

THE 10<sup>th</sup>  
ANNIVERSARY OF  
**CASLPO  
TODAY**

VOLUME 10 ISSUE 4 • FALL 2012

**Private Eye Tackles  
the Mystery of  
Language Processing**

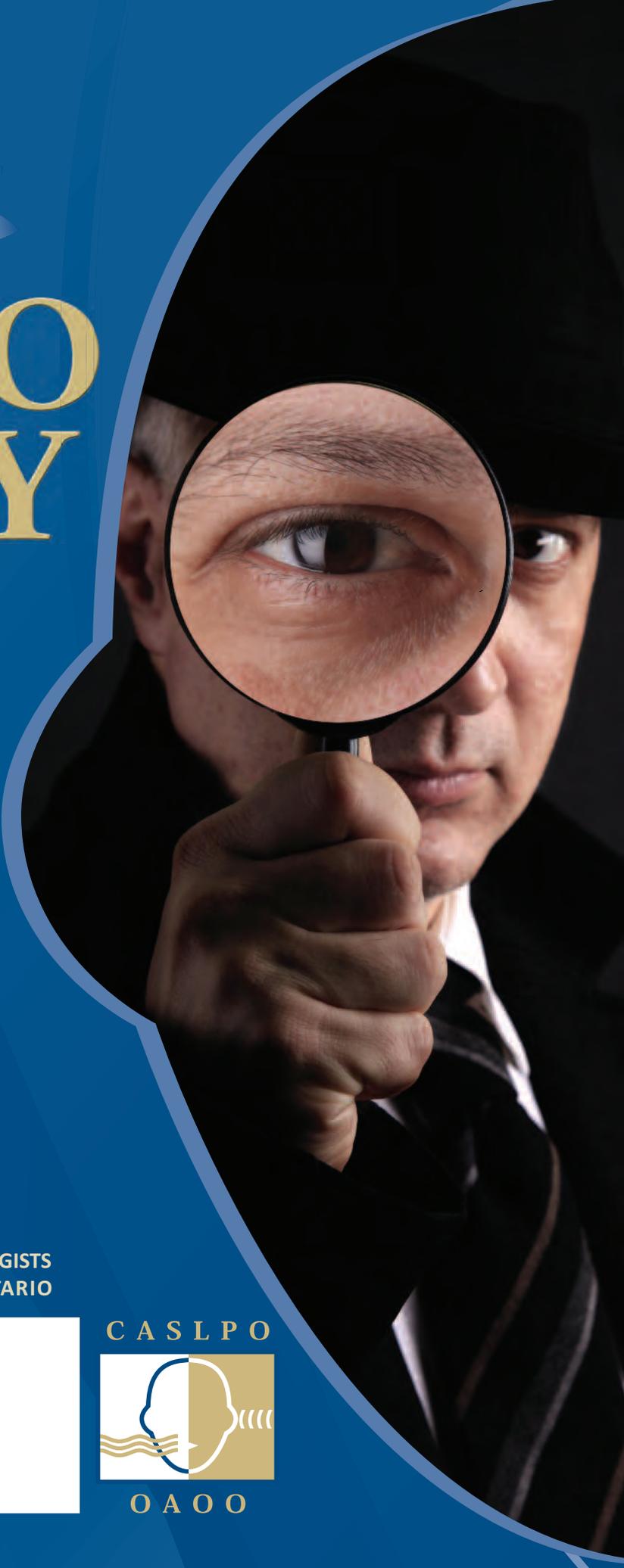
OFFICIAL PUBLICATION OF THE COLLEGE OF AUDIOLOGISTS  
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CASLPO



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PEDIATRICS



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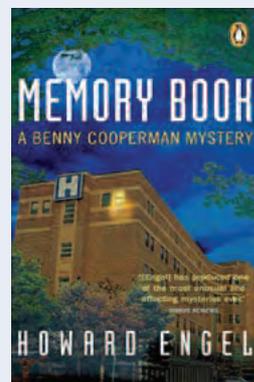


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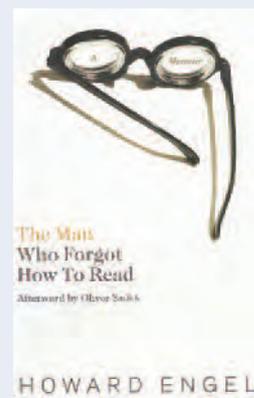
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## A Season of Change

By Vicky Papaioannou



As you read this, seasons are changing from fall to winter. Leaves are piling up on lawns and the first snows are flying. The other kind of change in the air is political. On October 15, 2012, Premier Dalton McGuinty announced his intention to step down from the Province's top job, setting in motion a scramble among his likely successors within and outside of cabinet as they test the waters for support in advance of the January 25, 2013 leadership convention. Following the introduction of a Speech from the Throne and a Spring Budget, it is anticipated

that the new premier will ask the people of the province for an electoral mandate in a general election

As we look back on the past nine years of the McGuinty government, the amount of change introduced in health professional self-regulation is striking.

The government began by reconstituting the minister's advisory council on health regulation, the Health Professions Regulatory Advisory Council (HPRAC). This was followed by a lengthy ministerial referral letter to HPRAC from the McGuinty government's first health minister, the Honourable George Smitherman, in February 2005, asking for advice in over a dozen areas, such as

- what changes there should be to the powers and procedures of Colleges under the *Regulated Health Professions Act*; and
- whether pharmacy technicians, homeopaths, kinesiologists, psychotherapists, and personal support workers should be regulated.

The minister also asked

"[whether] in consideration of evidence of risk, the simple determination of a need for a hearing aid should be a controlled act, or whether, determining the specifications for a hearing aid, based on a hearing test and an assessment of the physical aspects of the ear, should be the controlled act. Also in consideration of evidence of risk, what aspects, if any, of hearing testing and dispensing of hearing aids should be controlled by the *[Regulated Health Professions Act, 1991] RHPA*".

After a year-long review, HPRAC concluded that, with respect to hearing care

"the evidence of risk does not support replacing the current controlled act of prescribing with a more detailed statutory definition, and that the act of dispensing a hearing aid should



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## PRESIDENT'S MESSAGE

become a controlled act. HPRAC also recommends the regulation of hearing instrument practitioners (HIPs) in a revised College of Hearing and Speech-Language Professionals of Ontario along with audiologists and speech-language pathologists."

HPRAC's *New Directions* report of April 2006, and subsequent reports contained advice in all the areas outlined in the ministerial referral. Subsequently, the minister introduced a bill in the legislature to enact most of HPRAC's recommendations. This has led to significant reforms for all Colleges, including the following:

- Upgraded Quality Assurance programs;
- The establishment of an Inquiries, Complaints and Reports Committee (ICRC);
- Greater transparency and accountability with respect to information made available to the public on a College's website; and
- Formalizing Alternative Dispute Resolution mechanisms.

However, none of HPRAC's advice on hearing health care issues was accepted by the minister. This has left the profession, its associations, and the College with a great deal of unfinished business which we must find a way of getting back on the government's agenda. More on this later.

Also, in 2006, the government established the Office of the Fairness Commissioner of Ontario with its mandate to make sure that people are treated fairly when they apply to become licensed professionals in Ontario, regardless of where they were originally educated or trained. To this end, the commissioner's office works with regulatory bodies such as CASLPO to ensure that our registration practices are transparent, objective, impartial and fair. A second ministerial referral letter to HPRAC followed in June 2007. This led to two HPRAC reports in 2008 on Interprofessional Collaboration issues and HPRAC's 2009 report, *Critical Links*. In turn, the second McGuinty minister of health, the Honourable David Caplan, introduced comprehensive legislation enacting most of HPRAC's recommendations, resulting in expanded scopes of practice for several professions including: medical radiation technology; dental hygiene; midwifery, naturopathy, nursing, optometry, pharmacy, physiotherapy, and respiratory therapy.

Following Mr. Caplan's tenure in the portfolio, the Honourable Deb Matthews took over as minister in October 2009. Matthews has continued with the activist agenda in health regulation by asking HPRAC's advice on the regulation of physician assistants and whether there should be a spousal exemption for the application of mandatory revocation of licenses in incidences of sexual abuse of patients by practitioners.

Over the years, CASLPO staff and members of the Registration Committee of Council have worked cooperatively with the Fairness Commission in reviewing, and, where necessary, changing our registration practices. In late 2009, the government introduced a *Labour Mobility Act* affecting

many professions and trades, including the self-regulated health professions. This legislation required all regulatory agencies to revise their registration requirements so as to be in compliance with the provisions of the *Act*. The *Act* established a Labour Mobility Code governing Ontario regulators, which supports full occupational mobility for out-of-province workers who are already certified in their home province. Those workers can now be certified in Ontario in their given occupation without having to complete additional training or testing. CASLPO's revised Registration Regulation reflects the provisions of the code. It went into effect in February of this year.

Looking back at the McGuinty years, I

am struck by the activist regulatory agenda which all three ministers of health pursued since 2003. I believe this is not accidental, as the government clearly is dedicated to improving levels of public protection and professional competence and accountability. As well, the government has been a strong and consistent proponent of interprofessional collaboration, especially in the context of encouraging all professionals to work to the full extent of their training, skills and scopes of practice.

These directions have also clearly led to some very significant and positive changes for many individual professions. These kinds of innovative reforms, particularly with respect to

enhancing and expanding scopes of practice in the public interest to provide improved and timely patient care, have not yet taken place, however, with respect to audiologists and speech-language pathologists. That is why CASLPO Council has targeted reforms in scopes of practice as among the major items to be pursued within the framework of our new Strategic Plan.

We are indeed in a season of political change – and hopefully flowing from this will be a continuance of ongoing regulatory improvements for the people of Ontario.

## Did you know THE MENTORING PROGRAM FOR INITIAL PRACTICE REGISTRANTS (IPRs) IS BASED ON THE SELF ASSESSMENT TOOL (SAT)?

For this reason when IPRs first become General Members, they are given a grace period in which they are not required to complete the SAT. As of January, following the date the IPR becomes a General Member, they are required to complete their SAT and are eligible to be one of the 250 members who are selected annually to submit their SATs to CASLPO. So for example, if the IPR becomes a General Member in February, 2012, they may wait until January 2013 to go online and complete their SAT.

However, new General Members are encouraged to review the SAT online as soon as possible so they are better prepared to complete it when required.

Access to the Self Assessment Tool online is through our website, [www.caslpo.com](http://www.caslpo.com) under the "Quality Assurance" tab. When first logging on, remember the following:

Your User Name is your registration number  
Your Password is your last name

Be sure to change your password as soon as you login.

If you have any questions or comments, please feel free to contact us at [caslpo@caslpo.com](mailto:caslpo@caslpo.com) or phone us at 416-975-5347 or 1-800-993-9459

## COUNCIL HIGHLIGHTS

Council met on Friday, September 27, 2012 and discussed the following:

1. B. O’Riordan, Registrar, reported on his activities since the last Council meeting. Attention was also drawn to the following additional items:
  - The Annual Report from the fairness commissioner. Council agreed to invite the fairness commissioner to attend a future Council meeting;
  - Memo on the Progressive Conservative Party White Paper on Health Care recently provided to Council.
- C. Bock, Deputy Registrar, updated Council on the status of the projects in the Strategic Plan. She provided a document with a visual synopsis of the plan.
- D. Zelisko provided a verbal report on her attendance at the Council on Licensure, Enforcement and Regulation (CLEAR) conference, Sept. 6 – 8, 2012, in San Francisco.
2. The “Policy for Review of Applications involving Graduate Programs offered Outside of Canada” was approved.
3. B. O’Riordan and G. Katchin provided an update on the following two items: (a) 2011/2012 Financial Report year-to-date and (b) 2012/2013 CASLPO Budget. Following a discussion, Council concurred that the 2012/2013 CASLPO Budget be approved as presented.
4. B. O’Riordan, A. Carling-Rowland, and M. Campbell, Legal Counsel, briefed Council on the CASLPO/OSLA 2013 Conference Agreement. Following a lengthy discussion, it was decided to approve the CASLPO/OSLA Agreement to co-host the “Energized by Excellence 2013 Conference”.
5. Following a brief discussion regarding a few changes, Council approved the 2012-2013 committee composition.
6. M. Campbell, legal counsel, briefed Council on the Council & Staff Conflict of Interest Policy. Council concurred that this policy be approved as presented, with one minor change.
7. A. Carling-Rowland provided Council with a Practice Advice Update. At the next meeting, this report will include more audiology summary statistics as well.
8. Reports were given to Council for the following committees:
  - (a) Executive
    - B. O’Riordan expressed thanks on behalf of D. Hodgson, former Registrar, for the get well card and flowers sent to him recently.
  - (b) Registration
  - (c) Quality Assurance
  - (d) ICRC
  - (e) Finance
  - (f) SLP PAC
  - (g) SCERP Task Force
9. C. Bock provided an update on the FHRCO IPC online tool.
10. C. Bock provided an update on the presentation on "social media," which she co-presented at CLEAR.
11. Next Council meeting was scheduled for Friday, December 7, 2012.

# Help! I've Made A Mistake!

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



Many of us are working in high pressure environments trying to juggle several tasks at once. Sometimes it seems as though we are always rushing but never catching up. It is at such times that we are

vulnerable to making mistakes. I remember sending out my first e-mail blast to the entire CASLPO membership with the wrong Survey Monkey link. I was in a rush, and my heart sank as I realized what I had done. For this edition of Practice Advice, we are providing the following advice for the mistakes that some of our brave members have shared with us.

**I work in a busy hospital and we are currently short staffed. In the rush of the day I forgot to chart on a patient, so, how should I go about rectifying the situation?**

The **Proposed Records Regulation** states that you must document the date and purpose of each professional contact. CASLPO's **Code of Ethics** states in 4.1 'Legal Standards Governing Practice' that audiologists and speech-language pathologists shall be honourable and truthful in all their professional relations. When writing a chart note out of time synchronization you should do the following: write actual date of entry and a heading; Regarding visit/session carried out on October 30th 2012, then write your chart note. This should be done

regardless of whether the chart is paper or electronic. It is very tempting to insert a forgotten note into an electronic chart; however, there is a "behind the scenes" time stamp in most, if not all, computer systems.

**I have sent the wrong patient/client report to a doctor's office, what should I do?**

First, contact the doctor's office and ask if they have received the report. If they can locate the report you have two options: one, ask the office to send it back to you, or two, ask them to securely destroy the report through shredding. With either option you must document what happened in your patient/client record along with the proposed solution. If they cannot find the report, it is considered a privacy breach and must be reported. If you work for an organization where there is a designated privacy officer, you should report the breach to that individual. If not, you must contact the Information and Privacy Commissioner's Office of Ontario. It would also be prudent to report the privacy breach to your manager. You will be instructed by the IPC office, which will include contacting the patient/client or family member and explain what has happened. The Information and Privacy Commission provide a notification template which we have included on the next page.

**The parents of a child I am seeing have pointed out that I made an error in the assessment report. I inadvertently used the pronoun "she" instead of**

**"he". Do they need to make a request in writing to amend this or can I just go ahead and make the changes and give them the modified report?**

A patient/client, or in this case a substitute decision maker (parent) may request alterations in the record. PHIPA states: "If the individual makes an oral request that the health information custodian correct the record, nothing in this Part prevents the custodian from making the requested correction."

In this situation the change in information is undisputed so there is no need to have the family put the request in writing. Certainly you can, and should, make the appropriate change and provide the family with the modified copy of the report. You should also make the change in the patient/client's record in a manner that does not obliterate the original information. In this situation, it would be simple enough to cross out "she," write "he," and initial the change. You should also document the whole incident and your solution in the child's chart. An effort should also be made to provide a note of correction to any other recipient of the report.

Remember, whatever the reason, please do not hesitate to contact us here at the College for practice advice. We look forward to hearing from you.  
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Information and Privacy  
Commissioner/Ontario  
Commissaire à l'information  
et à la protection de la vie privée/Ontario

## PIIPA NOTIFICATION TEMPLATE

### Introduction:

- Indicate that you are contacting the individual to notify him/her of a breach of privacy relating to personal health information pursuant to the section 12(2) of the *Personal Health Information Protection Act*.
- Describe the breach i.e. what, when, where and how/why it happened.

### Describe how the breach relates to the affected person(s):

- What is the information that relates to the affected person(s), (if possible be specific).

### Outline what you have done about the breach:

- What you did as soon as you became aware of breach, e.g. retrieved the information, notified police, initiated internal investigation, suspended computer access, changed passwords, identification numbers and/or temporarily shut down a system, action taken against staff members found to have been responsible for the breach?
- What are you doing to prevent it from happening in future, e.g. policy change, staff training, software/hardware changes?
- Information and Privacy Commissioner/Ontario has been contacted to ensure that all obligations under the *Act* are fulfilled.

### What the affected person can do:

- If financial information or information from government-issued documents are involved, include the following in the notice:

As a precautionary measure, we strongly suggest that you contact your bank, credit card company, and appropriate government departments to advise them of this breach.

You should monitor and verify all bank accounts, credit card and other financial transaction statements for any suspicious activity.



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www.ipc.on.ca

A focus for OSLA since the spring has been responding to issues impacting the delivery of audiological services to clients in Ontario, and providing professional development opportunities for professionals.

### Current Audiology Issues

- OSLA hosted an Ontario Audiologists Caucus meeting at the Canadian Academy of Audiology conference on Wednesday, October 24th, for all audiologists working in Ontario. The meeting provided Ontario audiologists with a forum to discuss issues pertinent to practicing in Ontario, such as policies from ADP, WSIB, ODSP, and OHIP, and to develop initiatives to ensure that policies provide the best possible care to Ontario residents and are fair to audiologists.
- OSLA has been concerned with member reports that the Ontario Disability Support Program has implemented a policy whereby clients are required to obtain two quotes for hearing aids from independent vendors. OSLA is concerned that the current directive does not save time or resources (since clients are required to seek out two assessments), imposes undue hardship on vulnerable clients, provides case workers with inappropriate powers to make decisions about the controlled act of hearing aid prescription, and denies clients the right to choose the best hearing health care professional for their needs. OSLA has developed a petition for audiologists to sign to be presented to the ministry which will be available to read and sign at CAA; contact OSLA for the opportunity to join OSLA in this initiative.
- OSLA has provided input on the current report to the Ministry of Health and Long-Term Care on the structure and content of the

Assistive Devices Program. On September 20, OSLA met with KPMG, the consulting firm responsible for this project, and will also be submitting a written report. The report to the ministry will include an analysis and recommendations related to the hearing aid service delivery model in the Province of Ontario. Some of the points raised by OSLA on behalf of its members included removing the need for a physician signature, the issue of audiologists being penalized with regards to volume discounts, concerns with the ADP audit process in regards to the ability of ADP staff to make clinical decisions, enforcement of ADP Conflict of Interest guidelines, changes to the repair policy, and the need to streamline the claims process. The report is to be submitted to the government in the fall of 2012.

- OSLA will be meeting with representatives from WSIB soon to discuss its fee schedule, the need for written guidelines for billings and services, and coverage for tinnitus management.

### Upcoming Events

OSLA presented another of its extremely popular Technology/Apps Conferences on Friday, November 2, 2012 at the Holiday Inn in Sudbury. Workshops include the following: Cognitive-Compensatory Strategies of the 21st Century (Dee Sperry), Integrating Technology into Daily Life (Jan Addy), and Language Expression (Jeff Lear). Participants brought iPads; iPods; iPhones; laptops, etc., for hands-on practice. Webconferencing was available for this event.

In the past six months, OSLA has presented four conferences on the topics of Fluency (April), Technology/Apps (June), Level 1 Cognitive Communication Disorders (May), and Level 2 Cognitive Communication Disorders (September)

The OSLA Annual General Meeting was held on Friday, November 9 at 12:00 p.m. OSLA members can check their OSLA Insider Box emails for information.

The OSLA Board of Directors is pleased to announce that Patricia (Trish) Dillabough, speech-language pathologist at the Trillium Lakelands District School Board is OSLA's 2012 Honours of the Association recipient. Trish was OSLA president from 2003-2005 and past-president from 2005-2006, held various roles in the Sudbury-Manitoulin OSLA Chapter, and most recently completed a three-year term as the Ontario Director on the CASLPA Board, with the last two years as treasurer. Through her experiences working across the province, including in remote northern areas, she has recognized the need to develop strong networking relationships with individuals from within the profession and across many professional groups.

In her current role at TLDSB, Trish has "been instrumental in the betterment of our service to students and advocated for the involvement of SLPs in kindergarten classrooms," according to her nominator, Sharon Wong.

Judy Meintzer, CASLPA president, stated "I am grateful to Trish for the positive impact and lasting contribution she has made toward the betterment of the professions as well as its members."

Our association is fortunate to have a member like Trish. Trish will be presented with her Honours of the Association award at the 2013 Energized by Excellence Conference in Toronto. Recipient of the highest award of the association for 2012 – congratulations Trish Dillabough!

Submitted by Pam Millett



# Renewing the Certificate of Authorization for Your Professional Corporation

By Colleen Myrie, Director of Registration Services

**Y**ou must renew your Certificate of Authorization with CASLPO each year. The annual renewal fee for a Certificate of Authorization is \$500. The annual renewal form will be mailed to the director authorized to sign on behalf of the corporation approximately 60 days in advance of the January 1 expiry date. The deadline for renewing your Certificate of Authorization this year is **Friday, January 4, 2013**.

If you have not received a copy of the annual renewal form by mail, you may also download a copy of the Certificate of Authorization Renewal Form from CASLPO's website at: <http://caslpo.com/Registration/ForMembers/Incorporation/tabid/133/Default.aspx>

The renewal process is clearly set out in Bylaw 2011-5 relating generally to Certificates of Authorization for Professional Corporations, which can be found on the College's Web site at: <http://caslpo.com/Portals/0/misc/bylaw%202011-5.pdf>.

To renew your Certificate of Authorization, you must submit a completed annual renewal form along

with specific documentation regarding your professional corporation.

To avoid delays in the processing of your renewal please note the following items below:

1. Ensure that your Statutory Declaration is executed not more than **15 days** before the renewal is to be received by the College.
2. Ensure that your Certificate of Status is executed not more than **30 days** before the application is to be received by the College.
3. Ensure that all pertinent sections have been signed and dated. If the forms have been signed and witnessed but not dated, the forms become invalid.
4. If you have made changes to your corporation, you must submit a certified copy of the Certificate of Incorporation. Please note that the College will accept a notarized copy of the original Articles of Incorporation. The College can not accept Certificates of Incorporation that have not been notarized and/or certified by a lawyer and/or notary public.

5. Ensure that you submit the original Renewal Form for a Certificate of Authorization. Photocopies and scanned copies will not be processed.

Please note that professional corporations are required under the *Regulated Health Professions Act (RHPA)* to notify the registrar of each change in shareholders. Bylaw 2011-5 further requires that notice of shareholder change be provided in writing within 30 days of the change.

Failure to provide the necessary fee, information, and documentation may jeopardize the status of your professional corporation.

If you have other questions about renewing your Certificate of Authorization, you may contact:

Colleen Myrie, Director of Registration Services at 416-975-5347 ext. 211 or email: [cmyrie@caslpo.com](mailto:cmyrie@caslpo.com) or

Camille Prashad, Program Assistant (Registration Services) at 416-975-5347 ext. 213 or email: [cprashad@caslpo.com](mailto:cprashad@caslpo.com).

## Updated Registration Cards

By Colleen Myrie, Director of Registration Services

Updated registration cards were mailed out in two batches. If you renewed your certificate of registration with the College before September 12, your registration card would have been mailed out on September 21. If you renewed your certificate of registration with the College between September 13 and October 12, your registration renewal card would have been mailed out on October 19. If you completed your renewal after October 19, the

College will send out registration cards every two weeks.

If you renewed your certificate of registration with the College and have not received your updated registration card by **November 16th**, please contact the College.

Please note that if have not received an updated card by November 16 and have not advised the College before **January**

**1, 2013**, you will be required to pay a fee of \$50.00 to obtain a replacement card.

If you have not renewed your certificate of registration with the College or have not met all the requirements for renewal, you will receive an official notice of default and intention to suspend. If your certificate of registration is not renewed by **December 3, 2012**, your certificate will be suspended.



## CASLPO Provides Advice to Ministry's Assistive Devices Program (ADP)

By Brian O'Riordan, Registrar

Over the past several months, CASLPO has, from a regulatory perspective, provided advice to the Ministry of Health and Long-Term Care's Assistive Devices Program (ADP) as part of two important consultation exercises.

### Listing of Hearing Aids

The first one involved the program's intention to establish a new method for listing hearing aids that would result in one generic catalogue code per device type. We surveyed the College's audiology members on this proposed reform. Members indicated strong support for efforts to streamline the program's application and approval process along the lines proposed by

ADP. However, members suggested additional improvements, such as having one generic catalogue code per device type (Behind-the-Ear, Canal Aid, FM System, etc.).

Early in October, ADP announced that effective November 1, 2012, changes very much along the lines proposed by CASLPO and other stakeholders will come into effect for the new ADP Hearing Aid Product manual. There will now be one generic catalogue code per device. The manual will have an appendix, however, that will list approved makes and models of hearing aids. ADP believes that reducing the number of catalogue codes will result in improved timelines for claim processing

for patients and providers, and will, overall, simplify the application process.

### Study of Hearing Aid Service Delivery Model

CASLPO was also invited by ADP to provide input to an independent external study of the current Hearing Aid Service Delivery model and system. The review is being conducted by the consulting firm, KPMG, with a view to producing recommendations that will "ensure value for money and improve access for eligible clients." ADP has asked the consultant to "research comparable service delivery models, highlight current strengths of the program, identify discordant gaps and recommend innovative opportunities for the future."

Senior members of the Council of the College and the registrar participated in a dialogue with the consultants in early September and also completed a survey questionnaire. Some of the major aspects of our response to the questionnaire included the following:

- The practice and behaviour of our audiologist registrants with respect to ADP is of considerable regulatory oversight interest to the College, and we endeavour to partner with ADP, where possible, to provide responsible oversight in the public interest.
- Audiologists possess master’s or doctoral degrees in audiology, are held to stringent, evidence-based clinical and professional standards, and are autonomous, primary health care providers who are entitled to perform the controlled act of prescribing hearing aids. These facts should be reflected in ADP’s policies.
- Universal access to funding subsidies is one of the strengths of the current ADP model. This should be preserved.
- The funding system should not require multiple visits to the professionals legislated by the government to prescribe hearing aids. A precise prescription from either an audiologist or physician should suffice for funding purposes. The ADP form should not be viewed as a “prescription.” An audiologist cannot delegate any portion of the prescriptive process based upon CASLPO’s Preferred Practice Guidelines. There is no evident clinical need for two regulated professionals to be involved in the same prescription.
- The current processes for accessing funding are confusing. The process should be for an assessment of hearing status to determine whether or not there is a problem. Once it has been determined that there is a problem, the clinician can prescribe the appropriate remedy.
- Multiple authorizing signatures are required when in fact, from a regulatory standpoint, this is not necessary given it is the audiologist who performs the audiological assessment, streamlining the form to require just one signature makes more sense.
- ADP plays a crucial role in allowing Ontarians with hearing loss to obtain devices that, when prescribed properly, can improve quality of life while simultaneously minimizing the consequences of untreated hearing loss across the age span, including delayed speech-language acquisition, poor academic performance, compromised family dynamics, reduced vocational potential, social isolation, cognitive decline and depression.
- ADP needs to improve and formalize its consultations with stakeholders.

We will keep readers informed of any future developments with respect to the KPMG study.

Many other stakeholders including OSLA and AHIP have also been consulted.

## CASLPO’s 3-Year Strategic Plan: Setting the Priorities for the Road Ahead

By Carol Bock, Deputy Registrar

Over the last several months, Council has engaged in the process of strategic planning in order to set the course for CASLPO over the next three years. “What is strategic planning?” you might ask. Well, it can be defined in many ways but simply put, strategic planning determines

- How it will **know** if it got there or not.
- A plan is a dynamic call to action, clearly setting out what an organization hopes to achieve, how to achieve it and why it is undertaking these projects/actions. It should clearly answer the question “What do you do?”
- The process of strategic planning involves identifying the factors, both external and internal, that may influence the direction an organization may take over time. CASLPO is no different; we are greatly influenced by ministry directions, the political environment, resources, the evolving professional landscape, technology, etc.
- During Council’s strategic planning sessions they identified many factors that will influence the directions

# CASLPO 3-Year Strategic Plan

Rooted in Quality - Strong in Commitment - Working in the Public Interest

## Goals:



## Projects:

2012 to 2015

- Produce PSG\* on Assessment of Adults for Speech-Language Pathologists
- Revise PSG on Cognitive Communication Disorders
- Develop e-Learning Module for Consent and Capacity
- Implement Peer Assessment Extension and Deferral Policy
- Produce French version of Self Assessment Tool
- Develop White Paper on expanded scopes of practice
- Produce Position Statement on Use of Support Personnel for Audiologists
- Provide advice regarding ADP hearing aid policy
- Update the Sexual Abuse Policies and Guidelines
- Revise PSG on Stuttering
- Enhance the Quality Assurance program for the 2014 cycle
- Revise the PSG on Prescription of Hearing Aids for Adults
- Revise Registration Manual for Council and members
- Revise and improve the Initial Practice Period Program
- Overhaul the CASLPO Website to improve access for members and the public
- Revise conduct regulations (Advertising, Conflict of Interest, Professional Misconduct)
- Develop a three-year public awareness campaign
- Develop e-Learning Module on the Use of Social Media
- Provide CASLPO Today in an online format
- Revise PSG on Prescription of Hearing Aids for Children
- Produce national competency indicators in collaboration with CAASPR\*
- Produce e-Learning Module for Hearing Assessments
- Expand student regulatory education through the Universities
- Develop e-Learning Module for Record Keeping
- Enhance knowledge and skills of Council regarding governance in the public interest
- Develop the Alternative Dispute Resolution process

\*PSG: Practice Standards and Guidelines

\*CAASPR: Canadian Alliance of Audiology and Speech-Language Pathology Regulators

CASLPO may take over the next three years. Some of the highlights included the following:

- Labour mobility and the ensuing national and international impacts (e.g., competency profiles)
- Provincial deficit reduction and allocation of resources to health care in general
- RHPA scope of practice restrictions on the practice of members
- Demographic shifts (rural to urban, aging population, increase in multicultural populations)
- Member demographics (wide range to address: 50% under 40, 25% over 50)
- Communication technologies (social media, telepractice, Internet-based education)
- Increased demands on members to meet multi-lingual and multi-cultural needs

Having identified these important influencing factors, Council developed their directional statements or goals. Council also identified the factors that may be instrumental in achieving the directional goals as well as projects that will move CASLPO in the desired direction.

We now have our 3-year plan which is grounded in a commitment by all

involved to respond positively and creatively to the changing circumstances and environments affecting CASLPO now and in the future. This plan will be a very useful governance and administrative tool. It will focus Council members and staff on working toward the same goals and outcomes. The plan is a cornerstone framework for decisions and actions that will shape and steer CASLPO towards our ultimate goal, which is the protection of the public interest.

# The French Version of the Online Self-Assessment Tool Is Going Live Soon!

## Exciting news!

Our French speaking members will be able to use the online French Self-Assessment Tool (SAT) in **January 2013**. The SAT, which includes learning goal development and documenting Continuous Learning Activity Credits (CLACs), contains links to many CASLPO documents. The links in the French SAT will go to the French version of the documents where they are available.

Please keep your eye out early in the New Year for the e-mail blasts that will provide the link and instructions on how to access the French SAT.

The translation of CASLPO documents, including the SAT, is funded by the Ministry of Health and Long-Term Care. They have become very familiar with CASLPO and speech-language pathology and audiology terminology.

However, we also sent translated documents to French speaking members of the College to review and ensure that technical terms and phraseology are current and appropriate. We would like to take this opportunity to introduce and

thank the three CASLPO members who kindly reviewed the French SAT.

1. Michèle Minor-Corriveau is an assistant professor at Laurentian University, in Sudbury. She has recently successfully defended her doctoral thesis centering on standardizing and validating a speech and language screening tool designed to be used with the franco-ontarian population. She teaches in the undergrad and master's programs in health sciences (speech-language pathology).

Michèle Minor-Corriveau est professeure adjointe à l'Université Laurentienne, à Sudbury. Très récemment, elle a soutenue sa thèse doctorale qui porte sur une étude normative du développement du langage et de la parole chez l'enfant franco-ontarien. Ses tâches d'enseignement comprennent des cours du baccalauréat et de la maîtrise ès sciences de la santé (orthophonie).

2. Yvon Blais has been a Quebec and Ontario SLP, and after working in various positions in the public system, now operates his own private clinic (Mots et gestes clinic) in Gatineau.

Yvon Blais est orthophoniste au Québec et en Ontario et, après avoir travaillé une dizaine d'années dans les réseaux publics, oeuvre en cabinet privé (Clinique Mots et gestes) à Gatineau.

3. For the past 12 years, Lynn Rainville-Lemieux, S-LP, has been providing services to school-age children of North Eastern Ontario as part of a multidisciplinary team of health care professionals for the Conseil scolaire catholique du Nouvel-Ontario.

Au cours des 12 dernières années, Lynn Rainville-Lemieux, orthophoniste, dessert la population d'âge scolaire de la région du nord-est de l'Ontario en tant que membre d'équipe multidisciplinaire de professionnels de la santé au sein du Conseil scolaire catholique du Nouvel-Ontario.



## Melisse Willems Appointed New Director of Professional Conduct

CASLPO completed its selection process for a new director and the successful candidate is Ms. Melisse Willems who joined the College staff on September 24, 2012.

Melisse was the general counsel for the College of Opticians of Ontario, where she provided advice on complaint and report files and cease and desist and unauthorized practice cases. She also provided instruction to external legal counsel. Melisse offered legal advice, as needed, to Council and to other committees of Council, including Executive, Registration, Quality Assur-

ance and Patient Relations. She also oversaw the revision of the College bylaws and best practices in governance development.

Prior to joining the College of Opticians in 2010, Melisse was, for seven years, a litigation associate at Fasken Martineau DuMoulin LLP in Toronto. While at Faskens, she extended advice to several health care professional colleges, including opticians, on complaint and discipline matters. She also represented clients before the Ontario Court of Justice, the Ontario Superior Court of Justice, the Court of Appeal and the

Supreme Court of Canada. She was called to the bar in 2003.

Melisse has a BA (Honours) in psychology and philosophy from Queen's University, Kingston, and an MA (philosophy) from York University. She obtained her bachelor of laws from Queen's in 2002 and is a member of the Law Society of Upper Canada.

Please join us in welcoming Melisse. She can be reached via email at [mwillems@caslpo.com](mailto:mwillems@caslpo.com) or by phone at 416-975-5347 or 1-800-993-9459 x 221.



## Peer Assessment Extension and Deferral Policy

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

The Quality Assurance Committee of CASLPO is pleased to announce that the Peer Assessment Extension and Deferral Policy has been passed by Council, and both English and French versions of the policy are posted on our website under the Quality Assurance, Peer Assessment tab: Peer-Assessment Extension and Deferral Policy and Politique sur le report ou la prolongation du délai de l'évaluation par les pairs.

As the title suggests, the policy refers to the peer assessment portion of the Quality Assurance program. Members selected for peer assessment may

formally request an extension in submitting information or a deferral to the following year if there are extenuating circumstances. However, in order to protect the public interest, extensions and deferrals will be minimized and must adhere to the procedures set out in the policy.

One of the goals in devising this policy was to determine who should be exempted from the peer assessment process. We conducted a scan of the other Health Regulated Colleges in Ontario, and many exempted specific staff and council members. CASLPO is proud to inform you that we have

decided that no professional staff or council members will be exempted from peer assessment. To our knowledge, we are one of the few colleges who is asking all members to participate in the process.

If you have any questions regarding the policy, please contact Alexandra Carling-Rowland, Director of Professional Practice and Quality Assurance.

Phone: 416 975 5347 or Toll free: 1 800 993 9459, extension 226  
email: [acarlingrowland@caslpo.com](mailto:acarlingrowland@caslpo.com)

# Online Submission of the Self-Assessment Tool and Peer Assessment Update

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

In the spring of 2012, 250 members of the College completed and submitted their SAT and Learning Goals online – congratulations! Those 30 members randomly selected for peer assessment, plus those members deferred from 2011, uploaded their evidence online for all of the Professional Practice Standard indicators (22 indicators in all). The 16 peer assessors reviewed the evidence online in

preparation for the peer assessment site visits. They then wrote their reports online and submitted them to CASLPO. We sent the reports via email to the member being peer assessed and then to members of the Quality Assurance committee for review. We are well on the way to a paperless process!

There were some technical challenges

during the process, but the external company, Claymore, who developed the SAT through their program Skillsure, worked with staff to resolve these challenges. CASLPO would also like to thank those members who successfully completed the peer assessment process this year for their feedback. We are continually evaluating the process and are making changes as we move forward.

## Statistics of the Profession Then and Now

The following information is based on data collected by the College in 2004 compared to data collected in 2012.

Registered	2004	2012	Percentage Increase/Decrease
Audiologists	461	626	+ 36%
SLPs	2221	2930	+ 32%

% of Membership by Category				
	Audiologists		SLPs	
	2004	2012	2004	2012
General	92 %	93 %	89 %	93 %
Initial	4 %	3 %	4 %	1.8 %
Academic	0.5 %	1 %	0.5 %	0.4 %
Non-Practising	4.5 %	3 %	5.5 %	4.8 %

% of Membership by Age of Case Load				
	Audiologists		SLPs	
	2004	2012	2004	2012
Children (0-17)	62 %	11 %	78 %	66 %
Adult (18+)	35 %	29 %	21 %	19 %
All Ages	3 %	52 %	1 %	11 %
Not Applicable/Unknown	0 %	8 %	0 %	4 %

% of Membership by Primary Responsibility/Role				
	Audiologists		SLPs	
	2004	2012	2004	2012
Admin/Manager	6 %	7 %	5 %	5 %
Clinical/Service Provider	86 %	61 %	84 %	76 %
Consultant	4 %	7 %	9.6 %	11 %
Research	3 %	4 %	0.4 %	1 %
Teaching/Academic	1 %	3 %	1 %	1 %
Owner/Operator	NC	13 %	NC	3 %
Quality Assurance Specialist	NC	0 %	NC	0 %
Sales Person	NC	2 %	NC	0 %
Not Applicable/Unknown	NC	4 %	NC	3 %

% of Membership by Setting of Primary Business				
	Audiologists		SLPs	
	2004	2012	2004	2012
Hospital	19 %	19 %	11 %	18 %
Assisted Living Residence/Supportive Housing	0 %	0 %	10 %	0 %
Residential/Long-Term Care Facility	2 %	1 %	1 %	0 %
Specialized Centre	4 %	NC	2 %	NC
Rehabilitation Facility	2 %	2 %	5 %	4 %
Health Related Business/Industry	5 %	10 %	0 %	0 %
Children's Treatment Centres	3 %	1 %	15 %	13 %
Board of Health or Public Health Laboratory or	4 %	0 %	4 %	1 %

% of Membership by Setting of Primary Business				
	Audiologists		SLPs	
	2004	2012	2004	2012
Public Health Unit				
Private Practice	36 %	41 %	10 %	9 %
Preschool/School System/Board of Education	2 %	2 %	26 %	32 %
Post-Secondary Educational Institution	3 %	3 %	1 %	1 %
Other Place of Work	NC	14 %	NC	4 %
Community Health Centre (CHC)	NC	1 %	NC	1 %
Community Care Access Centre (CCAC)	NC	0 %	NC	8 %
Group Health Centre (Sault Ste. Marie)	NC	1 %	NC	0 %
Client's Environment	NC	1 %	NC	5 %
Association/Government/Regulatory Organization/Non-Government Organization	NC	1 %	NC	0 %
not reported	20 %	3 %	15 %	4 %

NC – Not Collected



# The Self Assessment Tool, 2011-2013 Online: Reminder for January 2013

By Carol Bock, Deputy Registrar

As January 2013 approaches CASLPO reminds you that it is time to review your Self Assessment Tool and set at least three learning goals for the coming 2013 year. CASLPO developed the SAT online version in 2011 in order to assist members in complying with the requirements of the *Regulated health Professions Act, 1991*, which indicates that **it is considered an act of professional misconduct to not participate in the quality assurance program.**

As always, the Self Assessment Tool is intended to be just that, a “self” assessment. As such, CASLPO staff do not see what you enter, or when you complete it. It is meant to be a tool for you in order to enhance your practice. Only if you are one of the 250 members randomly selected to submit your SAT 2011-2013, will your SAT be reviewed. However, even in this case, it is reviewed electronically by the system to only determine completeness. In fact, if you are selected to submit, the system will not allow you to submit unless you have completed all portions and have at least three goals for each year. The SATs are only ever reviewed for content if you are selected for a **peer assessment.**

We hope that this online version will allow you to complete the Self Assessment Tool with great ease and provide you with a more ‘user friendly’ method to reflect on your practice for 2011 and in future years.

If you have not explored the SAT Online yet, you can enter the URL [https://www.skilsure.net/skilsure\\_caslp/Login/login.php](https://www.skilsure.net/skilsure_caslp/Login/login.php); or go to the

[www.caslpo.com](http://www.caslpo.com) website and click on the SAT Online link under “Quick Links” (left side of the home page); or

go to the [www.caslpo.com](http://www.caslpo.com) website and click on the SAT Online link under the “Quality Assurance” tab.

At the login page (see below), you will be prompted to enter a username and password.



**Your username is your CASLPO registration number and your password is your last name.**

You will then see the Home page (below) of the Self Assessment Tool (SAT) Online, which provides a general introduction.



**If you would like to change your**

**password, click the Change Password link on the top, upper right-hand corner of the screen, and follow the prompts.**

Along the left-hand side under “Tools” you will see a list of the SAT components, as well as links to other information. You can click on any one of these to get to the section or information you would like, or you can click on the bars running across the top of the page to get to the section you want:



You may complete different sections at different times and in any order you prefer. The typical sequence is to fill out the **Practice Description** first. If you click on this link under **Tools** you will go to the following page:



Simply fill out the form shown and then be sure to click on **“Save Changes”** at the bottom of the screen.



The next section is **Professional Standards**. When you click on this link under **Tools**, you will go to the following page:



Each Professional Standard has a separate page. You move from one to the next by selecting the corresponding link across the top bar.

Select your level of compliance for each indicator and again, be sure to click **“Save”** at the bottom of the page.



Within each indicator, you have the option to upload evidence of compliance. You will find examples of evidence if you click on the **“+”** symbol beside **“Examples of Compliance.”** If you choose to upload evidence, simply click on the **“Upload”** button which is located below the indicator on the right hand side:



In the Professional Standards section you will also see a sixth tab called **“Summary.”** Selecting this will take you to a page that summarizes your compliance ratings for all indicators. This will show you what is completed.

If you have any questions or comments, please don't hesitate to share them by contacting CASLPO staff at [caslpo@caslpo.com](mailto:caslpo@caslpo.com) or calling 416-975-5347 or 1-800-993-9459.

## Did you know THE LAWS?

DID YOU KNOW?

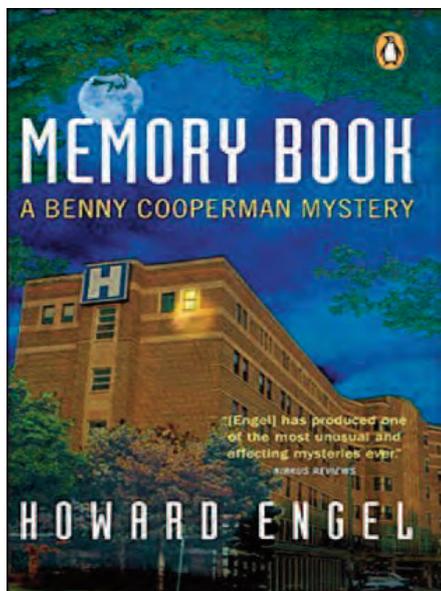
All regulated health care professionals are governed by the same legislation: the *Regulated Health Professions Act, 1991 (RHPA)*. However, there is individual legislation for each regulated profession that specifically identifies their right to use the professional title and any controlled acts for which they have the authority to perform. Ours is the *Audiology and Speech-Language Pathology Act, 1991 (ASLPA)*. This Act sets out the scopes of practice of audiology and speech-language pathology, the composition of the College Council, who regulates the members, and the prohibition of anyone who is not a member to use these professional titles or to hold themselves out as a person who is qualified to practise in Ontario.

Any changes to our scope of practice, such as the authority to communicate a diagnosis, require a change in the ASLPA.

If you have any questions or comments, please feel free to contact us at [caslpo@caslpo.com](mailto:caslpo@caslpo.com) or phone us at 416-975-5347 or 1-800-993-9459.

## Private Eye Tackles the Mystery of Language Processing

The contribution of speech-language pathologists to Howard Engel's *Memory Book*.



For many of our members, summer is a time to slow down, to take a vacation, and catch up on reading for pleasure. Rarely does that reading reflect the work of audiologists and speech-language pathologists (SLPs). While it is rare to come across characters with communication disorders in fiction, this summer we are pleased to tell you about a notable exception.

*Memory Book* by Howard Engel is the eleventh of the Benny Cooperman novels, a series of books chronicling the cases of an Ontario private detective. What makes this particular book unique is that both Benny Cooperman and his creator have sustained significant neurological damage, leaving them with the inability to read while preserving the ability to write. This rare condition, known in the neurological literature as alexia sine agraphia, could be potentially devastating for a private detective, and

even more so for an author; yet both Benny Cooperman and Howard Engel manage to rise to the challenge and carry on with their life's work. The story of the trials and successes of both men make for compelling vacation reading.

Benny Cooperman is commonly described as a soft-boiled private eye who practises his craft in the sleepy Lake Ontario town of Grantham. *Memory Book* begins with Cooperman musing "that a private investigator who acts on his own behalf is an idiot who has a fool for a client." But Benny is no one's fool, and he tries to sort out how it is that he has woken up in the hospital after having sustained a blow to the head that left him presumed dead beside a woman who was murdered. Benny finds that his memory is so impaired that he can't even remember his nurse's name, in spite of the mnemonic she gives him. When he tries to reconstruct his roommate's name by attempting to read it on the door, he finds that his ability to read is impaired as well. Through many interesting twists and turns, Benny's journey of discovery leads him not only to the woman's murderer but also to a greater understanding of his deficits, the rehabilitation process, and the day-to-day rhythms of hospital life.

The writing of *Memory Book* represented a journey for Howard Engel as well. When he awoke in 2001, unable to read his morning paper, he first thought he was the victim of a cruel hoax. While he felt well and was able to walk and talk, he describes looking at the words on the page and thinking they were written in Serbo-Croatian or some language he did

not understand. Once in hospital, he discovered he had suffered a stroke, which had robbed him of his ability to read while preserving all other linguistic skills, including the ability to write. Thus began Engel's initiation into the world of communication rehabilitation.

Lea Ayuyao was Engel's first SLP when he entered the rehabilitation program at the Toronto Rehabilitation Institute (TRI). On assessment, she had him provide a written description of the picture on the Western Aphasia Battery. "It was then that I knew Howard was no ordinary patient," Ayuyao explained. "His writing was much more detailed and descriptive than (that of) any other patient I had ever seen." As she explored Engel's deficits, she realized she had been given a rare opportunity. "We don't usually see such discrete disorders of reading with writing intact, but more importantly in a patient with such superior communication skills. He could describe exactly what processes he was using to decode written material." In working with Engel, Ayuyao realized that he was giving her a unique window into his deficit. They became true partners in working toward improving his function.

Engel was determined to recover and continue to write. The idea to incorporate his rehabilitation experiences into his next Benny Cooperman book began to crystallize when Engel went on to work with Marla Roth, who is one of the SLPs in the stroke outpatient rehabilitation program at TRI. Roth was immediately reminded of the book *The Man who Mistook His Wife for a Hat*, written by the neurologist Oliver Sacks. She commented

to Engel, "You could be a chapter in his book." Engel was intrigued and, together with Roth, sent an e-mail to Sacks. They decided the chapter could be called, "The Author Who Couldn't Read His Own Writing."

"At first," Roth says, "Sacks graciously responded but appeared quite neutral," wishing Engel good luck with his recovery. However immediately afterward, Sacks wrote Engel requesting his permission to be quoted in an article for *New Yorker* magazine. With Roth's encouragement, Sacks and Engel continued to correspond and eventually met, resulting in Sacks writing the afterword in Engel's book. Roth is proud of her achievement. She assisted Engel in the early stages of his book, worked with him to develop strategies to assist in editing, and facilitated the important link with Sacks. She truly feels she made a difference by being creative and persistent.

On discharge, Roth recommended further speech-language pathology intervention and provided Engel with the names of some private SLPs, of which Michelle Cohen was one. Cohen turned out to be the perfect choice as she has a particular interest in acquired reading and writing disorders, which she has maintained in over 20 years of practice. She was immediately impressed with Engel's perseverance. "I continue to admire his ability to manage such a difficult situation with such humour and grace. He is inspirational yet at the same time so humble. He was a joy to work with," Cohen enthuses.

Ayuyao and Roth had done the groundwork by identifying and describing Engel's alexia, which was determined to be "letter by letter" reading. In this type of alexia, individuals must name each letter before being able to read the word, and thus the automatic connection between written word and meaning is lost, resulting in laborious and

inefficient reading. Cohen spent much of the next year reviewing the literature and looking for strategies that would assist Engel with his reading and editing. She even hired a computer consultant to tailor a word-reading program to specifically target Engel's deficit. But in the end, it was Engel's sheer determination that allowed him to complete *Memory Book* and improve his reading ability so that he could resume reading for pleasure. "What made Howard unique," Cohen explained, "was his willingness to embrace strategies, accept his deficits, and go about accomplishing his goals in a different way. He was delightful to work with and so very appreciative."

Engel has nothing but praise for his SLPs and expressly gave permission for them to be interviewed for this article. "Everyone was more than up to the work," he says. "They were all highly skilled, compassionate professionals. The continuity they provided starting in the hospital and following up at home, was seamless." He was impressed by their knowledge, creativity, and patience. This respect for therapists was also reflected in *Memory Book*, Cooperman describes their pleasant manner, respect for their patients, and ability to provide meaningful work. "They didn't make me feel like I was jumping through hoops."

Engel describes a continual improvement in his reading over the past three years, noting that he continues to use the strategies developed by his SLPs. Techniques such as using a larger, bolder font to read or using chapters and headings to keep his place have been helpful. He describes the process of reading as "being in visual overdrive," requiring serious and focused concentration. As he is now much slower, he explains, "My reading has become more targeted and I choose my reading material with care." Engel is currently working on a book about Shylock from Shakespeare's *Merchant of Venice*, which

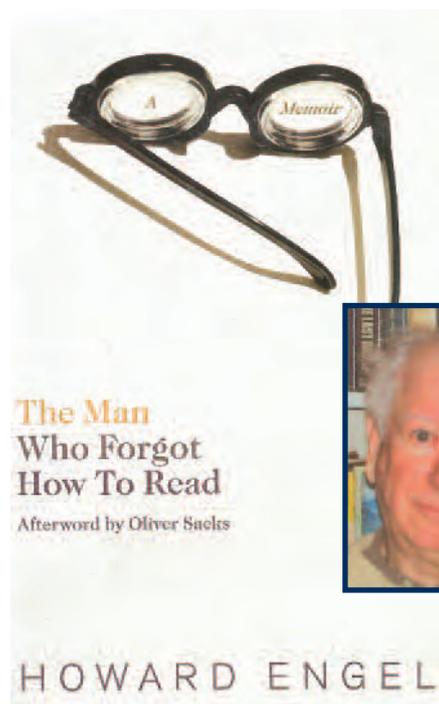
has become the focus of his recent reading. He also says he no longer reads the newspaper, which he has begun to appreciate as an advantage. "I now get my news fix by listening to the radio in the morning, so by eight o'clock, I'm done," Engle reports. "And I no longer have to worry about the clutter of accumulating newspapers."

*Memory Book* is only the beginning of Engel's post-stroke career. He is just completing the twelfth book in the Cooperman series, which takes Benny to Southeast Asia, where he is no longer the only one who can't read street signs and billboards. Engel comments, "Foreign travel has levelled the playing field." In addition to that and the Shylock book, HarperCollins Canada has also commissioned Engel to write a memoir focusing on his return to writing after his stroke. Rather than curtail his writing career, Engel's alexia has provided additional subject matter for his writing projects.

The mutual admiration and respect between Engel and his SLPs reflects the advantages and benefits of providing client-centred care. Ayuyao, Roth, and Cohen did their homework by researching neurologically acquired alexia and consulting with colleagues. Then they listened to what Engel had to tell them about the deficits and about what he needed to get on with his life. Engel describes himself as "a one-trick pony." There was never any doubt in his mind that he was going to get back to writing. Engel's SLPs became infused by his optimism and resolve, and this inspired them to provide the framework to allow him to achieve his goals. Thanks to skilled speech-language pathology intervention and Engels dogged determination, Benny Cooperman overcame his brain injury to continue to solve the mysteries of Grantham. A shining success story for a sunny summer's day.

# When Truth is Stranger than Fiction: Using Memoirs to Guide Patient/Client Centred Care

By Barbara Meissner Fishbein



Fans of Benny Cooperman the shy, unimposing small town Canadian detective will be happy to hear that he is doing well having resolved two more cases since his *Memory Book* was published in 2005.

Fans of Howard Engel, Benny's creator will be happy to hear that he is also doing well having sufficiently recovered from his 2001 stroke that left him an author who could not read. Engel's newest book is not a fictional detective story for which he is well known but a memoir entitled *The Man Who Forgot How to Read*. The mystery in this real life account is what makes Engel tick.

Engel says that long before his stroke, he had toyed with the idea of writing his memoirs. He had written some first

sketches of his life that he thought would eventually become a book. He wanted his memoir to capture the various twists and turns of his life. He wanted to talk about being born with an unfinished left hand and becoming a puppeteer as a young boy. He wanted to describe his experiences on the stage from public school through his university days at McMaster. He wanted to talk about his career in broadcasting at the CBC and his travels in Europe as a foreign correspondent.

*The Man Who Forgot How to Read* is not the book Engel had intended. In his initial discussions with the publisher there was a difference of opinion on how the book would develop. The publisher wanted a book that focused primarily on Engel's stroke and his recovery. He wanted "the whole stroke and nothing but the stroke," Engel recounts. The publisher had envisioned a book about a stroke that befell a writer. On the other hand, Engel wanted the book to be about his life as he had been planning, a story that had a broader scope in which the events surrounding his condition and rehabilitation would be but one part. Engel wanted to write a book about a writer who had a stroke.

Engel's description of his struggles with his publisher highlight how it is that people look upon those with impairments or any type of differences in terms of those differences, yet the people want to be seen as people first and their differences as one part of them. Health care providers tend to see

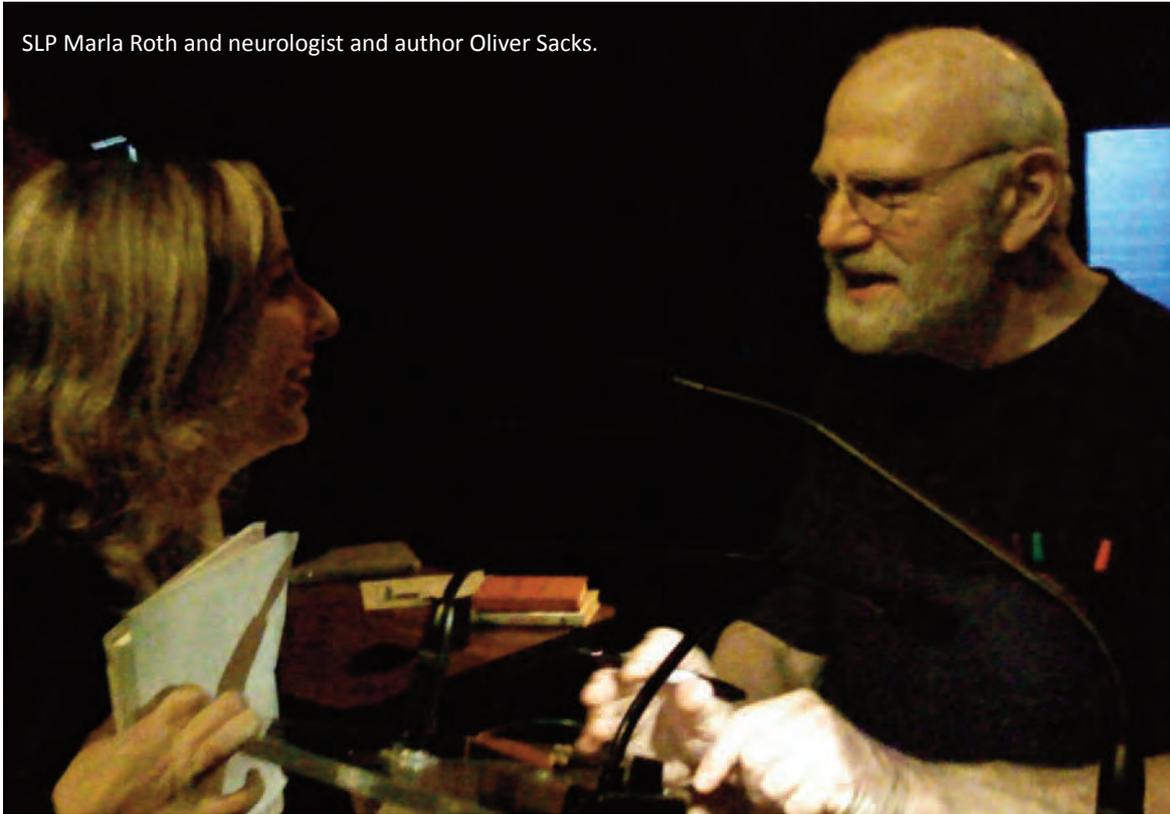
their patients/clients in terms of their diagnoses. Audiologists may refer to their patients/clients as that gentleman with the severe to profound hearing loss or the woman with the BTE, (behind-the-ear hearing aid). Speech-language pathologists refer to their strokes or stutterers or voice patients.

In the end, *The Man Who Forgot How to Read* served both masters. The book describes Engel's love of reading dating back to his childhood in St. Catharines, his career which took him from broadcasting to crime writing and his journey from stroke patient to published author. This story is set against a background of family and friends which paints a picture of Engel's personal life and provides a context with which the reader can identify. Engel is happy with the end result. As he wrote the book he realized that it had to demonstrate the effects of a stroke on a writer. "That" Engel states "is its chief success."

Oliver Sacks the famous New York City neurologist and author would agree. Engel came to Sacks' attention following a letter he sent at the recommendation of one of his speech-language pathologists, Marla Roth. Sacks appreciated Engel's unique situation and a few weeks later wrote to Engel asking if he could use quotes in an article to appear in the *New Yorker* magazine. This was the start of a correspondence which resulted in Sacks writing the afterward in both *Memory Book* and *The Man Who Forgot How to Read*.

One of Engel's goals in writing *The Man Who Forgot How to Read* was to illustrate the personal side to his story.

SLP Marla Roth and neurologist and author Oliver Sacks.



"I really wanted to communicate this special knowledge that I had gained. I wanted to tell it the way it is from the inside," he says. In the book, Engel gives a first-hand account of what it was to wake up one morning to find he is unable to read his *Globe and Mail*. "The letters, I could tell, were the familiar 26 I had grown up with. Only now, when I brought them into focus, they looked like Cyrillic one moment and Korean the next," he wrote. His first reaction was that he was the victim of a practical joke but when he realized that that the letters seemed to change before his eyes "like astigmatism on a drunken weekend" he determined that he had suffered a stroke and with his 12-year-old son, hailed a cab to the hospital.

Engel goes on to chronicle his hospital stay describing the sketchy memories, the frustrating word-finding difficulty and the slow and depressing realization of the impact of his alexia. "The idea of being cut off from Shakespeare and company left me weak. My life had been

*built on reading everything in sight. My jokes were based on reading; my take on current events was informed by reading. I was a one trick pony, and reading was my trick."*

The contribution of Engel's speech-language pathologists Roth, Lea Auuyao, and Michelle Cohen is described with respectful admiration. Engel references the August 2005 CASLPO Today article "Private Eye Tackles the Mystery of Language Processing," to fill in his memory gaps and use his therapists perspective as a backdrop for his own. In all cases the speech-language pathologists took their cue from Engel. They encouraged him to pursue his interests and supported him to regain the skills he needed to resume his vocation. Their sensitivity to Engel's particular situation coupled with their professional expertise was not lost on Engel.

*"I was impressed by the skill, dedication and inventiveness of all the therapists I*

*worked with both in the Rehab and, later, when I was back on the street. What I learned from them I quickly absorbed and made use of and I used much of it again to buttress the authenticity of the novel I had started working on. They had dropped the coloured stones that I followed to discover the way out of the forest. For this alone, I am forever in their debt."*

Part of the appeal of a memoir such as *The Man Who Forgot How to Read* is that Engel points out that a memoir that describes a devastating turn of fate and the challenges faced in overcoming the resulting impairments has the same appeal to a reader as a true crime story. One has the opportunity to view a life that one would not normally have known about with all its unique features and strange twists. Were it not for the catastrophe, these lives would be unknown. "It's like lifting up a stone and finding interesting creatures crawling underneath living unexpected, unpredictable, and random lives," he says.

# Help with Accessing Articles from the Allied Health Professional Development Fund (AHPDF)

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

As we continue to inform our membership of the latest evidence-based practice through article abstracts printed here in *CASLPO Today* and accessible on the website, we are pleased to inform you of the AHPDF's Electronic Health Library (EHL) Services to help you to access the articles.

The current data base options in the EHL include: Medline, SportDiscus CINAHL and PUBMED. The following journals are available:

Speech-Language Pathology	Audiology	Miscellaneous
AAC: Augmentative & Alternative Communication	American Journal of Audiology	Age & Ageing
Advances in Speech Language Pathology	Audiological Medicine	Archives of Neurology
American Journal of Speech-Language Pathology	Audiology Today	Archives of Otolaryngology
Aphasiology	Audiology Update	Autism: The International Journal of Research & Practice
ASHA Leader	British Journal of Audiology	British Journal of Learning Disabilities
Asia Pacific Journal of Speech, Language & Hearing	Ear & Hearing	Cleft Palate-Craniofacial Journal
Augmentative Communication News	Hearing Journal	Clinical Linguistics & Phonetics
Australian Journal of Human Communication Disorders	Hearing Loss Magazine	Clinical Rehabilitation
Brain & Language	International Journal of Audiology	Cochrane Database of Systematic Reviews
Child Language Teaching & Therapy	Journal of Audiological Medicine	Cognitive Rehabilitation
Communication Disorders Quarterly	Journal of the American Academy of Audiology	Disability & Rehabilitation: Assistive Technology
Dysphagia		Evidence-Based Practice
European Journal of Disorders of Communication		Infants & Young Children: An Interdisciplinary Journal of Special Care Practices
Folia Phoniatica et Logopaedica		Journal of Allied Health
Health Communication Forum Logopadie		Journal of Autism & Developmental Disorders
International Journal of Language & Communication Disorders		Journal of Continuing Education in the Health Professions
International Journal of Speech-Language Pathology		Journal of Laryngology & Otology
Journal of Child Language		Journal of Memory & Language
Journal of Communication Disorders		Journal of Multilingual Communication Disorders
Journal of Medical Speech-Language Pathology		Journal of Rehabilitation Medicine
Journal of Voice		Journal of Stroke & Cerebrovascular Diseases
Language & Speech		Language & Cognitive Processes
Language, Speech & Hearing Services in Schools		Stroke
Logopedics Phoniatics Vocology		Topics in Stroke Rehabilitation
Seminars in Speech & Language		
Topics in Language Disorders		
Both SLP and Audiology		
Journal of Speech & Hearing Research		
Journal of Speech, Language & Hearing Research		
Journal of Speech-Language Pathology & Audiology		

## How to access the electronic library:

1. Go to the AHPDF web site at [www.ahpdf.ca](http://www.ahpdf.ca)
2. Click on the tab Electronic Health Library **"Visit the Library Now."**
3. Create an account by clicking on **"Create an Account"** at the bottom of the page.
4. You will be asked to fill in demographic information including your **CASLPO membership number**.
5. You will receive an email informing you of your account, your user name and password.
6. Log in and begin your search.

## Services Offered

In the bottom right hand corner there is a **"Literature Search Toolbox"** .

Click on **"Basic Searching Videos"** and

you can watch a number of videos or power point presentations to explain how to search for articles, how to create journal alerts or search alerts, how to use Endnote or RefWorks and how to retrieve full text articles.

## Webinar: Introduction and Orientation to Literature Searching within the EHL

The AHPDF is running a series of webinars to help you learn how to effectively use the EHL

"This session will demonstrate how to find full text journal articles to answer your patient care, teaching and research questions. An experienced medical librarian will show you how to find relevant articles from the MEDLINE with Full Text, CINAHL with Full Text and Sports Discus with Full Text

databases to which you have access through the Allied Health Professional Development Fund. The ability to limit results to specific date ranges and topics will be shown. The capability to print, email and save results for immediate or future use will be reviewed."

## Next webinars:

Tuesday, November 13, 2012 @ 1:00 – 2:00 pm, EST

Tuesday, February 12, 2013 @ 10:00 – 11:00 am, EST

To register, select **"Electronic Health Library"** from the menu across the top and pull down **"Webinar."** This will take you to the page to register.

Good luck and good hunting!

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