Council year typically runs from June through to the following May. Elections, therefore, occur in the spring of each year. This year there are elections in Districts 2, 4, and 5, with two seats open in District 2 and one seat each in Districts 4 and 5 – for a total of 4 seats. Voters in these three districts received, by mail, notification of the call for nominations, including details of the election procedures and nomination forms. Nominations closed on April 13 and by the time you are reading this issue of *CASLPO Today*, the election will be fully underway, with ballots distributed and needing to be returned by **May 29**. The College Registrar oversees the election, along with appointed returning officers and scrutineers external to the College. Those candidates elected this year will take office on June 8.

It is extremely important that you support your colleagues who have had the courage and commitment to come forward and take part in public service. A solid and impressive election turnout is one of the ways that we can demonstrate to the public and to the government that we are capable of governing ourselves in the public interest, and that we acknowledge the importance of exercising our democratic franchise to vote for those involved in the governance of self-regulation. This is what I meant when I commented earlier that the College election process goes to the "very heart of the concept of self-regulation".

During the past 10 years, since this magazine was first published, we have had 18 individuals elected to Council. We applaud all of them for their energy and dedication in stepping forward. From their ranks, five went on to become presidents of Council. Over the next several issues, we will be asking some of these former leaders to reflect on their time on Council.

In closing, if you have already returned your ballot and voted in this year's election – a big thank you. If you haven't voted yet, please do so, and demonstrate your support for a healthy democracy in action.

Update on the Inquiries, Complaints, and Reports Committee

By Margaret Drent, Director of Professional Conduct

Since the last update in the recent issue of *CASLPO Today*, the Inquiries, Complaints, and Reports Committee (ICRC) has held three meetings. All of these meetings have involved panels of the committee. As noted in the last ICRC update in *CASLPO Today*, the *Health Professions Procedural Code*, which is Schedule II of the *Regulated Health Professions Act, 1991*, requires the ICRC to meet in panels to investigate complaints and reports of possible professional misconduct, incompetence or incapacity. The chair of the ICRC selects the members of a panel, which must consist of at least one person from the profession of the member whose case is to be decided. The panel must also consist of at least one public member. The minimum number of members of an ICRC panel is three.

In a recent case, the panel considered whether a speech-language pathologist had exceeded their scope of practice when performing hearing screenings. It was alleged that the SLP had written notes in the patient's chart that exceeded CASLPO's understanding of hearing screening.

The panel noted that the term "screening" is defined in several college documents. The first is "Consent to Provide Screening and Assessment Service" (online at http://www.caslpo.com/PracticeStandards/PositionStatements/ScreeningandAssessmentService/tabid/173/Default.aspx). In this document, the distinction between "screening" and "assessment" is noted. "Screening" is "use of pass/refer measures by an audiologist or speech-language pathologist in accordance with the member's scope of practice, to identify persons who may have a hearing, communication and/or swallowing disorder/delay." In addition, the CASLPO document notes that "interpretation and communication of the results of a screening are limited to advising the individual on whether or not there may be a need for speech-language pathology assessment and/or audiological assessment and must not be used for treatment planning."

In contrast, according to the document, the term "assessment" is, "use of formal and/or informal measures by an audiologist or speech-language pathologist, in accordance with the member's scope of practice, to determine a patient/client's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations."

Council met on March 2, 2012 and discussed the following:

1. Registrar's Report

B. O'Riordan reported on many items that he has been involved in since the December Council meeting, including

- the re-appointment by the provincial government of Council members Bryan DeSousa, Pauline Faubert and Ferne Dezenhouse;
- the Fairness Commissioner, Jean Augustine, had been reappointed and that the Prime Minister had extended the Ontario Lieutenant Governor's term by one year;
- the College of Denturists had appointed former CASLPO Registrar, David Hodgson, as their Interim Registrar.

2. College Financial Report

G. Katchin reviewed the Financial Statement and Council approved the quarterly Financial Statement as presented.

3. French Language Version of the Financial Statements

Council approved the French-Language version of the Annual Financial Statement.

4. Committee Reports

Council reviewed the reports from the following committees:

Executive

- B. O'Riordan provided additional rationale to the Sexual Abuse Prevention Plan coming to Council in June instead of March
- B. O'Riordan also provided additional information on the Communication Plans which will be addressed with committee chairs.

Registration

- B. O'Riordan updated Council that the CASLPO Registration Regulation has been approved by the government and is now in effect.
- The Fairness Commission Report on annual Fair Registration Practices has been provided to the Commission and has been posted on the CASLPO website.

Quality Assurance

- R. Lavallee-McNamee inquired as to whether members who incorrectly completed their SAT online were given feedback on errors that they made. It was clarified that the SAT online is a learning tool as well.

MARCH COUNCIL HIGHLIGHTS

SLP PAC
- Item 8 - B. DeSousa asked for an update on a document regarding autism. This is being worked on by CAASPR and an update will be given at the June meeting of Council.

AUD PAC
No comments/questions

Patient Relations
No comments/questions

ICRC
- An updated chart of open cases was provided.
- P. Finak asked for confirmation that the current composition of ICRC panels is assisting in moving cases along in a timely manner, and was assured that this is working.
- P. Finak asked if CASLPO has the resources to have more frequent meetings to move through the cases more quickly. V. Papaioannou replied that consideration also needs to be given to the increased time requirements for committee members if additional meetings are held more frequently. B. O'Riordan provided information on the additional resources that are already in place to assist in expediting the current backlog of cases, namely numerous investigators as well as the assistance of J. Shimotakahara assisting with investigations and also additional administrative assistance. B. O'Riordan reiterated that currently there is limited office space for additional resource staff, and limited current staff to reallocate resources without having other CASLPO programs suffer.
- J. Krawchenko suggested having panels meet for an extended period of time (over a weekend) to assist with expediting clearing of the backlog
- B. Kroll reiterated that the time requirements for each panel is a larger concern than the resources allocated to ICRC.
- D. Zelisko asked for clarification on what "refused to sign undertaking" refers to in files R08-04, 05, 06, & 07 on page 3 of the chart. M. Drent provided information.
- P. Finak thanked M. Drent for all the hard work being done to expedite and clear up the backlog of cases.

ICRC UPDATE

The second College document which defines the term "screen" is the draft Records Regulation (online at http://www.caslpo.com/Legislation Regulations/Regulations/Regulations/Records/tabid/92/Default.aspx). The definition in this document is identical to the one described earlier.
In its decision, the ICRC panel noted that hearing screening is not a "controlled act." In other words, it is not reserved to certain regulated health professionals. (In contrast, the prescription of hearing aids is a "controlled act"; only audiologists and members of the College of Physicians and Surgeons of Ontario may perform it, in accordance with applicable legislation.) Therefore, anyone, including someone who is not a member of CASLPO, can perform a hearing screening. The CASLPO document entitled *Consent to Provide Screening and Assessment Services* is designed for the use of members but also notes that support personnel may perform hearing screenings.

In the case at hand, the panel decided to issue a letter of caution to the member noting the importance of ensuring that CASLPO guidelines in regard to screening are not exceeded. In other words, when writing notes in the patient or client chart, the member (particularly one who is not an audiologist) should use the word "pass" or "refer." Other comments, which could be interpreted as exceeding the screening, should not be included in the chart.

OSLA UPDATE

OSLA The Ontario Association of Speech-Language Pathologists and Audiologists

Activism At Its Best

By Mary Cook, Executive Director, OSLA

The last few months has seen a lot of activity in the home/community care sector. OSLA has had some positive results responding to concerns from members.

- OSLA had been advised by one of our members that the Waterloo-Wellington Community Care Access Centre (CCAC) would not consider speech-language pathologists (SLPs) for case manager positions. Their reasoning was that the SLPs could not be "capacity evaluators." OSLA wrote to the CCAC/LHIN and the OACCAC lodging a complaint. OSLA asked the CCAC to reconsider its hiring practices and qualifications. We referred the decision-makers to the *Office of the Public Guardian and Trustee: Making Substitute Healthcare Decisions* which included SLPs as one of the health professions that can be "an evaluator"to make determinations in the case of admission to long-term care and are authorized to act as evaluators. OSLA has received a response from the CCAC apologizing for the oversight and changing their hiring practices for case managers to include SLPs.

- Earlier in the year, it had come to OSLA's attention that some CCACs in

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SCERP Task Force
- C. Bock provided a verbal update on the status of the SCERP Task Force.

IPP Task Force
- C. Myrie provided an update on the Task Force.

5. Records Regulation
C. Bock provided an update on the status of the Records Regulation. Council approved the Records Regulation and recommended submission of this regulation to the Ministry of Health for approval.

6. Strategic Plan
C. Bock provided an update on the status of the Strategic Plan following input from each individual committee.

Next steps include: (A) Discuss the wording of the directional statements, (B) Identify where the new projects belong in the framework, and (C) Determine if there is a desire for an over-arching statement.

Suggestion was made to determine if the current projects are categorized correctly in the summary table of committee priorities. Discussion surrounding this included the following:

- Do all the priorities identified protect the public's interest?
- V. Papaioannou questioned whether the SLP PAC #4 priority (specialty certificates) needs to be discussed and approved by Council to be included on the list, since it was listed as a priority by the SLP PAC only and not by Council as a whole. B. Kroll & L. DeNil replied stating that this priority needs to be researched in detail before decisions are made. N. Blake suggested that this priority be categorized under "advance regulation in the public interest".

7. 2012 CASLPO Council Elections
B. O'Riordan updated Council on the proposed 2012 Election Process.
Council approved that CASLPO proceed with the 2012 Election process.

8. Use of Term "Audiology Services" by Non-Audiologist Providers
B. O'Riordan and M. Drent provided an update on the status of this item.
Council approved the allocation of CASLPO funds towards the provision of an expert opinion and to do so expeditiously.

9. CAASPR Update
B. O'Riordan provided an update on CAASPR, including that Karen Luker has been appointed Executive Director/ Project Manager on a sole-source basis; an Employment Agreement between K. Luker and CAASPR has been approved, and that federal funding for CAASPR will be announced on April 15.

10. Practice Advice Calls
B. O'Riordan and C. Bock updated Council on this item.

L. DeNil requested that the breakdown also include the Aud & SLP employment location.

B. DeSousa expressed his appreciation for the information provided and suggests that it include a more comprehensive collection of data (emails, letters, etc.) to assist Council in determining which areas require additional resources.

11. Submission to Review of Ontario College of Teachers Complaint Procedures
B. O'Riordan and M. Drent provided an update on this item.

12. HPRAC Submission re Mandatory Revocation
B. O'Riordan and M. Drent provided an update on this item.

13. Conference/Event Attendance
B. O'Riordan provided an update on this item.

14. PHIPA Summit Report
B. O'Riordan provided an update on this item.

15. Regional Seminars
B. O'Riordan and C. Bock provided an update on the membership education seminar recently held in Ancaster.

Next Regional Seminar is scheduled for May 22nd in Windsor.

In none of the four regional seminars since September have any concerns been voiced concerning the increase in College fees.

N. Blake congratulated B. O'Riordan and A. Carling-Rowland for the job well done in presenting on February 9 in Ancaster.

16. Email Blasts to Members
Council reviewed the information provided.

17. MOHLTC Action Plan / Drummond Report
B. O'Riordan provided an update to Council. He suggests sending a letter to the Minister of Health regarding the Scope of Practice issues. Council concurred with this suggestion.

18. Other Business
No other business arose.

19. Evaluator's Report
C. Moran reminded Council of the following meeting etiquette items:

- Avoid side conversations when someone has the floor
- Turn off electronic devices during the meeting.

She reported that Council members were prepared for the meeting and all members were encouraged by the President to participate. Discussions were on topic, with the public interest in mind, however some discussions were too lengthy.

N. Blake requested a review of meeting order and etiquette at a future meeting.

V. Papaioannou thanked C. Moran for a positive report.

B. O'Riordan reminded Council of the "additional items" that are provided for reference in each Council meeting package.

20. Next Meeting
Next Council meeting is Friday June 8, 2012.

21. Performance Appraisal of Registrar
The meeting moved in camera to discuss this item.

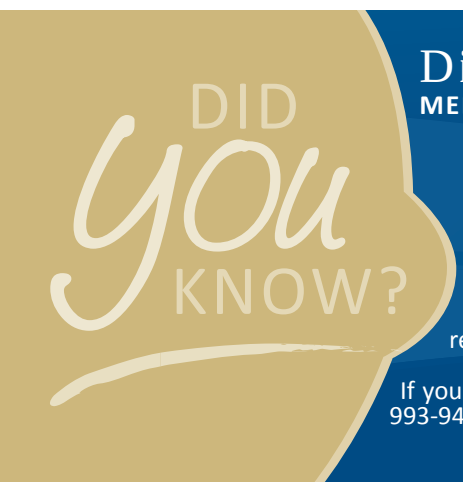
The president provided an update on the Registrar Performance Appraisal process. She reminded Council to hand in their evaluations as soon as possible if they have not already. She reminded Council of the next steps in the performance appraisal process.

22. Meeting Adjournment
The meeting adjourned at 4:15 p.m.

the province were now requiring that sole practitioners carry WSIB coverage, in order to receive a contract from the CCAC. This has raised a two-fold issue. OSLA is pursuing with the OACCAC an alternative approach to liability coverage rather than being required to elect WSIB coverage. These discussions are still ongoing. The other issue it raised was that the WSIB classifies SLPs at a higher rate group than other regulated health professionals who elect overage and are in private practice. For whatever reason, they have deemed SLPs in a higher risk category for injuries. OSLA has hired a lawyer who specializes in WSIB cases and is appealing the rate category for SLPS at the Workplace Safety and Insurance Board. The decision will have an impact for all SLPs in Ontario.

- OSLA had a call from a hospital discharge planner outside of Toronto who was trying to obtain swallowing and communication therapy for his patient who had suffered a severe stroke. He was frustrated because he was not able to get the local CCAC to provide services and, therefore, ethically he was not able to discharge his patient. He turned to OSLA to see what could be done. OSLA called the respective LHIN to complain that the CCAC was denying SLP treatment. The LHIN then issued a directive to the CCAC that swallowing and communication therapy had to be provided to this patient, as it was the policy of the LHIN. We did not learn how much therapy was going to be provided, but were satisfied that a patient was not going to fall through the cracks of transitioning between hospital to community care.

- And, on another matter, OSLA has had many requests from its members on retirement/ceasing practice and professional liability insurance (PLI). This seems to be more of a concern lately, as many members leave practice and want to know what their liability might be when one is no longer actively involved in a case but may need protection in the event a complaint or investigation occurs long after the professional has stopped practicing. OSLA's insurance provider has confirmed that four years is the maximum that the insurance company will normally provide for coverage after the professional retires/stops practicing. Their recommendation is that it is in the best interest of the professional to obtain coverage. While every insurance provider might offer a different formula and length of extended coverage, OSLA's carrier suggests a one-time charge based on 75% of the PLI premium to cover the four years post practice.



Did you know YOU ARE REQUIRED TO UPDATE THE COLLEGE'S REGISTER OF MEMBERS WITHIN 30 DAYS OF ANY CHANGE TO YOUR:

- Name
- Residential Address and telephone number
- Place of employment and telephone number
- E-mail address
- Citizenship or immigration status

Note that not all these details are posted on the College's public register. However, you are still required to provide CASLPO with the updates.

If you have any questions, you can call or email Camille Prashad at: Telephone: 416-975-5347 (1-800-993-9459) x213 or e-mail: cprashad@caslpo.com.

Practicing Securely in an Insecure World

By Alexandra Rowland-Carling, PhD
Director of Professional Practice and Quality Assurance

Without doubt, the changes in technology and the Internet have allowed health care practitioners more efficient ways to communicate, write reports and chart notes, transfer data and store documents. We can access our schedules on our smart phones, write a report on our laptop, and send it to the office via e-mail. Patients, clients and families are asking us to communicate via e-mail and we access those e-mails on phones, tablets and laptops.

As we practice, we must never lose sight of issues regarding patient/client confidentially and rights to privacy, and our obligation to practice under the legal tenets of *Personal Health Information Protection Act* (PHIPA). Unfortunately, here at CASLPO, we receive distraught phone calls from members who have had their phones, brief cases, laptops, and purses stolen. Also, as USB memory keys get smaller they are easier to lose. Here is some advice both from the College and from the Information and Privacy Commission (IPC) to help you practice securely in an insecure world.

Telephones

Home phones: If you are running a private practice from your home, make sure that you have either a separate phone line or a separate voicemail box or "Call Answer" box for your clients to leave a message.

"You have reached the Rowland's house and Private Speech Services. To leave a message for the Rowlands press one and for Private Speech Services press two."

This preserves your private clients' confidentiality when leaving a message as there is no risk that someone else in your home will hear any details.

Smart phones: If you have a smart phone from which you can access voicemail messages and work e-mail make sure that you use all security settings. All phones should be protected by at least a 4-digit password. Many phones now allow for up to a 7-digit password – you can never be too safe.

To add a password to access an e-mail account, try the following:

- Go to your SETTINGS
- Go to GENERAL
- Go to RESTRICTIONS
- Select ENABLE RESTRICTIONS
- Enter your 4-digit password
- Select the e-mail account you want to be locked
- Deselect everything else

If your smartphone does not allow you to do this, try downloading an app from your app store. You are looking for a Lock application.

Bluetooth technology: Different systems allow you to use your telephone in a "hands free" mode while driving your car. Make sure that you do not take a work phone call when you have anyone else in the car who will hear the conversation. Tell the caller that you will call them back; you can always pull over and go to phone mode for your conversation.

USB Flash Drives

These are small portable data storage devices also known as memory sticks or keys. CASLPO recommends that you use **encrypted** USB memory sticks. Encryption is the process of transforming information or data into symbols that are indecipherable thus rendering it unreadable. By putting in your password the information is decrypted into text.

It is important that you or your employer document your use of encrypted USB memory sticks in a policy so should the memory stick be lost or stolen, you have evidence that you used a secure method of data transfer when you make your report to your privacy officer or the IPC.

Laptops

All laptops that you use for your work should be password protected. Do not share your password with anyone and remember to change it every few months. If you have a home laptop used by other people, make sure that there is NO access to either your work or work e-mail.

Laptops and desktops can also be encrypted to further safeguard private health information. By using encryption and passwords, should the worst case scenario occur and a computer is lost or stolen, your patient's and client's information is protected, as are you. Again, we recommend that the use of encryption be documented at your place of work as evidence of due diligence when making a "breach of privacy" report.

E-mail

E-mail systems can now utilize encryption. In a system that uses

symmetric cryptography both the recipient and the sender share a common key or password that is used to decrypt and encrypt the message. This is a good method to use with families; you would tell them the password to decrypt the message. Most e-mail encryption software uses this system as it is easy, fast and lower cost. Although some systems allow the sender to decide what is encrypted and what is not, we do not recommend this approach. It is much safer to know that everything is encrypted.

Encrypting Word Attachments

When you have finished writing the Word document, go to **File**. Click on **Info**, you should see a heading **Permissions**. Click on **Protect Document**, and then select **Encrypt with Password**. You will then be asked to provide a password and repeat the password. Send the document via e-mail. In a separate e-mail send the password.

The Information and Privacy Commission have developed 7 Principles (outlined below) regarding the use of e-mails with patients/clients.

IPC Principles for the Use of E-mails

1. The privacy of e-mail users should be respected and protected.
2. Each organization should create an explicit policy which addresses the privacy of e-mail users.
3. Each organization should make its e-mail policy known to users and inform users of their rights and obligations in regard to the confidentiality of messages on the system.
4. Users should receive proper training in regard to e-mail and the security/privacy issues surrounding its use.
5. E-mail systems should not be used for the purposes of collecting, using, and disclosing personal information, without adequate safeguards to protect privacy.
6. Providers of e-mail systems should explore technical means to protect privacy.
7. Organizations should develop appropriate security procedures to protect e-mail messages.

The Top Ten Tips for Practising Securely

1. Take an inventory of every piece of technology you use which has private health information.
2. Think how a patient's or client's privacy might be breached with every piece of technology and what you can do to guard against a breach.
3. Assume the worst!
4. When travelling, keep all client files in a locked box and laptops in the locked trunk of your car. Take them into your house/office at the end of your day.
5. When you use the phone think who else could be listening to the voicemail or conversation.
6. Learn about and use encryption.
7. Document EVERY method you are using to preserve confidentiality and privacy.
8. Keep up to date with privacy legislation and recommendations from CASLPO and the IPC www.caslpo.com and www.ipc.on.ca.
9. Know what to do if there is a breach of privacy.
10. Call us here at CASLPO about ANY question you have regarding privacy.

acarlingrowland@caslpo.com or 416 975 5347, 1800 993 9459 extension226

The College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) is a Strong Supporter of Accessible Customer Service

We have implemented the standards in the *Ontarians with Disabilities Act* (AODA).

CASLPO Services include the following:

- **Regulates** members of the College in the public interest
- **Registers** audiologists and speech language pathologists in Ontario
- **Processes** applications from international applicants to work in Ontario
- Ensures every member participates in **Quality Assurance**
- Receives **Complaints** about a member of the College
- **Answers questions** from the public about audiology and speech language pathology

CASLPO has **many processes** in place to help **all** individuals who are seeking **services** from the College.

1. Communication

Staff members from CASLPO have received training in how to communicate effectively with people who live with a communication barrier as a result of a disability or medical diagnosis. CASLPO has developed a set of communication aids to help members of the public ensure that their request or message is understood. CASLPO will provide large print versions of their documents upon request.

2. Assistive Devices

CASLPO uses assistive devices in their everyday tasks. Our board/meeting room is set up with an FM system to help those who are hard of hearing. This system is portable and is regularly used at off-site meetings. Bell Relay is used to help members of the public or College members who live with a hearing loss to communicate via the telephone. CASLPO has staff members skilled in the use of assistive devices to help with communication. CASLPO further trains staff members in the use of other assistive devices on an as needed basis.

3. Use of Service Animals and Support Persons

CASLPO welcomes members of the public who are accompanied by a service animal. CASLPO also values the role of support persons who accompany the individual with a disability, and will include them in all dealings with the College, to the extent that the individual wishes.

4. Notice of Temporary Disruption

CASLPO will provide notice to people with disabilities visiting our office of a planned or unexpected disruption of service. This notice, placed at the public entrance and on our outgoing telephone message, will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services (if available).

5. Staff Training

CASLPO is committed to the training of new staff and the on-going training of existing staff to ensure that every standard of the AODA is followed and that all individuals who contact the College will receive excellent barrier-free customer service.

6. Feedback process

CASLPO welcomes feedback on our barrier-free customer service. If you have a question or comment or wish to talk to someone trained in communication:

Please call us at: 416-975-5347 or toll free: 1-800-993-9459; |By e-mail us at: caslpo@caslpo.com. Or visit us at 3080 Yonge Street, Suite 5060, Toronto, Ontario M4N 3N1(corner of Yonge and Lawrence).

CASLPO Council Nominations for Elections for Districts 2, 4, and 5 are Underway.

Below is the timeline for the election process.

April 27, 2012	CASLPO - List of Candidates and Ballots mailed to members (30 days prior to Election Date) Package enclosures 1) Cover Letter 2) Ballot 3) Summary of Candidates' statements
May 29, 2012	12:00 P.M. Deadline for Receipt of Ballots at CASLPO
May 29, 2012	Date of Election – Counting of Ballots
May 29, 2012	CASLPO - Results of Election Announced to Members
June 8, 2012	Elected Council members take office

REMEMBER TO VOTE FOR YOUR REPRESENTATIVE ON COUNCIL!

New Registration Regulations

By Colleen Myrie, Director of Registration Services

On February 17, 2012, Ontario Regulation 21/12 – Registration, under the *Audiology and Speech-Language Pathology Act, 1991*, was approved by the Ontario Government and is now in effect.

The new registration regulation includes provisions to facilitate labour mobility, to provide clarity in relation to the requirements for registration, to allow greater flexibility regarding patient care and related work hours and to manage some general housekeeping issues. Below is a summary of the key changes to the Registration Regulation:

The addition of provisions to comply with the requirements of the *Health Professions Procedural Code* related to labour mobility.

Where the registration categories are similar, a member in another regulated Canadian jurisdiction is deemed to have met the requirements for registration in Ontario, if the applicant provides proof of having practised the profession at any time in the three years immediately before the date of the application, proof of current membership in good standing in the other regulated Canadian jurisdiction, and other administrative matters (e.g., fees, form, liability insurance).

These are the highlights of some other regulatory changes:

- The removal of the grandparenting provision that is no longer applicable. The period for an applicant to apply for registration under this provision ended in 1994.

- The modification of provisions that require **applicants** to provide information to the College regarding their conduct. This includes reporting to the College: any criminal offence; any offence related to the regulation of the profession; any finding or proceeding for professional misconduct, incompetency, or incapacity; any denial of registration or licensure by a regulating body in another jurisdiction; and any revocation or suspension of registration or licensure in another jurisdiction.

- The modification of provisions that require **members** to report information regarding their conduct that might arise **after a certificate has been issued.** This includes reporting to the College: any criminal offence; any offence related to the regulation of the profession; any finding or proceeding for professional

misconduct, incompetency or incapacity; any denial of registration or licensure by a regulating body in another jurisdiction; and any revocation or suspension of registration or licensure in another jurisdiction.

- The addition of a good character requirement for new applicants.

- The clarification of the minimum educational requirements for registration. The new provisions require that an applicant must have a professional master's degree in audiology or speech-language pathology from: An accredited Canadian program; or a program offered outside of Canada that meets CASLPO's requirements in terms of coursework hours, practicum hours, and content.

- The reduction of the number of practicum hours required in the minor professional area from 35 hours to 20 hours.

- The modification of the requirement for patient care or related work. The new provisions require general members to provide 750 hours of patient care or related work in audiology or speech-language pathology during every three-year period.

Previously, if a general member had not met the requirement of 250 hours of patient care for the year, to maintain a general certificate, the member was required to provide at least 500 hours of patient care or related work over the next year after returning to practice. With the new provision, a general member who has not provided patient care or related work for two years would be able to maintain their general certificate if the member provides at least 750 hours of patient care or related work over the next year after returning to practice (i.e. at least 15 hours per week).

- The addition of a provision that if a general member fails to meet the conditions for 750 hours of patient care or related work during every three-year period, the member may be referred by the Registrar for a peer and practice assessment.

- The modification of a provision to allow an initial certificate to be issued to an applicant who may have a deficiency in coursework and/or practicum hours in the minor professional area if the applicant undertakes to complete additional coursework and/or practicum hours during the term of their initial certificate of registration.

- The clarification of the term of the initial practice period. The previous regulation indicated the term to be 12 months. Under the new regulation, the term of the initial practice period has been specified as a minimum of 6 months in length and may be extended up to 18 months, if in the Registrar's opinion the member does not have the skills or competency necessary to be issued a general certificate, or if the member is required to complete additional courses or practicum hours to meet requirements in the minor professional area.
- The addition of the following provision for the issuance of a general certificate after having held a non-practicing certificate: The member must have provided 750 hours of patient care or related work in audiology or speech-language pathology during the three years preceding the application for a general certificate; or The member has successfully completed any further education or training specified by the Registration Committee.

- The modification of the requirements for an **academic certificate of registration**. The modified requirement allows the academic staff of a post-secondary institution who have been appointed to teach or to conduct research in audiology or speech-language pathology, to hold an academic certificate. Previously the academic certificate was limited to the academic staff of a university in Ontario who had been appointed to teach speech-language pathology or audiology.

Ontario Regulation 21/12 is available on CASLPO's website at: www.caslpo.com/LegislationRegulations/Regulations/Regulations/Registration/tabid/86/Default.aspx.

If you have any questions about these changes, please contact the College at 416-975-5347 ext. 211 or by e-mail at cmyrie@caslpo.com.

Face-to-Face with the Members: Regional Seminars in 2011/2012

By Carol Bock, Deputy Registrar

The staff at CASLPO is always eager to get out and meet our members. We put a high value on direct contact with our members and there is no better way than through our Regional Seminars.

In our 2011-2012 registration year, we have made an effort to get out to our smaller communities of professionals, including Dryden, Peterborough, Windsor, and Thunder Bay, in addition to Hamilton and Richmond Hill. Attendance was excellent, allowing us to meet and discuss CASLPO updates, new initiatives and future plans as well as address a full range of practice issues with over 200 members.

We anticipate in the 2012-2013 year coming to Mississauga, Ottawa, Sudbury, Barrie, Kingston, and London. Keep your eye out for e-blasts with Regional Seminar details. If you would like to see us present to your group, please contact: Carol Bock at cbock@caslpo.com

Provincial Government 2012 Budget: To Drummond or Not To Drummond

By Brian O'Riordan, Registrar

No Ontario budget in recent memory has generated as much media comments as the one delivered on March 27, 2012 by Finance Minister Dwight Duncan. In part, this was because it was the first budget, in 25 years, delivered in a Legislature where the governing party did not hold a majority of the seats, meaning that the government would need at least a few members of the opposition parties to abstain or vote with the government in favour of the enabling budget legislation. Secondly, the budget was being delivered a scant six weeks after the report on provincial public services and the fiscal situation delivered by economist Don Drummond, who was commissioned the previous summer to review the province's fiscal situation. Drummond proposed some fairly significant program cuts and revenue generators, but in the end the government pursued a slightly more moderate path toward re-shaping the province's priorities and budget picture.

The 304-page document titled *Strong Action for Ontario*, represents a significant shift for the government, with a much greater focus on deficit reduction, and very little emphasis on any new spending initiatives. It does not contain much in immediate new revenue measures and there are no tax increases. The goal is to bring in a balanced budget by 2017–18. This will entail cutting spending by $17.7B. Government expenditures are projected to increase overall by 1% per year. Health care spending is to be ratcheted down from 6% per year in annual increases to just 2.1%.

In the lead-up to the budget, the finance minister indicated that the budget would adopt approximately half of the "Drummond Report" recommendations, with no movement to embrace some of Drummond's key advice in areas such as full-day kindergarten, class sizes, tuition support, reducing non-teaching personnel. Much of the government's success in staying on target for a balanced budget will depend on its internal ability to keep spending down and streamline the public service and the ability of the government and employers in health care and education to contain staff salary compensation.

Below are some highlights of the budget.

Health Care

- Health spending increased by $18B over the past 8 years
- The health care workforce in Ontario numbers 607,000 (9%) of total provincial work force, and approximately 40% of health care workers are regulated professionals
- The budget endorses the ministry's Jan 30, 2012 "Action Plan" strategies
- Payments to physicians increased by $5.1B over the past 8 years from $5.9B to $11.0B; over the next 4 years, the government intends to flatline payments to physicians at existing levels of compensation, but this is subject to current negotiations with the OMA
- There will be no increase in hospital base funding for 2012-13
- Home care and community service budgets will be increased 4% annually in each of the next three years
- Long-term care funding will be increased by 2.8%
- Phasing in over 3 years is a transformation to patient-centered funding models across all sectors
- Health sector budget to be increased from $48.4B in 2012-13 to $49.4B in 2013-14 and $50.3B in 2014-15
- By contrast, Education will go from $23.9B to $24.1B to $24.5B
- Post-secondary spending will increase from $7.5B to $7.7B to $7.7B
- Children's and Social Services will grow from $14.1B to $14.8B; and the Justice sector will be held at current expenditure levels
- All other areas of government spending will decrease by 4.3%, or $2.4B
- At $48.4B, health sector program spending makes up 41.8% of the provincial budget; with Education at $23.9B (20.6%); Children's and Social Services at $14.1B (12.2%); and Post-secondary and Training at $7.5B (6.5%).

Auto Insurance Anti-Fraud Task Force

CASLPO's initiative is acknowledged in taking part in the Health Claims for Auto Insurance database pilot project, which will eventually allow health care providers to flag clinics that are misusing their credentials, and cut down on identity theft.

Transforming Public Services

- Ontario's per capita program spending is $8,560 – the lowest in Canada. However, if government program spending continued at existing levels, the government's deficit would rise from today's $15.3B level to a deficit in 2014-15 of $24.6B; the government's austerity measures will instead produce a projected 2014-15 deficit of $10.7B
- The government expects public servants, teachers, and other broader public sector employees to bargain collectively with employers within the context of the government's decision to provide no transfer payment funding for base salary compensation increases (holding the line on these salaries is hoped to realize $6B in budget savings)
- The government will, if necessary, introduce legislation to flatline compensation packages and prevent wide-scale labour disruption
- Sweeping public pension reforms will be introduced in the face of a projected doubling of pension benefit costs over the next five years
- Pay freezes for senior civil servants and broader public sector executives will be frozen for an additional two years
- MPP pay will continue to be frozen
- By 2014, the total FTE complement of the Ontario Public Service (OPS) will be reduced to 63,745 – a 5,000 FTE reduction since 2008

Economic Outlook and Fiscal Plan

- Gross Domestic Product (GDP) projected to grow 1.7% in 2012 and 2.2% in 2013
- Deficit projected for 2012-13 is $15.2B; budget will take 5 years to bring in balance; total 2012-13 expenses - $125B on revenues of $110B
- Unemployment rate of 7.7% in 2012 forecast to decline to 6.7% by 2015
- Federal transfers to Ontario will rise from $21.8B to $23.5B in 2015
- Inflation is projected to remain at a stable level of 2.0% annually until 2015
- Ontario's economic recovery will continue to be constrained by two major factors – higher world oil prices and the high value of the Canadian dollar against US currency values

The full text of the budget, highlights, minister's speech, and news releases can be accessed at www.ontario.ca/budget.

DID YOU KNOW?

Did you know THE SELF ASSESSMENT TOOL IS NOW ONLINE FOR YOUR CONVENIENCE?

The SAT is meant to be a self-reflective tool to assist the member in continuous quality improvement of their practice. As of January 2011, the SAT has started a new three-year cycle. If you haven't already, please log on and find out just how easy it is!

You can find the SAT Online at: http://www.caslpo.com/QualityAssurance/2011OnlineSelfAssessmentProgram/tabid/329/Default.aspx

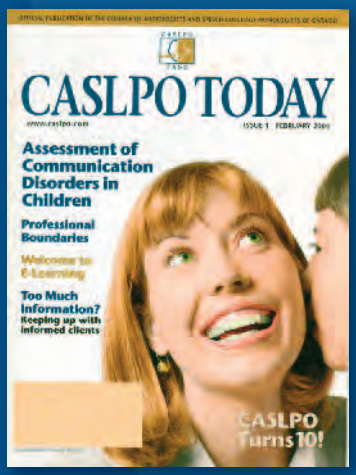
When you first log on your "User Name" is your registration number and your "Password" is your last name. Be sure to change your password once in the system to something more secure. You will also see a guide to the SAT Online where you can read about how to navigate the system.

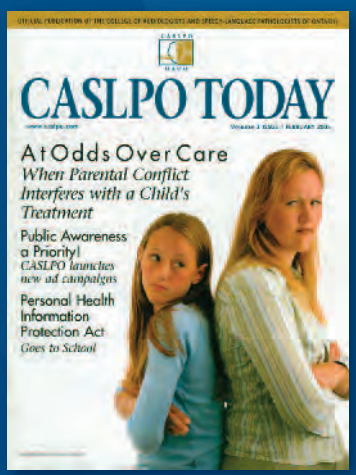
If you have any questions, you can call or email Alexandra Carling-Rowland at: Telephone: 416-975-5347 (1-800-993-9459) x226 or e-mail: acarlingrowland@caslpo.com.

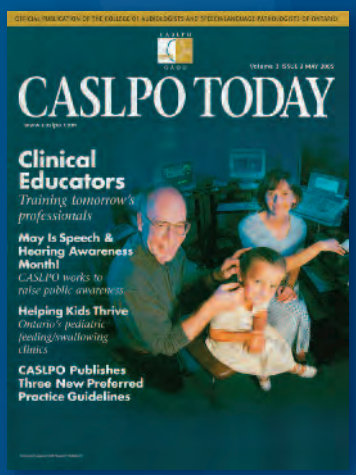
THE 10th ANNIVERSARY OF

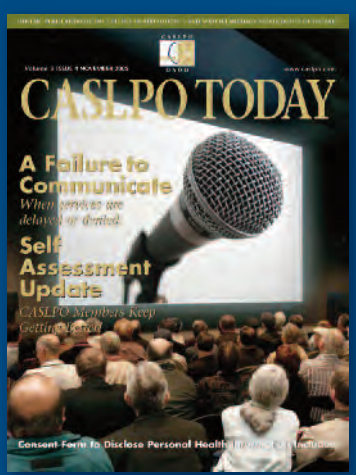
CASLPO TODAY

Our look through the years









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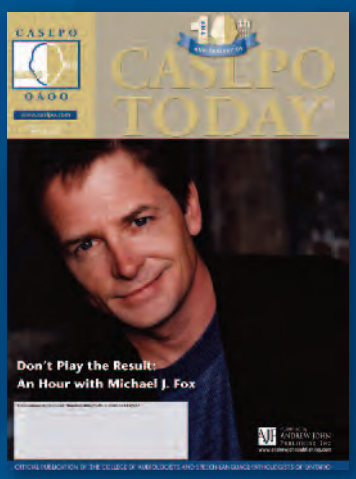


Racing to the Finish Line

By Sherry Hinman

PHOTO COURTESY PETERBRAND.CA

Sixteen years ago, Kris Martin watched his uncle and cousin racing and decided he was going to be a race-car driver too. Kris was four years old. "My parents said if I still wanted to race when I was about 10, they would consider it." The Christmas he turned 10, there was a go-cart under the tree. "That was the best day ever," he says. "My passion has grown from that day on."

Since that time, the honours and awards have been piling up. Kris won five track championships, one Grand National, two Grand Prix races, and took second place in the Canadian Nationals in 2005. He also started in the Cup Lites and won Rookie of the Year, along with three top-three finishes. In 2006, he won the first road race of the year, recorded four top-five finishes, and finished fifth overall. Of all his accomplishments, he is most proud of the day at the Canadian Nationals when he was one of eight Canadian drivers chosen for the Ron Fellows scholarship. "I was 15 at the time and didn't even have my driver's licence yet," Kris says.

This is an extraordinary list of achievements for someone who's only 20. But Kris has accomplished all this despite a profound hearing loss, which he's had since birth. "I had hearing aids from the time I was 12 months to eight years," he says. "Then at eight and a half, I got my cochlear implant at London University Hospital. That was an awesome day – I could finally hear."

"Kris was implanted in early 1994 at the London Health Sciences Centre with the Cochlear Corporation's Nucleus 22 implant," explains Kim Twitchell, of the Cochlear Implant Team, London Health Sciences Centre. "The cochlear implant is a device that allows Kris to perceive sounds by electrically stimulating his auditory nerve in the cochlea. It involves an internal electrode array that is surgically placed into the cochlea, and external equipment consisting of a speech processor, microphone, and transmitting coil. The current generation of speech processors from the three implant companies used in Canada involves ear-level devices, with the speech processor and microphone all behind the ear."

Kris uses speech to communicate, something he learned to do through auditory verbal therapy starting at the age of 12 months. Once he was in high school, Kris had a friend in go-carting who signed, and he wanted to be able to communicate with him. So Kris's teacher of the deaf came to his school once a week to teach him to sign to his friend.

Kris appreciates the help he's

PHOTO COURTESY PETERBRAND.CA

KRIS IS INTERVIEWED AFTER HIS WIN AT MOSPORT IN 2006

received from audiologists. "My audiologists have been great. They always help me to hear as much as possible. Whenever I have a problem, they see me right away. Kim from London has been really supportive. She has helped a lot to get everything working for my racing."

Being able to hear is critical when you're hunched down behind the steering wheel of a race car. Kris explains that, when you're racing, you have to use a race radio fitted into your helmet to talk to the crew chief and spotter, whose job it is to keep the driver safe.

This is not a simple thing for a driver with a cochlear implant. "I was using my old FM system, but it didn't have the distance and kept cutting out," Kris says. So he contacted his teacher of the deaf, Mrs. Reynolds, who introduced him to Peter Stelmacovich, audiologist and FM product manager for Phonak Canada.

Stelmacovich met with Kris and his parents to help find a solution. "The challenge was that you needed a one- to two-kilometre range for the FM system," Stelmacovich says, "much greater than you'd need in the classroom."

He explains that, for a hearing person, you would connect the helmet to a radio in the car. The driver would hear through speakers in the helmet and talk into a microphone that transmits to whomever is helping from the pit. For Kris, they had to connect the FM system so that the "audio out" transmitter was connected to a receiver, which was then connected to a microlink receiver in his cochlear implant.

FM systems used to be seen primarily as a classroom tool, but Stelmacovich says they've now gone way beyond the classroom. "You can use them in cell phones, computers, MP3 players, Game Boys, and portable DVD players," he says. They can also be used in a wide range of venues and applications such as restaurants and bars, for tour guides, or in sports such as skiing.

This type of system doesn't come cheap. Stelmacovich says it costs about $2,500 to purchase one, and they've provided Kris with two so that he has one for a backup.

Kris is thrilled with the system. "He was awesome," Kris says of Stelmacovich. "He gave me a SmartLink FM and helped me set it up in the car. As well, my cochlear [implant] stops working when I sweat too much. I wear the ESPrit 22 [cochlear implant processor] and it is not water resistant. Until they come up with one that is compatible, Cochlear has helped me out with an air conditioned helmet, which is awesome. As long as the

Kris Martin Racing
www.krismartinracingteam.com

Phonak Canada
www.phonak.com

VOICE for Hearing Impaired Children
www.voicefordeafkids.com

Cochlear
www.cochlearamericas.com

KRIS WITH SISTER KRISTA AT HIS GRADE 12 GRADUATION IN SEPTEMBER 2006

PHOTO COURTESY PETERBRAND.CA

people speaking to me over the radio speak clearly, I'm good."

"Kris upgraded to an ESPrit 22 behind-the-ear speech processor, which makes it easier for him to wear it under his racing suit and helmet," elaborates Twitchell. "Like most amplification devices, the microphone does not work as effectively when it gets wet from perspiration or humidity. Kris has been struggling with this issue when he races. Cochlear Corporation has been helpful in loaning him another processor so that he has an extra one to use while he is racing. We are hoping that when the new Freedom speech processor is available to people with the Nucleus 22 implant, this will help solve this problem as the company claims that it is resistant to moisture.

"We are also hopeful that the upgrade to the Freedom device will help with the connection to an FM system, which his pit crew uses to talk to him," she continues. "The Freedom device allows for wireless FM connection with the Phonak MicroLink Freedom FM. It is essential that Kris receive information from his pit crew because he is only implanted monaurally and he cannot hear the other race cars around him."

Stelmacovich explains that the benefits of sponsorship have gone both ways. "Kris lets it be known [that we sponsored him], and it also provides young people with an example of another application where an FM system can improve quality of life. He likes to race, and he's not letting the hearing loss be a factor. Also, it's nice to see that Kris is going after his goals." States Twitchell, "Although there are some distinct challenges for Kris with his cochlear implant, he and his family have been able to work with all the different professionals involved with his care to allow him to fulfill his dream of becoming a race car driver."

And his dream is certainly well mapped out. Kris says he would like to go to the next level of racing. "There is a team in North Carolina that has offered me a ride with the NASCAR weekly series. I am going to North Carolina to test for this team at the end of the month."

Kris also gives back to those who've helped him. He is involved with VOICE, an organization that supports children with hearing impairment. "I have done some public speaking at fundraisers, I talked to parents of deaf and hard-of-hearing kids at a meeting, and I am in charge of our online teen chat support line," Kris says.

Kris's mother, Kim Martin, adds that "VOICE was very important in our lives while Kris was growing up. They were our support, book of knowledge, and comfort when things got tough on occasion. That is why, now, it is important to us to give a little back when we can."

Kris's racing success is truly the result of a family effort, and he sees them all as his heroes. "My dad is

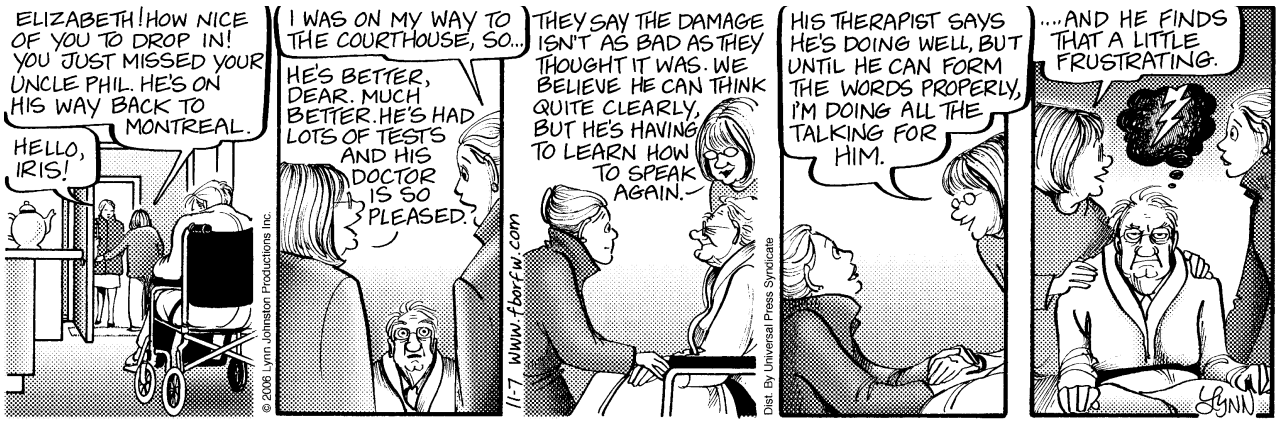
KRIS DRIVING THE F2000 CAR AFTER WINNING THE RON FELLOWS SCHOLARSHIP

my crew chief, mechanic, and my friend," he says. "He gets us to all the tracks all over North America. It's a lot of travelling. He has been my biggest supporter of racing. My mom has encouraged me to do well in school (because I couldn't race if I didn't), supported my speech therapy, and is my marketing manager for the race team.

"My sister has been a great friend and encouraged me to follow my dreams. My grandparents, aunts, uncles, and cousins – and there are a lot of them – have encouraged me to follow my dreams. All our family vacations, Father's Day, Mother's Day, and birthdays have been at the track. This means a lot to me."

Kim Martin says their proudest moment for Kris was his graduation from high school. "There were many obstacles and a lot of hard work, but he has always been a very positive person, which has made our job as parents easier. His passion for racing has been such a positive influence in his life, and a thrill for his dad. We have had a lot of fun and great experiences along the way."

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



Between the Lines: Lynn Johnston

Aphasia Featured in Daily Comic Strip

By Dee Naquin Shafer

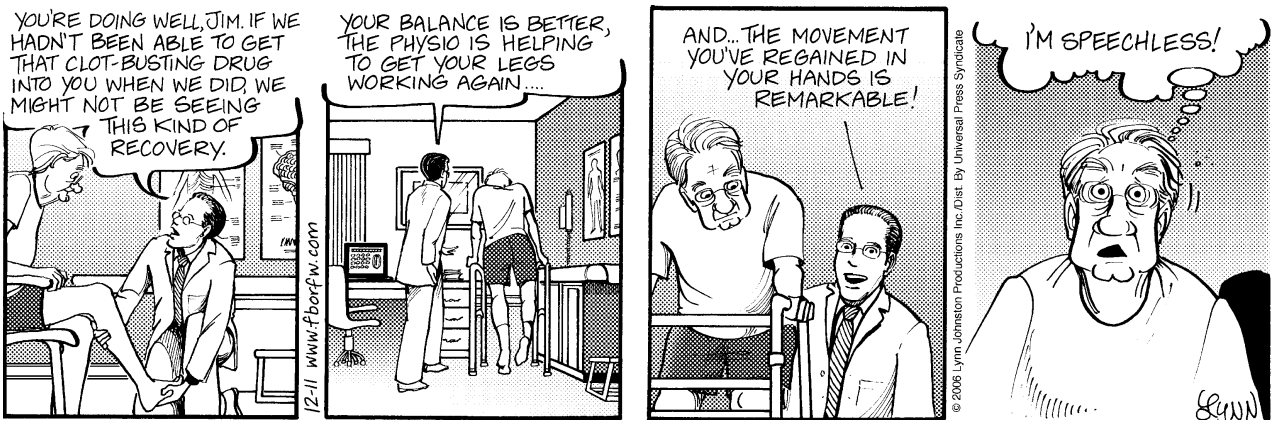
Lynn Johnston

PHOTO BY ED ENG

A fire in an apartment, the death of a beloved family pet, the onset of aphasia after a stroke–these seem unlikely stories for a newspaper comic strip. But since 1979, Lynn Johnston's cartoon, "For Better or For Worse" (FBorFW), has used these events and more, finding the sometimes bittersweet humor in everyday life.

Set in the province of Ontario, Canada, the cartoon has followed the lives of the Pattersons–Elly and John, parents of Michael, Elizabeth, and April. The characters are based on Johnston's own life: Elly was named for a late friend, and the other Pattersons (except for April) are inspired by Johnston's husband and children and have their middle names (Aaron Michael, Katherine Elizabeth, and Roderick John). Johnston has said that the characters also reflect her: April, for example, was inspired by Johnston's desire to have another child.

Many story lines draw from Johnston's own life experiences. Elly's bookstore, Lilliput's, is modeled after Gulliver's, a book and toy store



in North Bay, Ontario. Johnston's niece Stephanie has learning disabilities; her experiences are portrayed through Shannon, a young character who appears in story lines involving April.

Stroke-Induced Aphasia

In a story that began in September 2006, Elly's father, Jim, has aphasia resulting from a stroke. In an e-mail interview with *The Leader*, Johnston discussed Jim and the future of FBorFW.

Jim's story explores Johnston's feelings about aging, she explained. "It's seeing through the eyes of someone with a frustrating disability," she said. "It's [like] being my father, and being a man I know who's living with aphasia. It's an acting challenge!

"I wanted the character to be fairly capable physically, yet dealing with a disability that would change him emotionally and require him to be very dependent on his wife," she continued.

Johnston is educating readers through the comic strip, portraying the multiple problems that may arise with aphasia. When Jim's wife, Iris, speaks for him, he is visibly frustrated at her control. His doctor prescribes anti-depressants, advising that depression is often associated with aphasia. And Iris feels overwhelmed at being a caregiver, asking the doctor if he can prescribe hugs

Extensive Research

The cartoonist is known for her extensive research on the topics in her strip. Johnston even asked a real designer to create a wedding dress for Deanna, Michael's wife. For Jim's story, she is working with Blaine Foell, a neurologist who specializes in stroke. In the next few months, she will introduce a speech-language pathologist into the strip.

"He [Foell] has connected me to speech-language pathologists who specialize in aphasia, and I'm working with a family whose 'dad' has almost the exact same symptoms as Grandpa Jim," Johnston said. "If I can find someone who is living with a situation, I ask for their help [in making the story authentic]."

Johnston's brother-in-law Ralph inspired a controversial 1993 story about Lawrence (a Patterson family friend) revealing his homosexuality, a topic that elicited complaints and some newspaper cancellations of the strip. Grandpa Jim's situation also has inspired much communication.

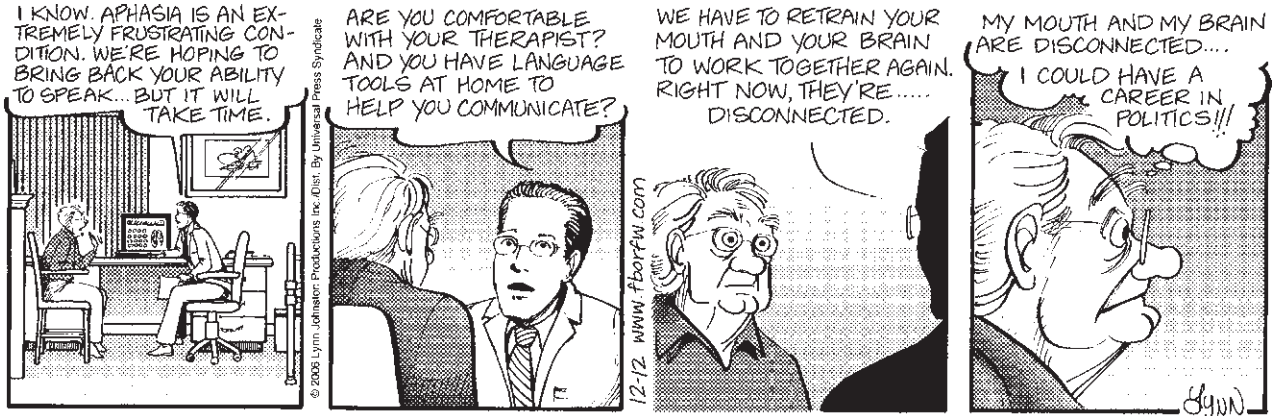
"I've received many, many messages by e-mail–letters with heartfelt stories from people who desperately need to express their feelings with regard to living with aphasia," Johnston said. "I've also heard from associations specializing in treatment, socialization, and caregiver support."

Other Language Issues

Johnston often deals with language issues and that people's words may not communicate exactly what they mean. For example, when Elizabeth was a toddler, Elly worried that the little girl wasn't picking up language well. In the cartoon's last panel, Elly began speaking baby-talk to her daughter, leaving the reader with the recognition of how adults contribute to the way their children learn. Johnston said that this cartoon was not based on personal experience, however.

"It was a 'set-up'," she said. "We almost always spoke to our kids in normal speech patterns–but we still use Kate's [daughter 'Elizabeth'] word for 'bathroom,' which was 'blafoon.'"

Johnston said she started out like many cartoonists, doodling on anything as soon as she could hold a pen. She attended the Vancouver School of Art, leaving after three years to work in the ink and paint department of an animation studio. She then worked as a medical artist at McMaster University before drawing the cartoons that led to the



Patterson family and international syndication.

Into the Future

FBorFW has a loyal following and is one of only five comics carried in more than 2,000 newspapers around the world. Fans will be happy to know that instead of retiring and ending FBorFW this year as previously announced, Johnston will continue the strip in an innovative new/old hybrid. Classic published strips and scenes will be reprinted, perhaps from the angle of Michael looking at old photos or scrapbooks. The characters' stories will wrap up, although Johnston also will create a limited amount of new material.

The new format should begin in the fall. Johnston developed the model so that she can stay involved with the strip, augment the stories, and give her editors and readers something different. Another significant change for the strip is coming: the characters will no longer age in real time as they have in the past.

"Characters will not age because it's work to change them," Johnston explained. "People move, grow, have relationships, and die. To have them age would create a strip within a strip and really compound my workload! I want a break from the deadlines."

In *Editor and Publisher*, Johnston joked that although the new way of doing the cartoon means she will be "flying by the seat" of her eraser, it will allow her more time for travel and other interests. She also wants more freedom in her schedule because of health issues, including dystonia, a neurological condition that she controls with medication.

And what about the character of Jim and his aphasia? Johnston reflects real life in her stories, and Jim's will be no different. As with most older adults who have experienced a debilitating stroke, Jim will likely maintain the abilities he has for a while but will slowly, inevitably deteriorate physically and mentally, Johnston says. In her latest monthly "letter" on the FBorFW Web site, the character of Iris writes that although Jim has improved, healing the brain is a slow process in older people, and Jim probably will not regain his full range of function.

"We manage, though, and we have love, so things still look pretty bright in our little corner of the city," Iris writes. "We can focus on what's important–enjoying life and making the most of the time we have!"

Dee Naquin Shafer is an assistant managing editor of The ASHA Leader. Contact her at dshafer@asha.org.

Editor's Note

Special thanks to Brent Jacocks, Director, Publications Production, ASHA; Dee Naquin Shafer, Assistant Managing Editor, The ASHA Leader; and Allison Zadorozny, Business Coordinator, Entercom Canada Inc. for their kind assistance and allowing us permission to reproduce this article, the cartoons, and the photo.

-SB

Introducing Council Member Nancy Blake

By Sherry Hinman


Nancy Blake

If there's one shining feature in Nancy Blake's life, it's her dedication to people. Nancy is a speech-language pathologist who serves as a professional member on CASLPO council, and it's fair to call her a true "people person."

Nancy began her connection to council during the six years she spent as a non-council member on the Quality Assurance (QA) Committee. "I wasn't thinking about being on council during those years," she says. "I became involved so that I could be on top of the requirements for my own practice. I wanted to become more comfortable with the QA process. I liked having input, and I wanted to be a part of making sure members were supported." Now, she's finishing up the first year of her second term on council, where she's been since she was elected for District #3 in 2008. She's currently on the Executive Committee, the SLP Practice Advisory Committee, and the Inquiries, Complaints, and Reports Committee (ICRC); she's also now chair of the QA Committee where she began. In previous years, she was vice-president, and chaired the SLP Practice Advisory Committee.

Nancy acknowledges that this is a lot of work, but, for her, it's clearly all about the people and about making a difference. "Being on council has been a great learning experience," she says. "I was very pleased to work on the new three-year strategic plan, which focuses on quality improvement. CASLPO is moving in a great direction.

"And I've loved working with all the people: the academic members, SLP and audiologist professional members, public members, staff, and non-council members. And they have a great registrar and deputy registrar. It's been really stimulating."

Nancy has seen a lot of change on council. "There's been a lot of growth," she says. "And I've seen a great deal of member support." She points out the regional seminars as an example. "It's wonderful to see Alex (Alexandra Carling-Rowling, Director of Professional Practice & Quality Assurance) and Brian (Brian O'Riordan, Registrar) surrounded by members after the meetings. Members find them approachable, and are comfortable asking them questions."

She sees council as something she can contribute to, but also as a great learning experience for herself. What she brings to council is that she is "interested, engaged, and dedicated to my work with CASLPO and passionate about providing information and support to our professional members. Speech pathologists and audiologists are incredibly trained and self-motivated to do what's best for clients. I want to make it as simple as possible for them to practice."

What the experience brings her is that it keeps her on top of what she needs to do for her own practice. "I am educated by people from all over the province. I get great ideas to take back, and I get a lot out of my interactions with staff and council/non-council members."

When she's not busy with council duties, Nancy is an ABA facilitator in the special education department at Upper Grand District School Board in Wellington-Dufferin. "I've done a variety of things in different settings over the years," she says, "the full range of speech and language services: phonemic awareness, early literacy, hearing impairment, autism spectrum disorders (ASD), severe speech and language difficulties."

Nancy loves her work. "What I really enjoy is being able to pull a team of people together, to have parents get really involved, and just the problem-solving that goes on." Her work has not always been at the board, though. Previous to that, she worked in a children's treatment centre and at a health unit. And she took a leave, a secondment to ErinoakKids (Centre for Treatment and Development) to work as an ASD consultant for two years.

But one of her most cherished experiences was volunteering in Kingston, Jamaica. A friend had volunteered with CUSO after university, and this captured Nancy's interest. Then, when she was vacationing in Port Antonio, Jamaica, she saw a little school, called the School of Hope, and had to stop to check it out. "When I got there, I met a Peace Corps volunteer – a teacher," she says. "Their needs were

amazing; they would have been happy to have me stay."

The encounter was to leave an impression on her, and when she later decided to volunteer with CUSO and had to choose between Jamaica and somewhere in Africa, she was drawn back to Jamaica. "The school where I worked, the MICO Care Centre for Child Assessment and Research in Education, was located in downtown Kingston, outside of the tourist area. I was the only speech pathologist, and I worked with a great team: a psychologist, special education teacher, occupational therapist, and so on. We did multi-disciplinary assessments, and I had a caseload of students, mostly under the age of 14."

Nancy highly recommends the experience of working overseas. "I loved seeing how business was done. They had the system down pat to get the maximum out of people. We're so used to doing everything ourselves here, but they have workers in every position. When I wanted to go somewhere, I had a driver. This was for safety, in case the road washed out. And reports: I would handwrite my reports; then an office staff member would type them up and someone else would edit them. I loved it there – the culture and the exuberant personalities."

"It was a wonderful experience. And my son was born there. He was 13 months old when we returned to Canada." Nancy is a single mother, and speaks with great pride of her son, whom she raised on her own since he was four. "He is away now, in second-year university. I raised a lovely young man," she says.

She still draws great satisfaction from her work, but life is changing for her. "I'm an empty nester now." She's still non-stop busy, but her pursuits are quieter. "I enjoy time with family and friends, travelling, walking in lovely weather, gardening, and going to the gym."

And there is her "very indulged cat," Frank Foster. "I wasn't planning to get a cat," she says. "But a lady at work brought in three kittens for adoption from her farm. This one was different; they didn't find him with the mother, and he 'wasn't the sharpest.' But he was a sweet cat. The woman's name was Foster, so I had intended to call him Foster, but my son and his friends were so wanting to name him Frank. So we compromised and Frank Foster was named."

Nancy isn't sure what's next for her. "I'm probably within my last five years with the school board, and then I'll be able to retire. I have to think about what I want to do." She is toying with the idea of doing some private practice. "I have done some in the past, especially with kids who are totally unintelligible, and I really enjoyed that." Of course, she's thought about returning to Jamaica; she might go through CUSO or VSO. "Jamaica was the most meaningful work I ever did," she says. "It's so different to live there and not just visit."

She also wants to spend time on other pursuits. She's booked a cottage this summer on Grand Manan Island, to spend time with her sister, go whale watching, and see the puffins.

Nancy is happy with the choices she's made in her life, and she sums up their value in what they have given her: "The opportunities in my life have been working with kids with autism, my time with CASLPO, and my time with CUSO. These are the things that have allowed me to grow and learn.

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.

DID YOU KNOW?

Did you know THAT SETTING PROFESSIONAL LEARNING GOALS IS THE FOUNDATION OF THE CASLPO QUALITY ASSURANCE PROGRAM?

- Each year you are required to set 3 learning goals (at the least) that focus on enhancing your practice.
- Any learning activities (Continuous Learning Activity Credits – CLACs) that you collect must be directly related to the learning goals that you set.
- You may set learning goals based on your ratings of the indicators on the Self Assessment Tool, or you may set goals based on your practice environment.
- Remember you are to collect 45 CLACs over the current three year cycle, which is 2011 to 2013.
- Each CLAC is equal to one hour spent in a learning activity

If you have any questions, you can call or email Alexandra Carling-Rowland at: Telephone: 416-975-5347 (1-800-993-9459) x226 or e-mail: acarlingrowland@caslpo.com.

Research Corner

By Alexandra Carling-Rowland Ph.D. Reg. CASLPO,
Director of Professional Practice and Quality Assurance

CASLPO is undertaking an exciting initiative to inform you of the latest research in the field of speech language pathology and audiology. We are starting the Research Corner, a dedicated and recurring space in our quarterly journal *CASLPO Today*. We are asking our research colleagues who have had articles published in peer reviewed journals in 2011 and 2012 to submit to CASLPO their abstract and the article information. We are hoping to include from between three to five article abstracts per issue; the abstracts will also be published on our website. By publishing this information, important research findings will be disseminated to the audience for which it is most useful. This initiative will also help to protect the public as pertinent clinical and theoretical research findings are shared with the membership.

The criteria for inclusion are as follows:

- The article appears in a peer reviewed journal
- The article concerns the practices of speech language pathology and audiology
- The article is published in the current or previous year

We have turned to our university programs for our first edition of the Research Corner, but will be asking research colleagues from other venues for submissions in the next issue. We have received a number of articles that are "in press" and look forward to sharing them with you when they have been published.

Abstracts can be forwarded to me at CASLPO at acarlingrowland@caslpo.com

Longitudinal Discourse Changes in ALS

Authors: South A, Findlater K, Strong MJ, and Orange JB.
Journal: *Seminars in Speech and Language* 2012;33:79–94

Amyotrophic lateral sclerosis (ALS) is a multisystem disease that significantly impacts communication as a function of changes in motor speech, cognition, and language skills. Although discourse tasks have been used to assess language in a variety of acquired disorders, little work to date has been published on changes in discourse in ALS and even less work has evaluated these changes with disease progression. In the present study, discourse samples (gained from a picture description task) as well as standardized language test measures obtained from 16 individuals with ALS without dementia and 12 healthy controls (collected over a duration of 24 months). Discourse samples were analyzed for both productivity and content. Results indicate that there were no differences for ALS versus controls for any of the standardized language tests. However, findings suggest that discourse analysis methods may be more sensitive for identifying subtle language deficits in ALS. Overall, discourse productivity appears less impaired than discourse content for individuals with ALS. Although there was a general trend for decline in language performance over the study duration, there was the suggestion of subgroups of language performance among ALS participants. The results suggest that subtle cognitive language deficits that affect discourse emerge early in ALS and progress with disease progression.

KEYWORDS: Amyotrophic lateral sclerosis, picture description, discourse, standardized language measures

Knowledge Translation in Audiology: Promoting the Clinical Application of Best Evidence

Authors: Moodie ST, Kothari A, Bagatto MP, Seewald RC, Miller LT, and Scollie SD.
Journal: *Trends in Amplification* 2011;15(1):5–22

The impetus for evidence-based practice (EBP) has grown out of widespread concern with the quality, effectiveness (including cost-effectiveness), and efficiency of medical care received by the public. Although initially focused on medicine, EBP principles have been adopted by many of the health care professions and are often represented in practice through the development and use of clinical practice guidelines (CPGs). Audiology has been working on incorporating EBP principles into its mandate for professional practice since the mid-1990s. Despite widespread efforts to implement EBP and guidelines into audiology practice, gaps still exist between the best evidence based on research and what is being done in clinical practice. A collaborative dynamic and iterative integrated knowledge translation (KT) framework rather than a researcher-driven hierarchical approach to EBP and the development of CPGs has been shown to reduce the knowledge-to-clinical action gaps. This article provides a brief overview of EBP and CPGs, including a discussion of the barriers to implementing CPGs into clinical practice. It then offers a discussion of how an integrated KT process combined with a community of practice (CoP) might facilitate the development and dissemination of evidence for clinical audiology practice. Finally, a project that uses the knowledge-to-action (KTA) framework for the development of outcome measures in pediatric audiology is introduced.

MRI-Based Neuroanatomical Predictors of Dysphagia After Stroke: A Systematic Review and Analysis

Authors: Flowers HL, Skoretz SA, Streiner DL, Silver FL, and Martino R
Journal: *Cerebrovascular Diseases* 2011;32:1–10

Background: Considering that the incidence of dysphagia is as high as 55% following acute stroke, we undertook a systematic review of the literature to identify lesion sites that predict its presence after acute ischemic stroke.

Methods: We searched 14 databases, 17 journals, 3 conference proceedings and the grey literature using the Cochrane Stroke Group search strategy and terms for MRI and dysphagia. We evaluated study quality using the Cochrane Collaboration's risk of bias tool and extracted individual-level data. We calculated relative risks in order to model dysphagia according to neuroanatomical lesion sites.

Results: Of 964 abstracts, 84 articles met the criteria for full review. Of these 84 articles, 17 met the quality criteria. These 17 articles dealt exclusively with dysphagia after infratentorial stroke and provided MRI correlates of dysphagia for 656 patients. The incidence of dysphagia according to stroke region was 0% in the cerebellum, 6% in the midbrain, 43% in the pons, 40% in the medial medulla and 57% in the lateral medulla. Within these regions, pontine (relative risk 3.7, 95% confidence interval 1.5–7.7), medial medullary (relative risk 6.9, 95% confidence interval 3.4–10.9) and lateral medullary lesions (relative risk 9.6, 95% confidence interval 5.9–12.8) predicted an increased risk of dysphagia.

Conclusions: We sought to develop a neuroanatomical model of dysphagia throughout the whole brain. However, the literature that met our quality criteria addressed the MRI correlates of dysphagia exclusively within the infratentorium. Although not surprising, these findings are a first step toward establishing a neuroanatomical model of dysphagia after infratentorial ischemic stroke and provide insight into the assessment of individuals at risk for dysphagia.

Peer Interactions Of Preschool Children With And Without Hearing Loss

Authors: DeLuzio J and Girolametto L
Journal: *Journal of Speech, Language, and Hearing Research*. 2011;54:1197–210.

Purpose: Little is known about the social interaction skills of children with severe to profound hearing loss (SPHL) in terms of how they manage conversational exchanges with peers. This study compared the initiation and response skills of children with SPHL with those of children with typical hearing during group play in integrated preschool programs.

Method: Two groups of 12 children were matched on a number of variables and assessed for intelligence, language, speech, and social development. All initiations, responses, and resulting interactions during 20 minutes of group play were transcribed and coded. Outcome measures included number and type of initiation strategies, number of responses, and length of interactions.

Results: Despite poorer speech, language, and social development, there were no significant differences in initiation and response skills measured between children with SPHL and their matched peers. The small sample size may have made differences difficult to detect; however, playmates initiated interactions less often with the children with SPHL and ignored their initiations more often than those of other children.

Conclusions: Preschool children with SPHL were excluded from interactions by their playmates. Having age-appropriate language skills did not ensure successful peer interactions. Inclusive preschool programs may consider offering classroom-wide social skills training to enhance interaction opportunities.

Shared Storybook Reading Context to Enhance Language, Print Awareness, and Phonological Awareness in At-Risk Preschoolers

Authors: Lefebvre P, Trudeau N, and Sutton A
Journal: *Journal of Early Childhood Literacy* 2011;11(4):453–79

The current study compared the effects of two shared storybook reading (SSR) interventions on language and emergent literacy skills of preschoolers from low-income families. The control intervention targeted language and print awareness, skills for which there is strong evidence of the effect of SSR. The experimental intervention added a focus on phonological awareness, a skill for which there is less evidence of the effect of SSR. Following the interventions, results indicated that the experimental group (n = 10) outperformed the control group (n = 13) on phonological awareness scores, but not on vocabulary and print awareness scores. The study also compared the outcomes of the experimental intervention for the low-income participants with the skills of preschoolers from higher-income families who did not receive intervention. The children from low-income families in the experimental condition outperformed their peers from higher-income families (n = 12) on all three measures. The experimental intervention offers promising techniques for SSR activities in childcare centres.

Photos courtesy Sylvia Cutmore

Developing a Profession from Scratch: Speech-Language Pathology in Bangladesh

By Sherry Hinman

On the website for the Bangladesh Health Professionals Institute (BHPI) are some sobering facts about the ratios of health professionals to the 126.5 million people living in Bangladesh. For example, there are only 40 physiotherapists and six occupational therapists (OTs) in the entire country. While six OTs is appallingly low, the number of speech pathologists listed as serving this population is far worse: zero.

The University of Dhaka – Dhaka is the capital and one of seven divisions in Bangladesh – runs the BHPI. The institute does not have sufficient resources, either financial or human, to provide teachers for the new bachelor in speech-and-language therapy they've offered for the past two years, and it relies on short-term, voluntary therapists to teach the courses.

Long-time friends Kim Bradley and Sylvia Cutmore met at University of Toronto (U of T), where they both studied speech-language pathology, and graduated in 1988. In early 2010, when Kim and Sylvia met for a lunch and a skate through Gage Park in Brampton, Kim said to Sylvia, "We should do this together." With that, she kicked off a series of events that would profoundly change them both, as well as a group of students in far-off Bangladesh.

Sylvia Cutmore (left) and Kim Bradley (right).

Sylvia works at the Peel District School Board, providing services in contained classes and kindergarten, to children with expressive language problems and learning disorders. Her undergraduate degree was in geography and botany, also from the U of T.

Kim is a collaborative practice leader at Holland Bloorview Kids Rehabilitation Hospital in Toronto, where she works with speech-language pathology, social work, chaplaincy, and creative arts, promoting evidence-based practice.

Prior to that, she worked in private practice, with children and adults with acquired brain injury (ABI). She also teaches ABI at U of T. Kim has her PhD from University College London, in London, U.K.

In addition to being a professor at U of T, Kim is also involved in the university's International Centre for Disability and Research (ICDR). Through the ICDR, she learned of the need for speech-language pathologists in Bangladesh. The BHPI described above is the training centre for the Centre for Rehabilitation for the Paralysed (CRP), which was started in 1979 and has expanded from its humble roots. It now offers degrees in physiotherapy, occupational therapy, nursing, and speech pathology.

The centre is a compound that consists of a school, hospital, and clinic. There is also a dorm for the female students; as the students are Muslim, the males are not permitted to stay on the compound, and live in apartments close by. Well over half the class is male.

Kim says the speech pathology program is taught by foreign volunteers – Australians, British, and others – and each teacher comes with expertise in different areas.

"So there are gaps," explains Sylvia. "It's very difficult to juggle the courses. And students get different courses during different years of their degree."

The courses are taught in English, and both speech pathologists taught the third-years. Sylvia taught a course called "Learning Disabilities," which, she explains, is a misnomer, as the course is really about autism and developmental delays. She also taught part of an introductory course. Kim taught a course in adult neurogenics.

The founder and coordinator of CRP, Valerie Taylor and Executive Director of CRP, Mr. Shafiq-ul Islam.

Third year students practicing motor speech exams on each other.

Third year students in the classroom.

Kim and Sylvia in downtown Dhaka purchasing therapy materials (here they are buying books) for the speech department.

Students taking pictures for the therapy cards. The two students in the foreground are taking a picture of playing and the students in the background are preparing to take a picture of washing dishes.

Kim and Sylvia demonstrating how they would use the collection of magazine pictures for assessment and therapy.

Kim and Sylvia were in Bangladesh for five weeks, during July and August 2011. It might be surprising to learn that it took a year and a half to prepare for five weeks. But the preparations required may not be so obvious. Kim said they did a fair bit of fundraising during that time. “We knew we would have to use our own money for supplies and materials,” Kim says. “We bought things like binders, plastic sleeves, and we photocopied materials.”

They also needed the time to buy and create materials. “We asked what we should bring over,” Sylvia says. “And they asked for cause-and-effect toys.” So they bought toys and also received donated toys from the people they work with.

And they brought cameras. Sylvia is a gifted photographer. One of the first things she did after they began teaching was to assign the students a project to create materials. “We looked at the materials they had,” she says, “and they weren’t good. They had a box of pictures from the Internet to depict verbs and prepositions, for example, but they showed children with blonde hair, and so on.”

So she sat down with the interns (fourth-year students) and assigned different verbs with pronouns, as well as common objects, verbs with objects, and so on. The pictures were for use by both adults and children. They got first-year students to be the photo subjects. They selected a day to be Photo Day, found a good location, and Sylvia gave them some quick lessons in photography.

The result? Two sets of 150 culturally relevant pictures. One example is a series of photos of a girl standing behind (on, in, beside, etc.) a rickshaw. Always looking for ways to make their efforts sustainable, they donated the

cameras when they left, as well as an external hard drive so that students could add to the collection.

Kim also did a project with the students in her adult neurogenics class. "I wanted them to understand the different modalities – oral expression, auditory comprehension, reading comprehension and written expression – but once they understood this, they created materials for only the first two, as most people there are illiterate."

First they worked out treatment hierarchies for each area. Careful not to make any assumptions about the similarities between English and Bangla, they inquired, for each type of task, how difficult something would be, for example, word spelling. (The official language of Bangladesh is Bengali, but Kim and Sylvia refer to it as Bangla.) Once they understood the hierarchy of difficulty, they generated tasks for each level and got pictures for each. The result was a Bangla screening test for aphasia.

All their projects had sustainability built in. The students' notes were placed in a binder and this became their textbook. When asked if there was a way to make the teaching sustainable, i.e., could the students one day come back and teach these courses to new students, Kim and Sylvia say, "They already have. The new grads are already teaching. Plus, we are producing therapists who don't leave. We're bringing speech into the community, developing the profession within the country."

Books are a concern. Each discipline at the CPR has a library, but the SLP library is extremely humid; it has a terrible smell from the mildewed books, and it is barely used. After Sylvia and Kim returned from Bangladesh, the U of T students fundraised for a dehumidifier so that the library could be cleaned up and used.

It was not only the need for materials that concerned the speech pathologists before they went. "My greatest worry was about the heat," Kim recalls. "It was 100% humidity there, and between 30 and 35 degrees, even at night."

"There were overhead fans," recalls Sylvia. But the mosquito nets limited the air that could get through.

"And the monsoons – it was monsoon season," says Kim.

Two landscape mosaics show all six of the prepositions that were photographed. This series shows "in, on, under, in front of, behind, beside" a rickshaw.

Sylvia adds, "CRP was dry, but around us it was flooded. We almost never went into town except to buy oranges."

"And to have our clothes made," adds Kim. While at the school, both women dressed only in salwar kameez, the traditional dress for both men and women that consisted of the *salwar*, loose fitting pyjama-like pants, and the *kameez*, a long tunic-like shirt.

Sylvia's greatest concern before their trip was the teaching itself, as it would be her first teaching experience. Looking back, she feels this was also the greatest benefit. "I now see how much better my skills are from having done the teaching."

Kim says that, for her, the greatest benefit has been the personal opportunity. "I'm usually constantly moving," she says. "But for five weeks, what I did was completely linear: we would eat, teach, and prepare. I haven't been that focused since university."

Looking back, they agree that they didn't really have many expectations. "We survived," adds Sylvia with a smile. When the five weeks was up, they celebrated by taking three days of travel in India.

And by eating chocolate bars. "It was too hot there to eat chocolate – it would just have melted," Kim explains.

When asked if they would ever return, the answer comes swiftly: "Yes. We're planning to go back," Sylvia says. "We don't know when. This time we want to get more involved in the clinical aspect. They're getting behind in their courses; they need teachers."

Kim adds, "We encourage others to do this. The sense of accomplishment, of having done something that was valued, was enormous."

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.

DID YOU KNOW?

Did you know THAT THERE ARE TWO DISTINCT ASPECTS TO "CONSENT"?

When we talk about obtaining consent, we could be referring to either: consent to the collection, use and disclosure of personal health information; or consent for services to be provided to a patient/client.

Each aspect of consent is governed by different legislation. Obtaining consent for the collection, use and disclosure of personal health information is governed by the Personal Health Information Protection Act, 2004 (PHIPA). Obtaining consent for services is governed by the Health Care Consent Act, 1996 (HCCA).

The Information and Privacy Commissioner of Ontario provides a Guide to PHIPA, which can be found at www.ipc.on.ca under the "Resources" tab. CASLPO provides a guide to the HCCA entitled, "Consent For Services: A Guide For Audiologists and Speech-Language Pathologists", which can be found at www.caslpo.com (under the "Practice Standards" tab).

If you have any questions, you can call or email Carol Bock at:Telephone: 416-975-5347 (1-800-993-9459) x227 • Email: cbock@caslpo.com

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