THE 10th ANNIVERSARY OF

CASLPO TODAY

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Deb Zelisko: Bringing Different Perspectives

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

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REGISTRAR'S MESSAGE

Time for Renewal

By Brian O'Riordan, Registrar

As September approaches, the phrase "Back to School" is inevitably in the air. Those affected include school-age students and the SLPs and audiologists who stand ready to assist any of them with communication disorders. University students return to campus, including those enrolled in master's programs in speech-language pathology and audiology at the University of Toronto, Western, the University of Ottawa, and, for the first time this fall, Laurentian University in Sudbury. It is also back to school time for the many dedicated professors and lecturers in SLP and audiology, who are also a crucial part of the membership of the College.

"Back to School" suggests a time of renewal for all of us, including members of the College, who, as we go to publication, are receiving notices to renew their annual membership in the College.

Here at the College, we are ever mindful of our responsibility to assist members in renewing their long-term commitments to the professions in terms of continuing education and quality assurance in order that members are constantly upgrading and polishing their skill levels as practitioners. To this end, CASLPO will soon be offering a series of E-learning modules over the next year on such topics as: Consent to Treatment; Use of Social Media; Jurisprudence; and Evidence-Based Practice. As well, our Quality Assurance Committee is reviewing our entire QA process, with a view to introducing enhancements in the Self-Assessment and Peer Assessment processes. We will also continue with our Regional Education Seminars for members throughout the province. We will be visiting students enrolled in all the provincial master's programs to acquaint them with the principles and meaning of self-regulation and the work of the College.

The Council of the College will also meet this fall for a full-day educational module focusing on matters of good governance and Council performance self-assessment.

The College has engaged an Information Technology (IT) advisor to assist us in revamping our website to make it more user-friendly and to integrate our database of information so that information gathered therein can be utilized more efficiently to assist in College administration.

Our public awareness program will kick off in the fall with a special two-page advertorial spread in the "Back to School" issue of *Today's Parent*.

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PUBLIC MEMBERS

Ferne Dezenhouse
Pauline Faubert
John Krawchenko
Josie Rose
Estrella Tolentino

The College will be involved in presentations in September at the Council of Licensure, Enforcement and Regulation (CLEAR) conference and in October at the National Council of State Boards of Speech-Language Pathology and Audiology (NCSB). We will also be attending the Canadian Network of National Associations of Regulators (CNNAR) conference in Ottawa.

Many members will be opening private practices this fall and this issue of *CASLPO Today* contains some practical advice for those members on the regulatory compliance matters which they will need to address.

Our *Annual Report* for 2011 is now available online, and information on how to obtain a copy is provided in this issue.

We hope that you are preparing this fall for a renewal of your commitment to excellence in providing quality care to your patients/clients. In doing so, please know that the College is here to assist you as a registered member of a self-governing and self-regulated profession. I invite you to contact us with any questions or comments and to make full use of all the College's resources which you fund through your annual membership fees.

Council met on June 8th and reviewed the following:

1. B. O'Riordan provided an update on his activities including:
   Recruitment of IT staff has been finalized and Baron French will begin his 1-year contract with CASLPO on June 25th.

   Office security has been upgraded recently, after advice from Legal Counsel to do so.

   CASLPO/OSLA conference meetings continue. A memorandum of agreement is being finalized.

   B. O'Riordan has been elected as Vice-President of the Federation of Health Regulatory Colleges of Ontario (FHRCO).

2. N. Blake & P. Faubert reported on their recent attendance at the CLEAR education sessions held in Toronto.

   N. Blake suggested that information provided during the Executive Leadership 3-day conference be included in a future Council meeting as a learning opportunity; external consultants be invited to assist Council meetings; and discussions of Council member roles and staff roles be pursued.

   P. Faubert appreciated the information provided on how important it is for Councils to understand their role and that the public interest must be the focus at all times.

3. Council reviewed and approved the 2011 Annual Report.

4. N. Blake updated Council on the status of the Peer Assessment Extension and Deferral Policy, and Council approved the document, with amendments.

5. A. Carling-Rowland updated Council on the status of the Practice Standards and Guidelines (PSG) on the Assessment of Adults by SLPs and Council approved this document.

6. M. Drent provided an update on the status of the Use of Support Personnel by Audiologists Position Statement and Council approved this document.

7. B. O'Riordan and C. Bock updated Council on the status of the Strategic Plan thus far. Council agreed that an over-arching statement is a critical and needed component. Following a brief brain-storming session, it was decided that the overarching statement be "Rooted in Quality. Strong in Commitment. Working in the Public Interest."

8. C. Bock and N. Blake updated Council on the Quality Assurance Regulation. Council agreed that the QA regulation, as amended, be approved.

9. B. O'Riordan updated Council on the Regional Seminar, held in Windsor on May 22. Special thanks to R. Grant-Rennie, SLP, for assisting in the coordination of this event.

10. B. O'Riordan updated Council on the recent board of directors meeting of the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR), held in St. John's, Newfoundland, which he and the President attended. The meeting was very positive and collegial and there is a good working relationship with all our colleagues across the country.

11. B. O'Riordan updated Council on the FHRCO Registrars' retreat in May and distributed the 2011 FHRCO year highlights.

12. B. O'Riordan and C. Myrie updated Council on the Ontario Fairness Commission Annual Review, noting nine items for follow-up for the Registration area.

13. B. O'Riordan updated Council on the recent ADP consultations, noting hearing aid policy consultations will begin over the summer.

14. B. O'Riordan and G. Katchin updated Council on the Auditor's Report re: College of Denturists and the implications this may have for CASLPO. They noted that various Committees of Council will be reviewing the Denturist audit report in light of our own best practices, policies and compliance standards, with a view to making any improvements internally.

15. A. Carling-Rowland updated Council on the DSM-V. V. Papaioannou thanked M. Suddick for bringing this to CASLPO's attention and A. Carling-Rowland for all the research undertaken and outreach to CASLPA, OSLA and ASHA.

16. Council reviewed reports from the following committees: Executive, SLP PAC, Registration, Quality Assurance, ICRC, AUD PAC, Patient Relations, Finance, Initial Practice Period Task Force, SCERP Task Force.

17. Staffing Matters – B. O'Riordan updated Council on several staffing issues including the review of COI issues, resignation of M. Drent, who is leaving for a position with the Law Society of Upper Canada.

    Performance Appraisal of Registrar – V. Papaioannou reviewed the Registrar Performance Appraisal Process for 2012. Council offered suggestions for the Process in the future. Council provided recommendations for topics for the September Council Meeting.

18. Next Council meeting will be held on Thurs, Sept 27 and Friday Sept 28, 2012.

OSLA The Ontario Association of Speech-Language Pathologists and Audiologists

Changes Coming to the Home/Community Care Sector, October 1, 2012 – *"Quality and Value in Home Care Project"*

By Mary Cook, Executive Director, OSLA

On April 2, 2012, the Community Provider Associations Committee (CPAC) members received a clear message from both the minister's staff and the Ministry of Health and Long-Term Care that the health care system is not immune to the unprecedented challenges that service providers are facing in the home care sector. Without a change in the way we currently deliver health care services, health costs will continue to rise. *Ontario's Action Plan for Health Care* is directing our sector to reform the current home and community care delivery model to support the evolution to a more client-centred, integrated model focused on achieving high quality outcomes and value for money.

As a result, CPAC, whose members include the Ontario Home Care Association, Ontario Community Support Association, Ontario Association of Community Care Access Centres (OACCAC) and the Alliance of Professional Associations of Community-Based Therapy Services (APACTS), of which OSLA is a member and active participant, met to explore the opportunity to develop a plan for moving forward with the creation of new service contracts by October 1, 2012.

As an initial step towards achieving this long-term vision, starting on October 1, 2012, a new, flexible 2-year contract will be in place for service providers. This process will give CCACs and service providers the flexibility to begin the phased implementation of one or more changes in accordance with provincial direction and local priorities. In view of this commitment, the changes that will be implemented will therefore build on the quality of care already being delivered; ensuring stability is maintained throughout the transition period for providers, CCACs and first and foremost for the clients/patients.

The roadmap moving forward recognizes the magnitude of the work ahead, and the collective efforts will follow a phased approach:

Phase 1
: Readiness – April to September 2012.

Phase 2
: Early Transitional – October 1, 2012 to March 2014 (initial flexible two-year contract period).

Phase 3
: Late Transitional – April 2014 to March 2016 (renewed and revised contracts).

Phase 4
: Outcomes – 2016 and beyond.

OSLA has participated at all four "Tables" to provide guidance to the government and OACCAC in the new delivery model and each have specific project deliverables.

1. Contracts,
2. Performance Indicators,
3. Funding, and
4. Education and Change Management Tables.

OSLA also has representation, Heather Heaman, at the main "Steering Committee" to coordinate all table deliverables.

Initially, business is expected to continue as usual for most CCACs and service providers as we begin to develop and apply the parameters and supports required to operationalize changes, while at the same time providing continued care. Some CCACs and service providers may have more readiness than others and will therefore move at a measured pace to implement the changes.

OSLA wishes to thank our member representatives at the various tables, Heather Heaman, Sue McLean, and Debbie Jones-Snyders for their commitment to this project.

Rooted in quality. Strong in commitment.

COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF ONTARIO

2011 ANNUAL REPORT

CASLPO's 2011 Annual Report is now available. To view or download a copy, please visit www.caslpo.com, and click on the "About the College" tab. A copy can also be obtained by contacting the CASLPO office.

2012-2013 Registration Renewal Reminder – Deadline: October 1, 2012

Colleen Myrie, Director of Registration Services

The College's online renewal system is now available. You can renew your registration online and pay your fees online using a credit card (Visa or MasterCard) through CASLPO's website at www.caslpo.com. It's a fast and easy way to renew your registration and pay your fees.

The deadline for renewal this year is Monday, October 1, 2012. Your renewal forms and fees must be received by the College office by mail or completed online on or before October 1st. Renewals received after October 1st will incur a 20% late penalty.

NEW REGISTRATION REQUIREMENTS

The College's new Registration Regulation, Ontario Regulation 21/12 came into force on February 17, 2012. Due to the new regulation and some other developments, you will see the following on your 2012-2013 Registration Renewal Application form:

CITIZENSHIP/RESIDENCY STATUS

Members of the College have a duty to provide the College with details of any changes in the past 12 months to their citizenship, residency status or employment authorization under the Immigration and Refugee Protection Act (Canada), in order to engage in the practice of the professions of audiology or speech-language pathology.

PRIVATE PRACTICE

Members are asked to indicate if they provide private speech-language pathology or audiology services and which age groups that they provide services to.

PATIENT CARE OR RELATED WORK

General members are required to meet the following condition for patient care or related work:

- Members must provide at least *750 hours of patient care or related work* in audiology or speech-language pathology during every three-year period that begins on the day that the member is issued a general certificate of registration. The period currently under review is from October 1, 2009 to September 30, 2012.

QUALITY ASSURANCE

A General Member must indicate if he/she has:

- completed their Self-Assessment Tool;
- written three Learning Goals for the current year; and
- collected and documented Continuous Learning Activity Credits (CLAC).

An Academic member must indicate if he/she has:

- written three Learning Goals for the current year; and
- collected and documented Continuous Learning Activity Credits (CLAC).

CONDUCT

Members of the College have a duty to provide the College with details of any offences, findings and proceedings that relate to the member. Information regarding the following activities/ current registration/licenses that you hold must be declared and full details provided:

1. Have you been convicted of a criminal offence in Ontario or in another jurisdiction in or out of Canada?
2. Have you been the subject of a finding of professional misconduct, incompetency or incapacity or other similar finding:
   a. in relation to the profession in Ontario or in another jurisdiction in or out of Canada, or
   b. in relation to another health profession in Ontario or in another jurisdiction in or out of Canada?
3. Are you currently the subject of a proceeding for professional misconduct, incompetency or incapacity:
   a. in relation to the profession in Ontario or in another jurisdiction in or out of Canada, or
   b. in relation to another health profession in Ontario in another jurisdiction in or out of Canada?
4. Have you been denied registration, licensure or similar status by a regulatory body in Ontario that is responsible for the regulation of another health profession or by a regulatory body in another jurisdiction in or out of Canada that is responsible for the regulation of the profession or another health profession?
5. Has your registration, licensure or similar status in Ontario in relation to another health profession or in any other jurisdiction in or out of

Canada in relation to the profession or another health profession been revoked or suspended?

DECLARATION

The declaration for each class of registration has been updated. Members are reminded that completion of the Registration Renewal Form has legal consequences. Any false or misleading statements will be considered to be an act of professional misconduct and may lead to discipline and other proceedings.

HEALTH PROFESSIONS DATABASE

The Regulated Health Professions Act (RHPA) requires Colleges to collect information directly from members of the College for the purpose of ministry health human resources planning. Information for the Health Professions Database is derived from your completed renewal form. Members must take the time to answer each question fully. Your answers to these questions will help the ministry develop policies and programs that address supply and distribution, education, recruitment and retention for your profession.

RESIGNATION

Members who decide not to renew their certificate of registration for 2012-2013 must notify the College in writing by completing the Resignation Section of the paper version of CASLPO's 2012-2013 Registration Renewal Application form and return it to the College before October 1, 2012. If you fail to renew your registration and do not resign, your certificate of registration will be suspended for non-payment of the annual fee.

NOTICE OF INTENTION TO SUSPEND

CASLPO members have an obligation to complete their registration renewal on or before October 1st each year, whether or not a notice has been received.

On November 1st, a Notice of Intention to Suspend will be mailed out to members who have not completed a renewal form and submitted an annual fee or provided the College with written notice of their wish to resign.

Members who receive a Notice of Intention to Suspend have 30 days to complete CASLPO's Registration Renewal Form and pay all applicable fees.

A member who has not completed their Registration Renewal Form and paid all applicable fees or notified the College that the member wishes to resign, within two months of the October 1st deadline, will be suspended and the suspension will be reflected on the online public register. Employers of suspended members will also be notified.

EMAIL RENEWAL REMINDER NOTICES

The College will send members renewal reminder notices by email. The College encourages all members to maintain a current email address with the College to allow for greater efficiency and communication. Whenever you change your email address, please remember to notify the College. A quick email to the College at cprashad@caslpo.com, giving your new email address, your name and your registration number will suffice.

TO CHANGE YOUR REGISTERED NAME

To change your registered name, you must provide the College with a photocopy of a legal document that supports the change (i.e., marriage certificate or evidence of legal name change). Please fax this documentation to the College at 416-975-8394 or send a scanned attachment via email to cprashad@caslpo.com. Please indicate on the fax cover page or in your email message, how you would like your new name to appear on the register. Only name change requests received within 15 days of the completion of your online renewal will be reflected on your 2012-2013 registration card.

QUESTIONS ABOUT THE RENEWAL

If you have any questions about the renewal process, please contact Colleen Myrie, Director of Registration Services at 416-975-5347 ext. 211 or Gregory Katchin, Director of Finance at 416-975-5347 ext. 217, toll free in Ontario at 1-800-993-9459 or by email at cmyrie@caslpo.com or gkatchin@calspo.com.

CASLPO Regional Seminars

By Carol Bock, Deputy Registrar

Brian O'Riordan (Registrar) and I were thrilled to visit Windsor this past spring (May, 2012) to deliver our regional seminar to over 25 members from the region. We were fortunate to have one of our members, Rose Grant-Rennie, initiate and graciously host the session at the Windsor Regional Hospital. In addition, we were pleased to have one of our peer assessors, Terri Cooper, offer her knowledge and experience. Topics covered included the Proposed Records Regulation, 2011, consent, the quality assurance program as well as new initiatives of the College, including the on-going member consultation regarding our conduct regulations and our scopes of practice. Our post survey suggested the information was well received: 100% would consider attending another regional seminar and over 90% would consider recommending a regional seminar to a colleague. Brian and I also learned a lot, as we usually do at our regional seminars, about our members, their practice challenges and their views on upcoming College initiatives.

We are planning more seminars for the rest of 2012, with Barrie, Mississauga and Sudbury as potential locations. Please stay tuned for exact dates and locations that will be announced through our email blasts and on our website, www.caslpo.com!

Terri Cooper, Peer Assessor

L to R Alexandria Giordano, Cathy Coppens, Sheila Devaney, Rose Grant-Rennie

Interprofessional Collaboration: 2012 Launch of an Online Toolkit by FHRCO

As Co-Chairs of the FHRCO Interprofessional Collaboration Project, Shenda Tanchak, Registrar for the College of Physiotherapists of Ontario, and I are very excited that FHRCO will soon launch the much anticipated "IPC Toolkit."

The Federation of Health Regulatory Colleges of Ontario (FHRCO) comprises all of Ontario's 21 health regulatory colleges, which govern over 260,000 health professional, and five transitional councils for colleges that are soon to regulate those professions' members. The Federation provides a forum for collaboration on regulatory issues of mutual interest and benefit while it continues to advance its mandate to maintain a strategic focus on regulatory matters and to promote effective communication and cooperation among its members. More information about the Federation is available at www.regulatedhealth-professions.on.ca.

Building on the consensus achieved by Colleges in the "Interprofessional Guide on Orders, Directives and Delegation," the Federation has sponsored a project to assist interprofessional teams to coordinate care within the expanded (and overlapping) scopes and authorities established by the *Regulated Health Professions Statute Law Amendment Act.*

Targeted for completion in 2012, a toolkit is being developed that will provide a framework through which interprofessional teams will quickly and safely be able to resolve questions of individual or professional roles and responsibilities, including such issues as record keeping, transfer of care and provision of specific elements of patient care. The tools will be designed to be customizable to unique point of care circumstances and to assist but not direct team members in decision-making. Their use will be optional.

The toolkit is a three-part, web-based online resource available to all health care professionals. It will be comprised of a customizable checklist for use by interprofessional teams, a set of Frequently Asked Questions (FAQs) and a comprehensive resource section outlining all scopes of practice, authorized controlled acts, and links to relevant College policies or standards for each regulated health care profession in Ontario.

1. The checklist will be based on patient/client-centred milestones:

- The team (or team lead) will be prompted to identify critical review points ("milestones") that will or may arise in the course of patient/client treatment or intervention. The checklist includes a drop down menu of possible milestones (e.g., intake, transfer, change in status, change in setting) to prompt the user to consider critical milestones.
- Having identified milestones, as each arises, the team will be prompted to review a checklist of

CASLPO Election Results

Elections were held this spring for seats in Districts 2, 4, and 5. The following are the results:

District 2
Audiologist – Vicky Papaioannou, re-elected.
Speech-Language Pathologist – Mary Suddick, re-elected.

District 4
Sandra (Sandi) Singbeil, SLP, acclaimed.

District 5
Carolyn Moran, SLP, acclaimed.

We thank all those who put their names forward as well as all those members who voted in this election.

Council also bid farewell to our two academic members on Council, Luc DeNil, SLP and Jack Scott, audiologist. Replacing them for a three-year term are Randi Fisher, SLP, Western University and Josée Lagacé, audiologist, University of Ottawa.

At its June meeting, Council held an election for executive members to serve for a one-year term. The following are the results:

President: Vicky Papaioannou (AUD)
VP – AUD: Deb Zelisko
VP – SLP: Nancy Blake
Exec. Members: Mary Suddick (SLP), Pauline Faubert (public), Ferne Dezenhouse (public)

"critical questions."

- The checklist is designed to ensure that the team has considered aspects of patient/client care that are known to contribute to patient safety in an interprofessional model of care delivery (e.g., What are the needs? Are their controlled acts required? Who can do it? Who will do it? Has appropriate consent been obtained?).
- Teams may use the checklist as a planning tool when developing medical directives or population health action plans. (e.g., "Has each of the relevant critical questions been considered at various points during implantation of the planned activity?").
- Teams may use the generic checklist to satisfy themselves that the questions have been addressed, without providing the answers to the questions (e.g., One of the critical questions is whether consent to treatment has been obtained. In reviewing this item on the checklist, a team may feel that it has been satisfactorily addressed by virtue of having an established protocol for obtaining consent.)

2. The Frequently Asked Questions (FAQs) will be an easily searchable section that will address concerns regarding consent, privacy, accountability, team communication, etc. Each question will have a comprehensive, plain language response and will also include links to the relevant documents each Collage has pertaining to the question.

3. The comprehensive resource for scopes of practice will be a point and click, searchable resource allowing the user to quickly identify the scopes of practice, professional activities, and the authorized controlled acts that are under the purview of any specific profession.

Expectations are that the tool will be launched on the FHRCO website (www.regulatedhealthprofessions.on.ca) in the fall of 2012. Watch for additional announcements as we approach project completion!

Did you know ONE OF THE COLLEGE'S PRIORITY PROGRAMS IS "PRACTICE ADVICE"?

CASLPO receives over 100 calls and emails per month from members with questions regarding the application of legislation, regulations, and practice standards in their own practice environment. CASLPO devotes significant resources to this program because we believe that supporting members so that they may provide quality practice is in the best interest of the public.

We encourage you to contact our staff with any questions regarding your practice environment and the application of practice standards. You will receive relevant information, guidance and support.

We can be reached at caslpo@caslpo.com, 416-975-5347 or 1-800-993-9459 .

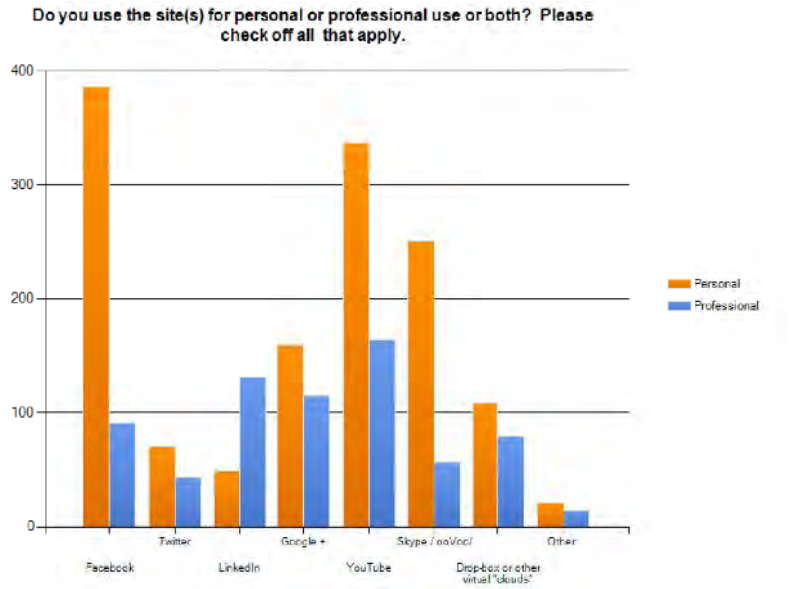
Social Media: What the Professions Think

By Carol Bock, Deputy Registrar

You may recall recently being asked to participate in a CASLPO survey regarding social media use. An email went out to all our members in mid-June explaining that CASLPO was engaged in an interprofessional collaborative project with six other regulated health colleges in Ontario to develop an e-learning module on the topic of social media. In an effort to create a highly useful and educational tool, we surveyed our professionals regarding their use of social media. This Social Media e-Learning project is now well underway and you can anticipate a product announcement in early spring, 2013. In the interim, we thought you may be interested in the results of that survey.

We had an impressive response, especially given the short turn-around time provided (one week), of close to 600 members providing detailed input (thank you all!). This interest in social media is not surprising when you consider how pervasive social media usage is in both personal and professional worlds. It is, of course, the professional use that is of most interest. A brief search of websites reveals a wide-spread use of social media amongst big and small professional, educational and governmental organizations. For example, a Twitter and Facebook presence exists for organizations such as the Toronto District School Board, The Ottawa Hospital, Children's Hospital of Eastern Ontario, Peel District School Board, the Ministry of Children and Youth Services, Ministry of Health and Long-Term Care and the Ministry of Education, not to mention, the vast majority of private practice sites. Clearly, there is a culture that is fostering members and their employers to engage in the social media world.

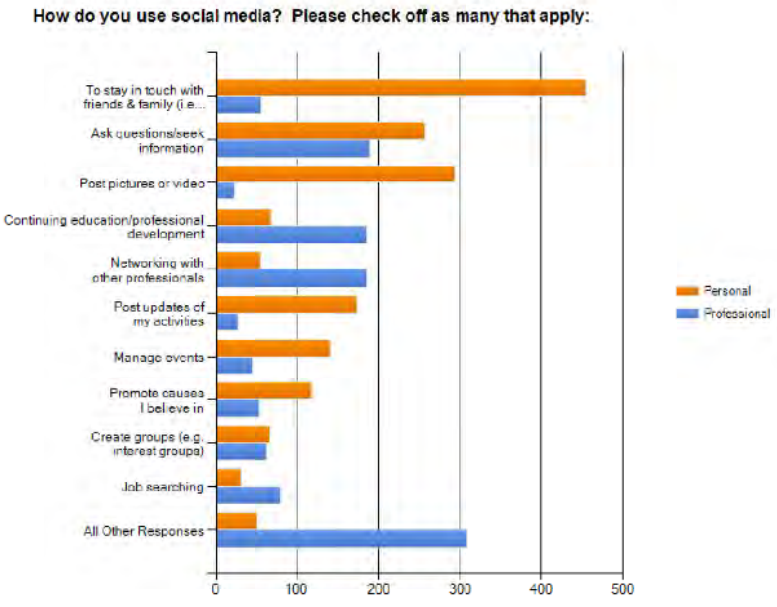
Given this environment, it is not surprising that **84%** of our members use some form of social media for both personal and professional use,

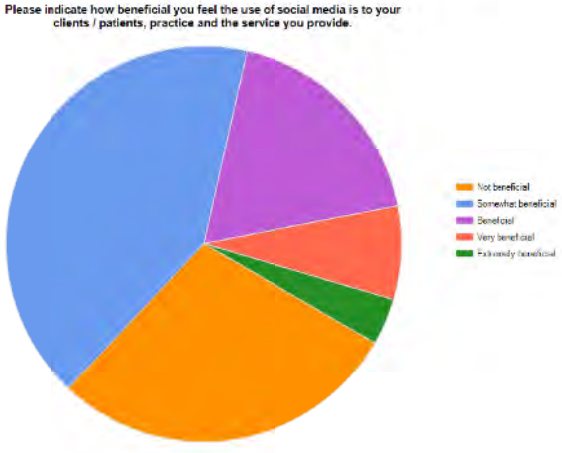


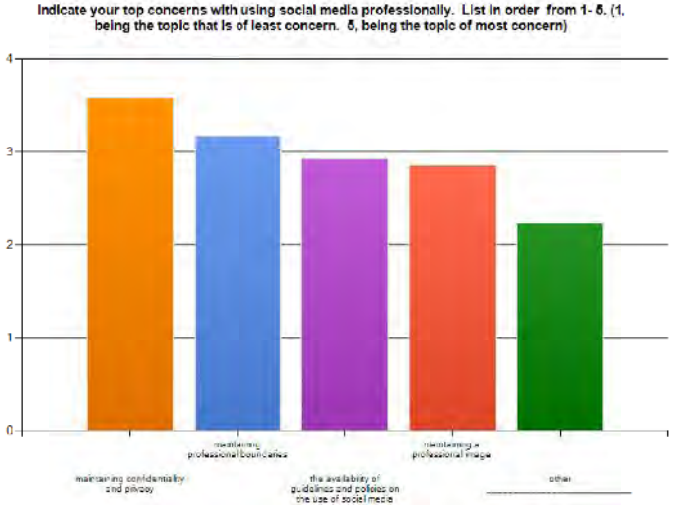
Congratulations!

Council and staff of CASLPO took the opportunity at the December Council meeting to acknowledge and celebrate the 10th anniversary of **Carol Lammers** working as the Executive Assistant to the Registrar. Carol began working for CASLPO in 2001 as the Executive Assistant and has been an integral part of all facets of the College functions. Her knowledge, skill and dedication have been invaluable. Council and staff look forward to many more years of working alongside Carol.

CASLPO President Vicky Papaioannou (left) present Carol Lammers with an award recognizing her 10 years of outstanding service to CASLPO.







although personal use far outweighs professional. Depending on the particular type of social medium, the degree of professional use varies but the top three media used for professional purposes are YouTube, LinkedIn, and Google (in that order). The "other" category includes Facetime and Pinterest, primarily, and those were identified as personal use.

When you reported through the survey the purposes of your professional use of social media, certain trends appeared. The more common purposes were not surprising: seeking information, professional development and networking. All of which speak to the very nature of social media. However, it was surprising to see that the biggest professional use came under "other." We clearly did not anticipate some other common social media uses. What we found when we looked further was that many of you also use the "cloud," through products such as Dropbox, for storing agendas, files, assessment and treatment materials, etc. This appears to be particularly useful for those who are not located in one space or use a variety of computers. In addition, frequently mentioned in the "other" category was use of YouTube for segments to view with patients/clients that are related to the theraputic goals (e.g., use of augmentative and alternative communication).

There is no doubt that you are embracing the power of social media for enhancing and facilitating your practice and providing improved quality of service to your pateints/clients. The survey results revealed that over 75% of you felt social media was "somewhat beneficial" to "extremely beneficial" to your patients/clients.

However, you also appear to recognize that social media is not simply a benevolent tool: there are risks inherent in the technology. When asked about your concerns with the use of social media, your responses reflected similar concerns identified by other regulatory bodies and pinpointed what our e-learning module needs to cover. The top concerns you identified were confidentiality and privacy, maintaining professional boundaries, and professional image. You also you want the College to develop guidelines.

We will be incorporating into our e-learning module

what appear to be the common concerns articulated by our members through the survey and various feedback over recent years. Specifically the topic areas will include:

- Communication and boundaries: when does personal use blur into professional?
- Patient/client Privacy: what are the safeguards?
- Advertising: what are the principles?

The module will explore the responsible use of social media by regulatory health professionals through provision of: basic information about social media and the related practice standards; practice scenarios; reflection exercises; frequently asked questions; references and glossary.

Please keep your ear to the ground, or should I say, your eye on the website, for announcements regarding the launch of the Social Media e-Learning Module.

If you have any questions or comments regarding the Social Media e-Learning Module, please contact Carol Bock, Deputy Registrar at cbock@caslpo.com.

DID you KNOW?

Did you know THE DIFFERENCES BETWEEN A REGULATORY AGENCY AND AN ASSOCIATION?

	Regulator	Association
1	Acts in the interest of the public	Acts in the interest of the profession
2	Governed by a Council consisting of professional members and government appointed public members	Governed by a Board of Directors consisting of professionals
3	Registers members based on legislated criteria. Membership is mandatory in order to practice.	Accepts members based on association-determined criteria. Membership is voluntary.
4	Requires members to participate in legislated quality assurance programs	Provides members with opportunities for continuing education
5	Sets standards of practice to ensure safe and competent service for the public	Provides competency enhancing opportunities for members seeking to work to a “gold “ standard
6	Engages the public in order to inform them of the value of regulated professionals	Engages the members in order to serve their professional needs
7	Required to have a complaints process in place to respond to members who do not practice to the set standards	The provincial association is not required to have a complaints process in place
8	Advocates for the public in order to ensure safe, effective and equitable service across the province.	Advocates for the profession in order to effect changes to service delivery, to develop specialty certificates, increase public awareness of professional services.
9	Provides accessible information to the public regarding the professions, the registry of members, expected practice standards and the complaints process	Provides accessible information to its members regarding professional development opportunities, developments in the professional fields, political developments that affect the professions
10	Accountable to the public, the government and the members	Accountable to the members

Agatha Christie – Helping to Unravel the Mystery of Alzheimer's Disease

By Sherry Hinman

Hercule Poirot and Miss Marple solved many a mystery under British crime writer Agatha Christie's pen, but the grande dame of mystery novels herself may help unravel one of the greatest mysteries – Alzheimer's disease.

At a conference in March 2009, University of Toronto English professor Ian Lancashire and computer science professor Graeme Hirst presented a paper entitled, "Vocabulary Changes in Agatha Christie's Mysteries as an Indication of Dementia: A Case Study." This paper describes the results of a fascinating study in which the works of Agatha Christie were analyzed and compared for specific aspects of written language. The results were nothing short of astounding.

Regina Jokel, speech-language pathologist, part-time scientist at Baycrest and assistant professor of speech pathology at the University of Toronto, was approached as a consultant to the research because of her expertise in dementia, through her course, Neurocognitive Communication Disorders.

The researchers examined the first 50,000 words within 14 of Christie's works, spanning her 53-year writing career. These 14 included her earliest titles, *The Mysterious Affair at Styles*, published in 1920 when she was 30, and *The Secret Adversary*, published two years later at age 32, as well as her final three novels, which she wrote in her 80s: *Nemesis* (1971), *Elephants Can Remember* (1972), and *Postern of Fate* (1973), as well as nine others over her lifetime. Jokel says they examined three aspects of Christie's writing: vocabulary richness, specificity of words, and amount of repetition.

The first aspect, vocabulary richness, was based on the number of different words she used in each book. They discovered a significant decline with age in the size of her vocabulary from her earlier to her later works. In fact, the word types fell by one fifth, and by the time she wrote *Elephants Can Remember*, when she was 81, her vocabulary had dropped by nearly 31%.

The second aspect they looked at was the frequency of use of indefinite terms, such as "thing," "anything," or "something." The analysis showed that Christie's use of vague terms increased significantly with age, from 0.27% in her first book to 1.23% in her last. The final aspect studied was the number of repeated phrases. Once again, they found a decline in her writing as she aged, which they described as a decline in lexical richness. In their paper, the researchers explained that, while both indefinite words and repetitions increase with normal aging, they do so significantly more in the language of people with Alzheimer's disease.

This analysis was not the first of its kind. In fact, it confirmed the results of a 2004 study by Peter Garrard of the Institute of Cognitive Neuroscience at University College London. Garrard carried out a similar study on the works of British novelist Iris Murdoch, who had been diagnosed with Alzheimer's disease at the age of 76, the year following the publication of her final novel. Believing that evidence of Murdoch's dementia was apparent in her writing prior to her diagnosis, Garrard and his colleagues compared her early books with her final one. Using the same three aspects, they found very similar results to those in the U of T study – her language had become simpler with age, and her vocabulary had shrunk.

Though Christie was never assessed for, or diagnosed with, Alzheimer's disease or any other type of dementia, her later works were described as "muddled and meandering," and some believe her novel Elephants Can Remember might have been a sign of her defensiveness over her declining mental function. In their paper, the authors say, "…her last novels reveal an inability to create a crime solvable by clue-detection according to the rules of

the genre that she helped to create."

Jokel says this research was only a beginning. "What was published was the first part of the research," she says. But their findings only opened up a host of other questions, which led to further research. "The second part is not yet published so I can't say too much about it." She did say that they found some things they expected, some they didn't expect, and some they are still trying to reconcile. "The vocabulary findings are well documented, but many of the other measures had not been used previously."

It is reasonable to question the degree to which these findings are attributable to Alzheimer's disease and are not just part of the normal aging process. Jokel says there are "several really good studies done on the written language of Alzheimer's. While some aspects of language do decline with normal aging, vocabulary is something that 'gets better with age,' and this is especially true of seasoned writers. With normal aging, we get a little less specific, and our retrieval is somewhat slower, but our vocabulary becomes richer."

Jokel points out that slower retrieval time doesn't affect written language nearly as much as it does spoken language. "Written language is forgiving," she says. "We can slave over one word, and this is more acceptable than in speech."

In a *Macleans* magazine article published in April 2009, Dr. Morris Freedman, head, Division of Neurology, and Director, Behavioural Neurology Program at Baycrest, is quoted as saying "Because writing is a learned, not a natural skill, it breaks down early."

Jokel agrees with this statement. "We tend to lose skills acquired later," she says. "Writing is also one of the most complex tasks; if one component breaks down, the person can't compensate. Impaired writing is one of the first language symptoms to be noticeable in someone with Alzheimer's."

Jokel says it was fortunate to be able to compare the findings about Murdoch, who was diagnosed with Alzheimer's disease, with their own about Christie, who was not. They are also comparing both sets of results with a detailed analysis of the works of P.D. James. James is an active, productive writer whose books are still being published at the age of 89, and whose writing does not show any signs of decline. Interestingly, these three authors have much in common: all are female, older writers, in the mystery genre.

While the findings are tantalizing, one might ask how applicable they are to the general public. After all, not many people are published authors; can the results be extended in a useful way to the rest of the world? Jokel observes that many people, after they leave school, don't write any more. But with the Internet, there are many more who use written language to correspond through email, maintain a website, or blog about their experiences. So there may be more opportunity for writing samples. "People in their 60s and 70s are more computer savvy," she reminds us.

Jokel is unsure where the research will eventually lead. This will be up to "the fathers of the project," as she refers to them. Her own interest would be to do a similar analysis to distinguish between non-fluent progressive aphasia, semantic dementia (fluent variant of non-fluent progressive aphasia) and Alzheimer's disease. She would like to see the computer analysis they used eventually become available to clinicians working with an aging population, and use it for early diagnosis of Alzheimer's and other dementias.

But that is the future. For now, Jokel says she is thrilled with how much publicity this research has garnered. "I have been doing research on language for the past 20 years and there's been very little mention of it. This has brought language into focus in magazines that do not usually talk about it."

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.

Winning in Life, Health, and Sport

Ontario Audiologist Makes Hearing a Priority for Special Olympics Athletes

By Heather Angus-Lee

At the Special Olympics, children and adults with intellectual disabilities pull out all the stops to compete for bronze, silver, and gold; they're athletes who overcome great odds to reach the podium.

Those odds go beyond developmental disadvantages, though; health and well-being can be a real challenge for Special Olympics athletes. They face a 40% greater risk of having preventable conditions such as untreated or inadequately treated hearing, vision, dental, and podiatry problems as well as obesity, and nutritional deficits.

Poor awareness of, and access to, health care practitioners is a leading factor in these health risks. To address that problem, organizers for Special Olympics Ontario (SOO) have been running the Healthy Athletes Program since 2003 – featuring screening for hearing, eyes, feet, mouth/teeth, nutrition, and overall fitness.

Originally, the screenings – offered during the Special Olympics games – weren't as well-attended as organizers wanted. "The athletes viewed the screenings as a fill-in activity between competitions, so our Healthy Athletes volunteers were not being fully utilized," says Linda Ashe, director organizational development, SOO. The program was adjusted so that in 2008, the Healthy Athletes program was held two weeks before the games started – making the Special Olympics Ontario model "the first of its type globally," says Ashe. The inaugural pre-games screenings were held May 9 and 10.

Almost 200 Health Care Professionals Give Their Time

This year, more than 180 health care professionals – doctors, dentists, audiologists, podiatrists, and nutritionists – from across Canada volunteered their time and knowledge to screen the 1,100 athletes who attended the Healthy Athletes Expo at Durham College in Oshawa, Ontario. The health care professionals were assisted by 170 student volunteers from various colleges and universities.

"The Expo concept is an excellent opportunity for the health care professionals to learn more about people with disabilities, the various types of disabilities, and the range of concerns that the athletes have regarding access to care," says Ashe. "There is so much work to do in this area, and by engaging health professionals through this fun and life-changing experience is seen as a major step to community inclusion and attitudinal change."

Most of the attending athletes, who are between the ages of 5 and 77, typically don't participate beyond the Special Olympics local level. They attended the expo accompanied by a family member, teacher, or group home worker.

Healthy Hearing was the first program instated in the Healthy Athletes program back in 2003 – in fact, it was the only screening offered that first year, says Ashe. She developed the hearing screening program with the help of speech pathologist Penny Parnes of the Canadian Hearing Association. The next year, SOO added the Eyes, Feet and Smiles programs, followed in 2006 by FUNfitness and Health Promotion.

Audiologist Joins to Gain Valuable Experience

Each of the Healthy Athletes programs requires a clinical director – a role filled by audiologist Gayle Faiers for Healthy Hearing. In 2007, she attended a train-the-trainer session, hosted by Ashe, where some 80 doctors and other health care professionals from Canada, the United States, and Mexico learned about the Special Olympics and how to bring the Healthy Athletes program to their area. "Following the training, I volunteered to supervise and screen to gain valuable experience," says Faiers. Kim Tillery, department chair at SUNY Fredonia and trainer at the train-the-trainer course, came up from New York

(Left) Kate Gauldie one of the Clinical Directors of FunFitness with (Right) Special Olympics Ontario Director Organizational Development Linda Ashe.

to screen alongside Faiers at SOO this year. Faiers, who teaches audiology in the Communicative Disorders Assistant program at Durham College, notes that she and Tillery were responsible for "the ordering of audiological equipment and supplies for the event, setting up the rooms for screening, the training and supervision of the student volunteers who screened the hearing of athletes – such as otoscopy, evoked otoacoustic emissions (DPOAE) screening, tympanometry and pure tone screenings – as well as gathering and analyzing data at the event for inclusion in the database."

High Fail Rates for Hearing Screenings

Faiers describes the process of the Healthy Hearing screening: Athletes were directed through the registration desks and four screening stations. Many Special Olympics athletes required only the first two stations, examining the ear canals for cerumen and the DPOAE screening of both ears. But if an athlete did not pass DPOAEs, he/she went to the third station (tympamometry) and then the fourth station for two-frequency pure-tone audiometry.

In alignment with the findings of previous events, and with national and international Special Olympics, the hearing tests of the SOO athletes produced high fail rates. Results of the 2008 Healthy Hearing screenings included:

- 69.9% of athletes passed the overall hearing screening
- 33.1% of athletes failed the hearing screening in one or both ears
- 55.9% of athletes failed the middle ear screening (tympanometry)
- 54.1% of athletes had blocked or partially blocked ear canals in one or both ears

Supporting A Lifestyle of Wellness

General education about health – and sharing the screening results with the adult caregiver accompanying each Special Olympics athlete – is a critical piece of the Healthy Athletes program. Those results include a Healthy Hearing report indicating screening pass or fail, as well as a referral for medical and/or audiological services if necessary. As well, the athletes' parent/caregiver gets an opportunity to talk about their concerns with the volunteer.

This practice addresses another factor in the athletes' dramatic health deficit: poorly supported lifestyles to promote wellness. For example, "some individuals did not know how to access audiologists in their community" says Faiers, "so I provided OSLA's Communication Health Information Line website and phone number" (www.osla.on.ca/chil/enrolment.asp). The Healthy Athletes Expo also featured these health screenings:

- **Opening Eyes:** Assessing athletes' vision and providing eyeglasses and protective goggles as necessary.
- **Special Smiles:** Teaching the importance of oral health and providing mouth guards as necessary.
- **FUNfitness:** Assessing the athletes' general flexibility and providing exercise routines and resources.
- **Fit Feet:** Examining athletes' nails, bones, and joints.
- **Health Promotion:** Reinforcing good nutrition and healthy lifestyle choices.

The Healthy Athletes Expo, funded in part by the Ontario Trillium Foundation, acted as a spring board event for the Special Olympics Ontario 2008 Spring Games in Durham Region May 29 – 31. The games were led by the Durham Regional Police Service, a long-time supporter of Special Olympics Ontario through the Law Enforcement Torch Run. The athletes competed in swimming, 5 and 10 pin bowling, power-lifting, and basketball. Winners from the Ontario Games go on to compete at the National Games in London Ontario in 2010.

"By all accounts, the expo was a resounding success. We were able to gather excellent data on each health discipline, and work with each athlete who needed follow-up assessment and care," says Ashe. As of this writing 422 new athletes and their families joined local SOO programs as a result of the Healthy Athletes Expo.

Gratifying Work, Meeting Great Athletes

Gayle Faiers agrees that the expo

achieved its goals – for her, personally, as well as for the SOO and their athletes. "The Healthy Hearing Program is definitely one of the most rewarding experiences that I've ever had the chance to do professionally. Not only have I had the opportunity to work with other audiologists, volunteers, and Special Olympics staff, but I have gotten to know some really great athletes!"

She notes that "most of the athletes were excited about getting their hearing checked, although some were rather nervous. I was told by a teacher that one of the athletes has never had her hearing checked because she would not go to the hearing clinic. But she was willing to let us screen her since her friends were there having it done at the Expo, too."

Those little moments of connection and accomplishment are wonderful, Faiers says. "It's gratifying knowing that we are helping the athletes by reminding them of the importance of hearing health care – and identifying specific athletes who need audiological evaluations to determine if a hearing loss exists and requires treatment."
Special Olympics Ontario is looking for more volunteer audiologists to join the Healthy Athletes team; if interested, Gayle Faiers can be reached at gfaiers@cogeco.ca.

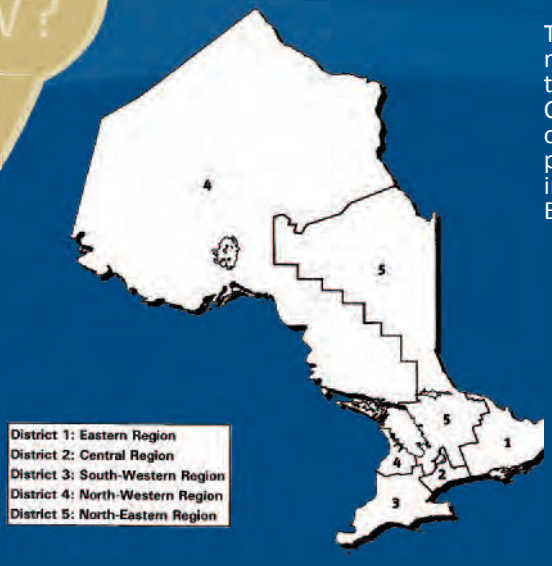
Heather Angus-Lee, an award-winning journalist, writes frequently for CASLPO Today. She can be reached at heather@writingseo.com.

DID you KNOW?

Did you know CASLPO IS GOVERNED BY A COUNCIL. THE COMPOSITION OF THE COUNCIL IS MANDATED BY THE *AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY ACT*, 1991, WHICH EXPLICITLY STATES THAT THE COUNCIL CONSISTS OF:

- professionals (8 to 9),
- public members appointed by the Lieutenant Governor in Council (6 to 7) and
- academic members (2).

Currently, CASLPO has nine professional members who represent five electoral regions in the province of Ontario (6 SLPs and 3 Auds), two academic members (1 SLP and 1 Aud) and 5 public members.



The professional members are voted in by you, the membership, and serve a three year term. Each year there usually is two to four professional members of Council positions that open for election. This year we had openings for four positions corresponding to two positions in district 2 (Central Region), one position each in districts 4 (North-Western Region) and 5 (North-Eastern Region).

Research Corner

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

The first edition of Research Corner was very well received by the membership. For this edition we have turned to our research colleagues working in research institutes and teaching hospitals who have had articles published in peer reviewed journals in 2011 and 2012. It is hoped that by disseminating important clinical and theoretical research findings we will help you, the members, to remain current in your practice.

The inclusion criteria for Research Corner 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

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

Abstracts

Title: A-FROM in Action at the Aphasia Institute

Authors: Aura Kagan, PhD

Journal: *Seminars In Speech And Language* 2011;32(3).

Aphasia centers are in an excellent position to contribute to the broad definition of health by the World Health Organization: the ability to live life to its full potential. An expansion of this definition by the World Health Organization International Classification of Functioning, Disability and Health (ICF) forms the basis for a user-friendly and ICF-compatible framework for planning interventions that ensure maximum real-life outcome and impact for people with aphasia and their families. This article describes Living with Aphasia: Framework for Outcome Measurement and its practical application to aphasia centers in the areas of direct service, outcome measurement, and advocacy and awareness. Examples will be drawn from the Aphasia Institute in Toronto. A case will be made for all aphasia centers to use the ICF or an adaptation of it to further the work of this sector and strengthen its credibility.

KEYWORDS: Aphasia, aphasia centers, ICF, A-FROM, intervention measures

Title: Longitudinal Detection of Dementia through Lexical and Syntactic Changes in Writing: A Case Study of Three British Novelists

Authors: Xuan Le, Ian Lancashire, Graeme Hirst, and Regina Jokel

Journal: *Literary and Linguistic Computing* 2011;26(4):435–461.

We present a large-scale longitudinal study of lexical and syntactic changes in language in Alzheimer's disease using complete, fully parsed texts and a large number of measures, using as our subjects the British novelists Iris Murdoch (who died with Alzheimer's), Agatha Christie (who was suspected of it), and P.D.James (who has aged healthily). We avoid the limitations and deficiencies of Garrard et al.'s, The effects of very early Alzheimer's disease on the characteristics of writing by a renowned author (Brain 2005;128 [2]:250–60.) earlier study of Iris Murdoch. Our results support the hypothesis that signs of dementia can be found in diachronic analyses of patients' writings, and in addition lead to new understanding of the work of the individual authors whom we studied. In particular, we show that it is probable that Agatha Christie indeed suffered from the onset of Alzheimer's while writing her last novels, and that Iris Murdoch exhibited a "trough" of relatively impoverished vocabulary and syntax in her writing in her late 40s and 50s that presaged her later dementia.

Title: Binaural Interactions Develop in the Auditory Brainstem of Children Who Are Deaf: Effects of Place and Level of Bilateral Electrical Stimulation

Authors: Gordon KA, Salloum C, Toor GS, van Hoesel R, Papsin BC.

Journal: *The Journal of Neuroscience* 2012;32(12):4212–23.

Bilateral cochlear implants (CIs) might promote development of binaural hearing required to localize sound sources and hear speech in noise for children who are deaf. These hearing skills improve in children implanted bilaterally but remain poorer than normal. We thus questioned whether the deaf and immature human auditory system is able to integrate input delivered from bilateral CIs. Using electrophysiological measures of brainstem activity that include the Binaural Difference (BD), a measure of binaural processing, we showed that a period of unilateral deprivation before bilateral CI use prolonged response latencies but that amplitudes were not significantly affected. Tonotopic organization was retained to some extent as evidenced by an elimination of the BD with large mismatches in place of stimulation between the two CIs. Smaller place mismatches did not affect BD latency or amplitude, indicating that the tonotopic organization of the auditory brainstem is underdeveloped and/or not well used by CI stimulation. Finally, BD amplitudes decreased when the intensity of bilateral stimulation became weighted to one side and this corresponded to a perceptual shift of sound away from midline toward the side of increased intensity. In summary, bilateral CI stimulation is processed by the developing human auditory brainstem leading to perceptual changes in sound location and potentially improving hearing for children who are deaf.

What Inspires a Clinician to Become a Peer Assessor?

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

Peer Assessors are the backbone of the Quality Assurance Program here at CASLPO. They are working speech-language pathologists and audiologists who travel, sometimes great distances, across the province to meet with members who have been randomly selected to participate in Peer Assessment.

Quality assurance is mandatory for all regulated health professions. In order to be self-regulated, every College must have a quality assurance program consisting of: continuing education and professional development; self, peer and practice assessment; and a mechanism for the College to monitor participation and compliance.

Great efforts have been made to ensure that Peer Assessment is a positive learning process. Our Peer Assessors are practicing clinicians and they come to the process with a strong sense of what is practical and reasonable. They may be your best "mentor."

What Do You Need To Become A Peer Assessor?

First and foremost, you need a commitment to quality professional practice and a belief in continuing education and professional development. Secondly, all assessors must attend training sessions at CASLPO where they learn about CASLPO, self-regulation, the Quality Assurance program, and the intricacies of a successful site visit. Thirdly, all assessors must have been Peer Assessed themselves. This means that they know what it is like first hand to prepare for a site visit, and how the process is time consuming and demanding, but worthwhile. Each Peer Assessor is an experienced clinician having practiced for at least six years. However, they are truly your peers, and, as working speech language pathologists and audiologists, know first-hand the challenges and obstacles that are faced while pursuing a profession to the highest standards. Finally, they must commit to ongoing education themselves. Every year the group attends a full-day workshop at CASLPO where different elements of the Peer Assessment process are reviewed and new documents introduced.

Who Are Our Peer Assessors?

Currently we have 16 Peer Assessors working in the Quality Assurance program, four audiologists and 12 SLPs. It is important that the group of Peer Assessors reflects the working practices of our membership, so we have representation from all areas of practice: publically funded and private, pre-school, school age and adults. We are fortunate to have two bilingual Peer Assessors who regularly assess French speaking members. The Peer Assessors come from all areas of the province: Windsor, London, Niagara, Waterloo, Guelph, Hamilton, Brantford, Mississauga, Toronto, Markham, Peterborough, Cornwall, Ottawa ,and Thunder Bay.

CASLPO's Peer Assessors

So, what inspired these busy clinicians to become a Peer Assessor?

We asked them, and here are some of their responses:

"I became a peer assessor because the process intrigued me! I have remained a peer assessor because of the opportunity to interact with the variety of amazing individuals who practice in this field. It has also been my experience that the program is supportive of members."

"Getting to spend a day with SLPs in different areas of the province to learn about their programs, brainstorm together and sometimes commiserate together about similar practice challenges."

"Becoming part of the process seemed to me the best way to ensure that I was meeting College standards in my own practice. I also believed that being more involved with the College would help me in my role as practice leader for the speech-language pathology division of a private company."

"I like meeting other audiologists across Ontario that face the same daily challenges as I do. Sometimes, issues that affect all clinicians are brought to the attention of the College and changes can be made that benefit everyone."

"I enjoy meeting other colleagues the most, and always walk away with a renewed passion for being an SLP."

Back row left to right: Carol Bock, Deputy Registrar, William Krock SLP, Karen Fisher SLP, Dianne Height SLP, Karen Halvorson, SLP, Sandra Corte SLP, Juljia Adamonis Audiologist, Sarah Chapman Jay SLP, Dana Parker Audiologist, Tenley Baker SLP, Chris Allan Audiologist, Alex Carling-Rowland, Director of Professional Practice and Quality Assurance.
Front Row: David Beattie SLP, Lisa Sylvester SLP, Joanne Winckel SLP, Terri Cooper SLP.
Absent: Hish Husein Audiologist, Stephanie Muir Derbyshire SLP.

"Before becoming a peer assessor, I did not realise how much the College is open to feedback from its members in terms of adapting, continually re-evaluating and improving the process as much as possible for us all as members. It has also made me appreciate that actually the peer assessment process is a way of guaranteeing that we as SLPs and AUDs are maintaining high standards, and it ensures that if we are complying, we really need have no worries about any complaints should they ever be made against us."

"Great opportunity to do something different in my role as an SLP and also to "demystify" the perception of the College and put a face on it."

"I was interested initially in the PA process as a means of ensuring that the College was observing the needs and challenges faced by those members who worked with young people and in education. In the early years of the PA process development I would like to think that I had some input into on-going changes and interpretations which applied to this population."

"The main reason was to embrace the opportunity to get involved with the profession outside of my day-to-day employment."

"I was selected for peer assessment in the first year. Of course I was extremely anxious and my peer assessor did a wonderful job guiding me through the process. I thought I might be able to do the same for others in the profession and therefore became a peer assessor. I have enjoyed meeting many peers over the years and feel my own practice has benefitted tremendously."

"I really enjoy travelling outside of my community to meet new people as I always learn something new in every PA experience either about what other SLPs are doing clinically, challenges they face, a new clinical idea or how I, myself, can improve."

"I highly value the perspective that the Quality Assurance program is an educational one. We all continue to learn, improving our clinical skills, caseload management skills and our services to our clients and their families."
"I became a peer assessor following my own peer assessment which was a very positive experience. I learned a lot through the process and felt becoming a peer assessor would be an excellent opportunity for further skill development and growth as well as allowing me an opportunity to contribute to the profession."

Summary

CASLPO would like to take this opportunity to thank our Peer Assessors for their commitment to Quality Assurance. You might see them at a site visit, but they are doing much work behind the scenes, not only with individual Peer Assessments, but also with the ongoing evaluation of the Quality Assurance program. They are the face of the College, and they carry out their task with objectivity, sensitivity, creativity and a sense of pragmatism and fairness. We could not run the program without them – thank you.

FEATURE

Opening a Private Practice

By Alexandra Carling-Rowland Ph.D. Reg.CASLPO
Director of Professional Practice and Quality Assurance
and Carol Bock M.H.Sc. Reg CASLPO
Deputy Registrar

The face of speech-language pathology (SLP) and audiology is changing in response to external trends in government policy, constraints in health care and education, and the aging population. More and more of our members are contacting the College to inquire about opening a private practice, either part time or full time. This article has been written to provide the membership with information concerning regulation that addresses the most common inquiries received here at CASLPO.

When working as a sole private practitioner you no longer have the structure of employer's or owner's policies and procedures which usually incorporate CASLPO's regulations and practice standards. You have to ensure that every element of your practice abides by the legislation, regulations, and bylaws and follows the College's Professional Practice Standards. Please refer to the following:

1. Legislation such as the *Audiology and Speech Language Pathology Act*, the *Regulated Health Professions Act (RHPA)*, the *Health Care Consent Act* and *Personal Health and Information Protection Act (PHIPA)*. These Acts, and others, can be found on the CASLPO website www.caslpo.com under **Legislation and Regulations**.
2. The rules of the College, including regulations and bylaws which includes the Code of Ethics (By-law 2011-8). These can also be found on the CASLPO website www.caslpo.com under **Legislation and Regulations**.
3. College Standards of Practice, Practice Standards and Guidelines (PSGs) and Position Statements. These documents focus on specific areas of practice. Practice Standards can be found on our website www.caslpo.com

Frequently Asked Questions

Area of Practice

I am a SLP working for a school board, but I used to work with adults with aphasia. Can I offer services to both populations?

Consider not only your experience and area of practice, but also the College's **Code of Ethics, Bylaw 2011-08**

In the **Code of Ethics**, the section on Professional Standards Governing Practice states: "Audiologists and Speech Language Pathologists shall practice within the limits of their competence as determined by their education, training and professional experience."

You may offer services in any area of speech-language pathology as long as you currently have the appropriate competencies, which are developed through acquiring knowledge, skill, and judgement in specific practice areas. It is therefore prudent to develop Learning Goals for your Self-Assessment Tool (SAT) to further update your knowledge regarding current best practice in the provision of service to adults with acquired speech, language and communication disorders.

Professional Liability Insurance

Do I need extra or special liability insurance for private practice?

No, but you must make sure that you have sufficient Professional Liability Insurance. The Registration Regulation, 2011 stipulates:

4. Every certificate of registration is subject to the following conditions:
2. The member shall maintain professional liability insurance in the amount and in the form as required by the bylaws. O. Reg. 21/12, s. 4.

The professional liability insurance must have a limit of at least $2,000,000 for any one incident and must not be subject to a deductible.

Record Keeping

I am an audiologist going into private practice with an ENT. Which of us is responsible for the records?

This is something that you need to determine with the ENT at the outset of your professional relationship. There are a variety of options regarding who maintains the record. One option is to have a separate audiology record from the ENT record. If you are maintaining the audiology records, you are then the Health Information Custodian (HIC) and must act accordingly. You are responsible for the safe and confidential storing of the record according to **PHIPA**.

Alternatively, the ENT can be the HIC and the "keeper of the records." If you arrange for the ENT to be responsible for maintaining audiology records, you should inform him or her about our Proposed Records Regulation and ensure as far as possible the following:

1. A member shall, when working with others, take all reasonable steps to ensure that records are made, used, maintained, retained and disclosed in accordance with this Regulation.
9. (1) The member shall maintain his or her records in a manner that ensures that a patient/client with a right to access his or her health record is able to exercise that right.

Whatever is decided upon, it should be made clear to the patient/client where and how they would access their record, if they so choose. Also, the record keeping arrangement should be documented in an agreement.

What Else You Need To Know about Records

What records or charts do I need to keep?

Proposed Records Regulation, 2011 outlines the requirements for collecting, documenting, storing, and maintaining records. The regulation also outlines what information you must collect and document, including financial information that needs to be in the record.

2. "A member shall ensure that his or her records are up to date and made, used, maintained, retained and disclosed in accordance with this Regulation."
5 (1) "Each member shall maintain a financial record for each patient/client, where the member bills for services and clinical products to the patient/client directly or indirectly through a third party."

How long do I need to keep the charts or records?

Information regarding record retention can also be found in the **Proposed Records Regulation**, 2011. Essentially, the record must be retained for 10 years past the last contact or 10 years after the patient/client turns 18, whichever is longer. The regulation states:

8. (1) Financial and patient/client health records shall be retained following the patient/client's last contact for the following periods of time:
(a) For patients/clients who are 18 years of age or older at the time of the last contact: a period of at least 10 years.
(b) For patients/clients who are less than 18 years of age at the time of the last contact: period of at least 10 years following the date at which they would have become 18 years of age.

You will notice that the regulation uses the word last "contact" and not last treatment session. If you have significant contact with the patient, client, parent or family member that requires documentation, then the record must be kept for the outlined time following the contact. Examples can include a parent calling you regarding a previous child client who is stuttering. You might provide them with therapeutic suggestions and ask them to call you again if the behaviour persists. The spouse of a previous patient with apraxia may call you to discuss a communication issue. You brainstorm the issue with her and ask her to contact you again if a follow-up

appointment is needed. Both are examples of "contact."

Confidentiality

What steps do I need to take to ensure confidentiality and security?
All patient/client health information must be stored according to the requirements outlined in PHIPA:

> 12. (1) A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal. 2004, c. 3, Sched. A, s. 12 (1).

The physical records should be kept in a locked filing cabinet. If you are providing service on an itinerant basis, keep the records in a locked box in the locked trunk of your car. At the end of the day the locked box containing the client's charts or records should be brought into your house/apartment and stored securely. Electronic records require secure storage, especially if you are using and transporting a laptop.

Please refer to *CASLPO Today* (vol 10, issue 2) "Practicing Securely in an Insecure World."

Advertising

I know that I cannot hold myself out as a specialist, but can I include information on my area of practice in advertising?
Yes. The statement below can be found in the **Proposed Advertising Regulation, 1996**.

A member cannot make:

> C. "a reference to specialization in any area of practice or in any procedure or treatment unless the member holds a specialist certificate issued by the College, although nothing herein shall prohibit an advertisement that contains a reference to the member's scope of practice, or statement that the member has additional training in a particular area of practice, or a statement that the member's practice is restricted to a particular area of practice."

Can I advertise my services outside traditional venues such as the Yellow Pages and newspapers?
Yes you may, as long as you follow the Proposed Advertising Regulation, 1996.

Your advertisement, wherever it is placed should be written in a manner that is: tasteful, dignified, ethical and professional; understood by the general public; and not false or misleading.

Your advertisement must not contain testimonials of any kind, including those from current clients/patients, former clients/patients, or from family or friends of clients/patients.

Can I advertise using social media, for example Google Maps or Facebook?
Yes, as long as you abide by the Proposed Advertising Regulation, 1996.

CASLPO is recommending, however, that you exercise extreme caution when considering the use of social media in a professional context. Regardless of the medium, members should consider the appropriateness of revealing any personal information to patients/clients due to the potential for the blurring of professional and personal boundaries (see **Position Statement: Professional Relationships and Boundaries**). At a minimum, consider creating a separate Facebook or twitter account for your professional presence and closely monitor any ensuing links to other inappropriate websites or pages or requests to be a patient/client's friend. We strongly recommend that you don't use your personal accounts for work related matters.

Can I advertise and provide a discount?
The Professional Misconduct Regulation, 1991 lists the following as an act of professional misconduct:

> "Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client. Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client."

However, there is no requirement regarding fees that may be lower than that which the association recommends. Consequently, you may offer discounted services, such as the sort that are offered through Groupon or other discounted online gift certificates. You must also adhere to the Proposed Advertising Regulation, which stipulates that you must not state anything that is false or misleading. Therefore, the service must truly be discounted. You must not try and recoup the discounted fee by raising fees for other services, for example. Also remember that your advertising should be tasteful, dignified, ethical, and professional, as set out in the Proposed Advertising Regulation.

Can I include my area of practice on my business cards?
Yes, as long as you do not hold yourself out as a specialist or an expert. Also, remember that if you have a Ph.D. or a clinical doctorate such as D.Aud, that you are not allowed to use the "doctor" title on your business cards, website, signage within your practice enviro-

nment, etc. although you may place after your name, the name of your degree followed by your profession. These restrictions do not apply in non-clinical settings, such as academia, where you may use the "doctor" title. For more information please review the Position Statement on the Use of the Title "Doctor."

Fees For Service

I am new to private practice and I have no idea how much I can charge for my services?

CASLPO does not determine how much members should be charging for screening, assessment, treatment, consulting or education. The Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) produces a "Suggested Fee Schedule for Private Practice." The fees listed are the recommended maximum hourly rates. It is an act of professional misconduct under the **Professional Misconduct Regulation** to charge excessive fees:

> (24) Charging a fee that is excessive in relation to the services charged for.
> (25) Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client.

What should my fees include?

You need to consider carefully what is included in your fees, determine a fee schedule and whether or not your session fees cover requests for extra services such as writing additional reports and making copies of the client file.

Ask yourself the following questions:

- How long do you need to prepare for the client and write up your chart note after the session?
- Are you providing the client with an assessment report? This is not a requirement of CASLPO, but many private practitioners do provide one.
- If providing service in the client's home, are you charging for travel?
- Does the client have multiple needs that may require you to communicate with other professionals, when you have consent to do so?
- Is the client involved in a legal case, for example child custody or motor vehicle accident (MVA), which may necessitate reports and copies of the patient/client file?

When you have decided on a fee, a schedule and a policy for charging for extraneous services inform the patient/client. Make sure that the information is clear, understood by the patient/client and is documented in the record.

I live in a low socio-economic area; families here cannot afford the recommended fee schedule. Am I allowed to offer a lower fee than is recommended?

Yes, as long as you abide by the rules of the College and practice in accordance with CASLPO's standards of practice. You may want to consider providing shorter sessions, for example 40 or 45 minutes, and reduce your fee accordingly. There are also some charitable organizations which provide financial support for some families with fees for service.

Am I allowed to offer a free service, for example a free hearing test or speech language screening?

Yes, but the service must be truly free; you cannot recoup the cost by elevating your fees in other areas. All speech-language pathologists and audiologists must abide by the Legal Standards governing practice in the **Code of Ethics:**

4.1.3 shall be honourable and truthful in all their professional relations;
4.1.2 shall respect patients'/clients' choice of practitioners;
4.1.4 shall respect patients'/clients' right to decline treatment

If an individual walks into a hearing clinic to avail themselves of a free hearing test, and the results show a hearing loss, you must allow the individual to seek services elsewhere, if they so choose. With regard to mass speech language screens taking place in a venue such as a shopping mall, if the results show that a full assessment is warranted, then you should inform the individual that there are also publically funded speech-language pathology services. Finally, in either case, if the individual decides not to pursue on-going services, that decision must be respected; in effect, the individual is not providing consent for treatment.

Consult the **Proposed Records Regulation**, 2011 regarding records and documentation requirements for screening. The fact that the service was free does not exempt you from the regulation.

Conflict of Interest

I work for a CCAC, if I am asked by parents or the partner of patients/ clients to provide private services, am I able to do so?

This situation applies to many CASLPO members working for publically funded organizations such as children's treatment centres, school boards, hospitals and rehab centres. It is important to read and understand thoroughly the **Proposed Conflict of Interest Regulation.** The overarching principles are:

3. A member shall at all times in the practice of the profession:
a) place the interests of his or her patients or clients ahead of the member's personal, financial, professional or other interests; and
b) maintain the highest standards of integrity during the discharge of his or her professional

responsibilities.

4. It is a conflict of interest for a member to participate in any professional activity where the member's personal or financial considerations compromise or may compromise the member's judgment in that professional activity, or where such involvement may appear to provide the potential for the member's professional judgment to be compromised.

What you should do

1. Determine whether or not you have signed a contract or an agreement with your company/schoolboard/hospital/Centre which prevents you from providing private services to patients or clients.
2. Make it clear to the patient/client that your service will be independent of the publicly funded organization and that the setting will change.
3. Ensure that the individual knows that there are other SLPs and audiologists who offer private services. You can direct them to the OSLA or CASLPA website or provide them with a list of private practitioners. The individual must be given a choice of practitioner.
4. Notify the individual of your private practice fees.
5. Ensure that the individual expresses a preference for your services.
6. Be transparent in all dealings with an individual and document the information you have provided.

What you must not do

Solicit potential clients from your current caseload for your private practice.

Selling Your Practice

What do I do if I want to close or sell my practice?

CASLPO's Proposed Records Regulation requires you to develop a plan for the closure of your practice.

10. If the member intends to close his or her practice, the member shall take reasonable steps to give appropriate notice of the intended closure to each patient/client for whom the member has primary responsibility and shall,

(a) ensure that each patient's/client's records are transferred to the member's successor or to another member, if the patient/client so requests,

The Information and Privacy Commissioner (IPC) provides guidelines and a checklist for a planned or an unforeseen change in practice. First, you must make reasonable efforts to give notice to your patients/clients as soon as possible that you will be closing your practice. If another professional is taking it over, inform your patients/clients. If no one is taking over your practice, inform other private practitioners in your community of the closure, and make every effort to refer your patients/clients to other practitioners. Finally make sure that your patient/client records are up to date.

What about the records of discharged patients or clients?

Part of the plan you develop must include how the records of discharged clients/patients are going to be kept.

10. (b) ensure that each patient's/client's records are retained or disposed of in a secure manner. (Proposed Records Regulation)

Some members use storage companies to safely store discharged files. However, either you or a designated individual must keep the information regarding the storage of the files accessible; remember, the Proposed Records Regulation stipulates the following:

9. (1) The member shall maintain his or her records in a manner that ensures that a patient/client with a right to access his or her health record is able to exercise that right.

Patient records should not be sent to CASLPO for storage or retention.

Summary

Running a private practice, whatever the size, is both challenging and professionally satisfying. Here at CASLPO we strongly recommend clinical collaboration. Consider asking a colleague, experienced in private practice, whether you can meet with them to discuss challenging areas of practice. Maybe join a special interest group through OSLA, or form one yourself in the area in which you live. Read articles regarding private practice from previous editions of *CASLPO Today*. Finally, contact us here at CASLPO if you have any questions.

Resources

CASLPO Today 2012 (vol 10, issue 2). "Practicing Securely in an Insecure World."

CASLPO Today 2011 (vol 9, issue 1) "Practicing in the Age of Social Media."

CASLPO Today 2010 (vol 8, issue 2) "A Quick Guide to Harmonized Sales Tax."

CASLPO Today 2010 (vol 7, issue 1) "Working on your Own."

Information and Privacy Commissioner Guidelines on the Treatment of Records of Personal Health Information in the Event of a Change in Practice.

Information and Privacy Commissioner Checklist for Health Information Custodians in the Event of a Planned or Unforeseen Change in Practice.

Deb Zelisko: Bringing Different Perspectives

Some audiologists work in clinical practice. Others work in academic environments, clinical supervision, private practice, or research. Still others work in hearing aid manufacturing, administration or marketing. What's unusual is to find one audiologist with all of these backgrounds, but CASLPO council Vice-President Deb Zelisko fits that description.

Zelisko represents District #3 on council and is currently serving her second year. In the past, she has been on the registration committee and is now on the audiology practice advisory committee, quality assurance, discipline, fitness to practice, and executive committees. She sees her role on council as a way to "utilize the knowledge I have acquired to give back to the profession and to help advance the college's mandate to serve and protect the public interest," she says.

When she first graduated from the University of Western Ontario (now Western University), she stayed with the university in a split role in which she conducted research and carried a patient caseload. During that period, she also became ASHA certified, CASLPA certified and joined CASLPO, which was just being formed. She later maintained her role with the university as a research audiologist, and took on the role of clinical supervisor.

After a few years, she went into private practice as an independent audiologist in Burlington where she stayed until taking a position with a hearing aid manufacturer and becoming that company's first in-house audiologist. She eventually became the president of Canadian operations and worked there for almost 14 years. After leaving the manufacturing sector she briefly returned to the university in a consulting role to provide some support on their curriculum update project.

In the spring of 2009, she joined Lifestyle Hearing, as vice-president of network operations. Lifestyle is a network of independent audiologists across Canada. "Lifestyle Network provides administrative and marketing support to its members." she explains, "allowing them to focus on the provision of care and services. For example, we might create an information piece on aging and hearing that all network members could use."

Within the last year, Zelisko became the vice-president of quality assurance and human resources at Lifestyle Hearing. "In addition to these administrative roles I still support the network," she says, "in fact these additional roles have resulted in more support services being made available for the network."

The value of the breadth of her experience has not been lost on Zelisko. "I've been very fortunate to have been in research, clinical supervision, private practice, and oversight of a hearing aid manufacturer. This has allowed me to get input from different people across the country – including independent audiology clinics, hospital-based, academic-based, and industry-based audiologists as well as other health care professionals and the people we provide services for – there are many and all very important perspectives." She feels that being exposed to a wide range of these different perspectives and the ability to see different viewpoints is an important piece of what she is able to bring to CASLPO council.

Her early experience also contributed to this broad perspective: "I was very fortunate to have had one of my practicums in the US. I saw a different perspective there, working in a country that has a different health care system," she says. "Also, in my role with a manufacturer, I talked to people in different parts of the world and learned about practice in those places. Hopefully this experience can bring something of value to council as well."

She goes on to add, "As a professional, self-regulation is a privilege. Through government legislation, CASLPO is responsible for governing its members and advancing the colleges' mandate to protect the public. The three-year strategic plan established by council is important in guiding these initiatives and activities. It's important to make sure we engage our members in the process. I'm glad to be able to contribute what I can."

As for what she is able to gain from

being on council, Zelisko says, "I take a lot away from being able to learn the different perspectives from the council. CASLPO staff and council members are all highly dedicated and talented individuals. Each person brings a wealth of knowledge and passion to the table. Being able to be part of council has kept me aware of how changes in health policy will impact us. I continue to learn about the current and future issues facing speech-language pathologists and audiologists." She says this is especially true for speech-language pathology, as she hasn't been exposed to the profession from the same variety of perspectives as audiology. "It's an opportunity to learn the practice realities and regulatory implications for both professions."

It's easy to imagine that Zelisko never stops working, with so many professional responsibilities. But she says she's always been very active. "Partly related to our involvement with the humane society, we have three "rescue" dogs, and a cat that thinks it's a dog. My husband and I cycle and golf and enjoy travel. This past year we made a special golf trip to St. Andrews, Scotland. I've also been known to do off the wall stuff," she adds with a laugh. "A friend and I went to New Hampshire to attend a one-week class on making chocolates and came home with eight pounds of different styles of chocolates."

Zelisko takes her leisure-time pursuits just as seriously as her professional work. "You have to get the most out of what you're given," she says. She feels it's important to continue to grow in her role and to have a good balance between her personal and professional activities. "My personal goal is to keep learning and keep growing.

"I love my job," she goes on to say. "As professionals, audiologists and speech pathologists provide such valuable services. We help people communicate."

Finally, she addresses the importance of increasing public awareness of the work of speech pathologists and audiologists. "That awareness is important to me," she says. "Communication is so critical, and the impact it can have on our quality of life and those we care about – the importance of what we do – can be easily overlooked."

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 THIS YEAR MARKS THE 10TH ANNIVERSARY OF OUR COLLEGE PUBLICATION, *CASLPO TODAY*?

In celebration of this milestone, CASLPO has been including special features in each issue that allow us to look back over the decade including:

- Gallery of the 10 years of *CASLPO Today* cover pages
- "Best of…" reprinted articles
- A new cover reflecting the milestone of 10 years in publication
- Special feature articles looking back over the 10 years

At the end of this year we will be looking forward to the beginning of the second decade of publishing *CASLPO Today*. In order to keep up with our members, 2013 will see our publication coming into the electronic age, with an entirely new, interactive, online version of *CASLPO Today* .

INTRODUCING

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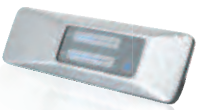

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