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CASLPO TODAY



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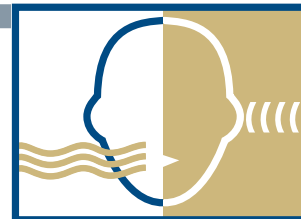
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Speech-Language Pathologists of Ontario
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orthophonistes de l'Ontario
A: 3080 Yonge St., Suite 5060, Toronto, ON M4N 3N1
T: 416-975-5347/1-800-993-9459
F: 416-975-8394
E: caslpo@caslpo.com | W: www.caslpo.com

REGISTRAR

David Hodgson

Ext: 215 | dhodgson@caslpo.com

DIRECTOR OF FINANCE

Gregory Katchin

Ext: 217 | gkatchin@caslpo.com

DIRECTOR OF PROFESSIONAL PRACTICE

Barbara Meissner Fishbein

Ext: 227 | bfishbein@caslpo.com

MANAGER OF PROFESSIONAL CONDUCT

Lynne Latulippe

Ext: 221 | llatulippe@caslpo.com

MANAGER OF REGISTRATION SERVICES

Colleen Myrie

Ext: 211 | cmyrie@caslpo.com

MANAGER OF SUPPORT SERVICES

Carol Lammers

Ext: 214 | clammers@caslpo.com

PROGRAM ASSISTANT

Nancy Louis

Ext: 210 | caslpo@caslpo.com

MANAGING EDITOR

Scott Bryant

ScottQBryant@aol.com

ART DIRECTOR/DESIGNER

Binda Fraser

905.627.0831 | binda.mac@cogeco.ca

SALES AND CIRCULATION COORDINATOR

Brenda Robinson

905.628.4309

brobinson@andrewjohnpublishing.com

ACCOUNTING

Susan McClung

CLASSIFIED ADVERTISING:

Brenda Robinson

905.628.4309

brobinson@andrewjohnpublishing.com

GROUP PUBLISHER

John D. Birkby

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The Three R's of Regulation

On April 20th, a number of individuals came together in Kananaskis, Alberta, for the second invitational meeting for interorganizational collaboration. All organizations concerned with the practice of speech-language pathology and audiology in Canada were invited, including provincial and national associations, regulatory bodies, and university programs. What began in 2007 with a need to more clearly delineate the roles of regulators, associations, and universities in Ontario has grown into a collaborative, national effort including more than two dozen representatives from several sectors and regions of the country. So how does such a large group of people begin to tackle such a multifaceted task? How does each organization advocate for its own vision and priorities, while keeping the broader focus in mind? By applying a planning tool developed by our Registrar known as the 3 Rs we came to the table with a simple, yet effective formula which has proven to be applicable to any number of challenges: Results, Roles, and Rules.

Results: What do you want to achieve? What is the desired end?

Roles: Who will be involved? Who will do what?

Rules: What methods will be used by the individuals involved to achieve the results?

Apply this to any task, no matter how complex or mundane it may seem. The laundry is piling up. The desired *result*: an empty basket. The *roles*: I'm in luck. It's my husband's turn to do it. The *rules*: sort the darks from the whites, and please don't put my favourite outfit into the dryer again! The rules will of course differ depending on who is completing the task.

Are you dealing with a particularly challenging patient/client? Do you want to improve your department's performance? Are you mentoring a new registrant? Are you moving to project management? The formula remains the same.

In Kananaskis, the 3 Rs were front and center as representatives engaged in discussions on the following topics:

- Mandates, roles, and terminology associated with professional regulation, advocacy, and training
- Public relations and education activities
- Identifying opportunities for collaboration

Results: The expected outcome of this one-day meeting was an action plan which sets both short- and long-term goals for the group. The 2008-2009 Interorganizational Collaborative Action Plan was established with several initiatives identified. Among these was the establishment of a steering group for ongoing collaboration, comprised of a smaller number of representatives from the three sectors (association, regulation, education).

Roles: A member of CASLPO will represent the regulatory bodies on the steering committee, whose role is to more clearly delineate organizations' roles across the country. For example, who is responsible for ensuring that

graduates of university programs are competent and ready to accept the responsibilities conferred upon them? Who should be setting standards for the professions? How can associations best serve their members in each province, given that 80% of Canadian professionals are regulated?

Members of the meeting were all in agreement that the establishment of this committee is a landmark decision which will have a long-lasting impact on both professions.

Rules: How will the universities, associations, and regulators implement action plans in the best interest of their members and the general public? How will decisions be made when there is overlap in mandates and organizational goals? One can easily imagine the multiple challenges to be faced in the upcoming months. The commitment of this group, however, was so apparent in Kananaskis that we envisage the ongoing effort required to achieve successful collaboration will be put forth by all partners.

You may be asking yourself how this impacts on your provision of services to the public. One of the most significant initiatives discussed at this meeting was the

establishment of common standards for the professions. Currently, standards are developed by many organizations and groups, often in similar areas and sometimes providing divergent advice. It was recognized and agreed that standards, guidelines, and other statements affecting the professions should be as uniform as possible across Canada in the interests of the public and the members. It was further understood that collaboration on the development of these documents amongst associations, regulatory bodies and universities is essential. The objective is to reduce or eliminate potential confusion when professionals are members of more than one regulatory body and/or association and advice varies with respect to standards – to which must they adhere? This is just one example of the groundbreaking work in which CASLPO will participate in the near future, always keeping the 3 Rs in mind.

Karen Luker, M.H.Sc.
President, CASLPO

COUNCIL HIGHLIGHTS: JUNE 2008

Council held its regular Council meeting on June 5, 2008. The following are the highlights.

- Council approved the Position Statement on the Use of Support Personnel by Audiologists for circulation to the members for comment.
- Council discussed the recommendation from the Audiology Committee that CASLPO make a submission to the Health Professions Regulatory Council to authorize audiologists to prescribe pharmaceutical agents. The minister has asked HPRAC “to examine the authority given to non-physician health professions to prescribe and/or use

drugs in the course of their practice under the Regulated Health Professions Act, 1991 (RHPA) and the health profession acts. I ask that the Council provide advice specific to each of these professions respecting whether lists, categories or classes of drugs should be prescribed by regulation for the profession, or whether restrictions on prescribing of drugs should be placed in regulation under the respective health profession Act.”

Further, the minister has asked “that the Council pro-

vide advice on a framework and process for the ongoing evaluation of requests by Colleges for changes to regulations in this regard to ensure that such regulations reflect efficiency, best practices of the profession and provide maximum public protection.”

Council requested that a report on the feasibility of making the submission and costs and benefits be prepared for review in September and that the universities and other external stakeholders be consulted in the process.

- Council approved the Position Statement on Equipment Servicing for publication.
- Council discussed the recommendation that the QA Regulation be amended and circulated to the members and other stakeholders for comments. The Health System Improvements Act, 2006 has changed the minimum requirements for the quality assurance program. While it is likely that the current program does, or easily could be adapted to, meet those requirements, the ministry wishes the regulation to follow the actual language of the Health System Improvements Act, 2006. Council directed that the QA Regulation be amended and circulated to the members and other stakeholders for comments
- Council discussed next steps on Interprofessional Collaboration

and Interprofessional Care initiatives. CASLPO has made its submission to HPRAC on interprofessional collaboration. This was made available to all members. Interprofessional collaboration is a new objective of all Colleges. In CASLPO's submission to HPRAC a number of specific items for interprofessional collaboration amongst Colleges that were suggested by CASLPO members were raised.

- Council discussed possible opportunities and barriers to interprofessional collaboration with other professions and Colleges such as dietitians, psychologists, occupational therapists, physiotherapists, physicians, and whether or not CASLPO should attempt to develop common standards and resolve scope of practice issues. Council decided that a report identifying opportunities and barriers to interprofessional collaboration amongst professions and Colleges and a work plan to pursue these be prepared for Council review in September.
- Council discussed CASLPO's role in national regulatory issues. It was noted that CASLPO now coordinates and chairs meetings of the Canadian Alliance of Regulators (CAR), collaborates with CAR members in the sharing and development of standards; and prepares

papers for and attends annual interorganizational meetings. CASLPO also participates on the Competency Profile Project, will lead the development of competency assessment tools and participates on the Accreditation Board. Council reaffirmed its commitment to national regulatory issues and requested a work plan for September.

- Council discussed whether or not to continue to jointly fund with OSLA the Communications Health Information Line (CHIL). This information line provides telephone and web access to unbiased information about the services offered by speech-language pathologists and audiologists in Ontario – in both the public and private sectors.

The line is accessed by physicians' offices, other health care practitioners, parents, children of parents in need of the services of our speech-language pathologists and audiologists, and speech-language pathologists and audiologists themselves. Council decided that CASLPO should continue to fund jointly with OSLA the Communications Health Information Line.

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

Discontinuing Services that are Still Needed

By Lynne Latulippe, Manager of Professional Conduct

In general, CASLPO members are not allowed to discontinue patient/client services that are still required. However, the Professional Misconduct Regulation sets out some of the circumstances in which professional services that are still required can be legitimately withdrawn.

Amongst the reasons that necessary services can be terminated are that discharge criteria are imposed by the employer, the patient/client has not provided payment, and that the member reasonably believes that he or she may be physically or sexually abused by the patient/client.

Nevertheless, when services that are needed are discontinued or refused, patients/clients should not be abandoned and reasonable attempts should be made to arrange alternative services.

Members who contact the College's practice advisory services when considering withdrawal of services recognize that this decision is to be taken only after careful reflection. The following practice scenarios present some situations brought forth by members in which services can be withdrawn, and also explain how to proceed when discontinuing services. Members are also advised to comprehensively document all relevant information pertaining to the service termination, for the protection of both the member and the patient/client.

Through the process of assisting a patient/client in improving her communication skills, I learned of the patient/client's ongoing involvement in illegal activities. When I raised the matter with

the patient/client, she confirmed my suspicions. Although I explained to her my discomfort at being informed of these activities and requested that she no longer share any of the information with me, she has continued to do so. I now wish to terminate this professional relationship. May I do so?

The member is not required to continue to offer services in this situation. The member should explain to the patient/client the reason for her decision to withdraw service, and as previously indicated, assist the patient/client in obtaining alternative services. This could consist of directing the patient/client to publicly funded and private service providers or to the professional associations, such as OSLA and the Communication Health Information Line.

The publicly funded organization with which I am employed has policies that limit services according to criteria such as the patient/client's age and the number of sessions offered. Nonetheless, the employer does not want me to allude to those restrictions when I communicate with patient/clients who still require therapy but who, according to the organization's policies, will not be provided with any further services.

Rather the employer is requesting that I simply indicate that any future services will be offered "as available."

In this case, it would appear that the services are being halted because restrictions in the length or type of service are imposed by the employer, which is one of the situations in which service can be discontinued, as stated in the Professional Misconduct Regulation. Thus, the member should inform the patient/client of the need for further services and of the organization's policies, and provide advice on how to obtain other services through other community agencies, any available alternative funding sources or the purchase of private services.

A patient/client has been consistently missing appointments and this is having a significant impact on the services provided. When the patient/client does attend, she is cooperative and consistently follows through with my recommendations. I have discussed the issue of the missed appointments with her to ensure she understands their impact, but she still continues to not show up for many appointments.

Many members and their employers have attendance and

cancellation policies that are reviewed with patient/clients at the beginning of services, and patients/clients are made aware of the outcome of missed appointments. If a patient/client repeatedly does not show up for appointments, it can also be assumed that the patient/client has withdrawn consent for treatment, and has thus agreed to the discontinuation of services.

In this case, the member may want to review any existing policies anew with patient/client, and ask her to reconsider her commitment to the services offered by the member. In general, when patient/clients stop attending appointments, attempts should be made to contact them and remind them of any attendance policy. For example, a letter may be sent to them regarding the matter.

Do you have any questions regarding fee for service issues? We would like to hear from you. Please contact Lynne Latulippe, Manager of Professional Conduct at llatulippe@caslpo.com or at 416 975-5347 or 1 800 993 9459, at ext. 221.

CASLPO Priorities for 2008/9

On Friday, June 6, 2008 members of the Council of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) participated in their annual priority setting session. The purpose of the session was to examine issues and activities in order to set priorities for 2008/2009. The identified priorities will be used to develop a *Workplan and Budget* for Council consideration and approval in the fall of 2008.

To set the stage for the discussion, the Council was reminded of the mandatory regulatory responsibilities, past year's priorities and recent environmental factors impacting the CASLPO direction and operations. The Council also reviewed the core values; mandate, mission, and objectives; core and discretionary activities; and current allocation of time and financial resources.

Six strategic areas were examined in order to identify CASLPO's responsibilities, desired outcomes, resource and implementation implications, and the relative importance of taking action in each of the strategic areas. The following are some of the action items that will flow from the decisions that were made.

- The QA committee will review the Self Assessment Tool and other QA program requirements and processes to ensure compliance with the revised QA Regulation and the Health Systems Improvement Act (Bill 171) and develop a QA Program Manual
- Staff will undertake a major member education program

regarding the new/recent PSGs through a series of one day seminars and other educational tools such as webinars and other online tools.

- A proposal to develop a PSG on Central Auditory Processing Disorders will be assessed by Council.
- A proposal to develop a PSG on Vestibular Function Testing to outline the audiologist's role and standards associated with vestibular function tests and treatment of patients will be assessed by Council.
- A report on the feasibility of making a submission to the Health Professions Advisory Council requesting prescribing rights for audiologists to prescribe topical medications be prepared for review by Council. Universities and other external stakeholders will be consulted in the process.
- A report identifying opportunities and barriers to interprofessional collaboration amongst professions and colleges and a work plan to pursue

these will be prepared for Council.

- The public awareness project will continue to move forward with a specific request for funding for audiologists to provide hearing testing for persons less than 21 years of age.
- The Audiology Committee will undertake a review of issues related to the Assistive Devices Program in terms of hearing aid corporations being authorized to dispense and report to Council.
- The SLP committee will develop a guide for members working in school boards to deal with a variety of issues ranging from consent to record keeping will be developed. It informs both member SLPs and their school board employers about regulatory matters affecting SLPs.
- A strategy will be developed to advocate for a significant role for SLPs in the provision of services to individuals with autism
- A proposal to develop a PSG on the SLP role in the provision of services to individuals with autism will be assessed.
- A proposal to hold a two-day conference in the fall of 2009 for members on regulatory matters will be assessed.
- A paper outlining options for a tool to assess members' competencies assessment tool will be developed in conjunction with the Canadian Alliance of Regulators.
- The Mentor Training Program will be completed.
- There will be a smooth transition to the Inquiries, Complaints, and Reports Committee by June 2009.
- The development and implementation of an Alternative Disputes Resolution Process will be completed.
- The bylaws and regulations and governance policies of CASLPO will be updated and amended as necessary to ensure compliance with the amendments to the Regulated Health Professions Act.
- CASLPO will pursue a government relations strategy and develop relationships with key government officials in order to develop a positive long-term working relationship. In addition, specific government relations activities would be undertaken in pursuit of specific goals such as funding for hearing testing and a role for SLPs in autism.
- CASLPO will develop a positive relationship with external stakeholders and develop a higher profile for the professions with other colleges and professions to assist CASLPO in achieving its goals and to ensure that our regulatory decisions take into account the views of our stakeholders.

In the coming months members will be updated on the progress on these activities. For more information contact David Hodgson Registrar. dhodgson@caslpo.com

Executive Elections

CASLPO is pleased to announce the results of the election of officers for Executive for 2008/2009.

President – Karen Luker, a Speech-Language Pathologist from Ottawa

Vice President – Audiology – Marilyn Reed, from Toronto

Vice President – Speech-Language Pathology – Meg Petkoff from Hamilton

Executive Member – André Marcoux, an Audiologist from Ottawa

Executive Member – Bryan De Sousa, a public member from Toronto

Executive Member – Pauline Faubert, a public member from Toronto

Use of Titles and Designations by Members

By Lynne Latulippe, Manager of Professional Conduct

The College frequently receives enquiries from members regarding how they should communicate their titles and designations. Members are regularly called upon to convey their qualifications as service providers to their patient/clients and their families, to the public and to colleagues, among others. In doing so, CASLPO members must comply with a variety of regulatory requirements (Please see box).

As members are aware, the titles “audiologist,” “speech-language pathologist,” and “speech therapist” are reserved exclusively for use by CASLPO members. Consistent use of protected titles by CASLPO members would assist in raising public awareness of the professions of audiology and speech-language pathology, and members of the public will be able to recognize and understand that CASLPO members are regulated professionals who are held accountable for their services. Thus, CASLPO offers the following guidance to members regarding the use of titles and other designations.

Recommended Title

The College recommends to members that they identify themselves, by using the terms “Audiologist,” or “Speech-Language Pathologist,” as appropriate, followed by the designation: “Reg. CASLPO”.

It is recommended that this title be placed first among all member designations, immediately following the member’s name. The College also recommends that the titles “Audiologist” and “Speech-Language Pathologist” stand alone, and not be modified, or added to, with any other designations.

Ex. Jane Doe, Audiologist, Reg. CASLPO

Ex. John Doe, Speech-Language Pathologist, Reg. CASLPO

Of course, members can choose to abbreviate the protected titles, by for example indicating “Aud.” or “SLP”. Additionally, members can choose to indicate “Registration CASLPO” rather than “Reg. CASLPO”. Members are reminded that the term “registration” is the preferred term for membership in the College, rather than certification, which generally refers to voluntary membership in an association or group.

Members may also choose to include their CASLPO registration number as a designation.

Optional Designations

If members wish to use additional titles, designations or credentials, these should be used in addition to, rather than a substitute for, the protected title. The College supports members wishing to inform persons of their other qualifications by means of descriptors such as job titles and academic qualifications.

Educational and academic credentials: In the course of their academic training, members may have obtained a variety of academic credentials that are in fields related

or unrelated to their profession of audiology or speech-language pathology. Members are allowed to indicate the titles, abbreviated or not, of the academic programs from which they have graduated. (Please note that specific requirements apply to the academic credentials granted through doctoral programs, as members who have obtained a doctoral degree are required to identify themselves as stated in CASLPO’s position statement “Use of the Title Doctor.”)

Job Titles: Members are allowed to list descriptors incorporating protected titles, such as job titles, however, these should be listed separately from the College designation of “Audiologist, Reg. CASLPO” and “Speech-Language Pathologist, Reg. CASLPO”.

Ex. Jane Doe, Audiologist, Reg. CASLPO, Dispensing Audiologist

Ex. John Doe, Speech-Language Pathologist, Reg. CASLPO, Chief Speech-Language Pathologist

Requirements

Prohibition on the use of the term “specialist”: Members are prohibited from using the term “specialist” or any term, title or designation referring to or inferring a special-

ization in audiology or speech-language pathology unless the College has issued a specialist certificate to the member. Within the regulated health professions, “specialist” refers to someone who, as established by their regulatory College, has completed both a prescribed course of training beyond that required for initial practice and an examination evaluating their knowledge in that specialty. Currently, CASLPO does not have areas of specialty for its members, as is the case for many Ontario health regulatory bodies.

Non-practicing membership class: Non-practicing members must use the designation “Non-Practising” if they refer to themselves as an “Audiologist”, “Speech-Language Pathologist” or “Speech Therapist”.

Life membership class: Life members must use the designation “Retired” if they refer to themselves as an “Audiologist”, “Speech-Language Pathologist” or “Speech Therapist”.

It is hoped that consistent use of the recommended titles by members will benefit both the public and the professions by indicating that persons who are entitled to use the protected title have met standards of entry into the profession. Consistent use of the protected titles will assist in informing the public of the role and value of CASLPO members. When appropriate, members could take the opportunity to review with patients/clients the significance of being registered with a regulatory College.

A variety of College documents address member requirements for identification when providing services or offering to provide services to the public. Members are guided by the Code of Ethics which indicates that members:

- 1.3 will be honourable and truthful in all their professional relations
- 4.1 will not misrepresent credentials, competence, education, training or experience
- 4.3 will undertake to provide accurate information to the public

CASLPO members are also required to maintain professional standards, as described in the Professional Misconduct Regulation.

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:
 - (16) Inappropriately using a term, title or designation in respect of the member’s practice.
 - (17) Inappropriately using a term, title or designation indicating a specialization in the profession.
 - (34) Improperly advertising or permitting advertising with respect to a member’s practice.

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fax: (519) 271-1177
tel: (519) 272-8210
ext. 2733**

We thank all candidates for their interest; however, only those to be interviewed will be contacted.



Grey Areas

Informed Consent

“Better a friendly refusal than an unwilling consent.”

– Spanish Proverb

Informed consent might be one of those principles that is honoured more in its breach than in its practice. A fundamental concept for all professions, client consent is essential to the professional relationship. Without it the trust necessary for the professional relationship to work is missing.

Applies to All Professions

While perhaps originating in health care, the principle of informed consent applies to all professional relationships. Often other terms are used to describe the concept such as: informed choice, acting on client instructions, the “know-your-client” rule and receiving a project mandate. Regulators can foster consent by practitioners through educational initiatives.

Spheres of Consent

In fact, the need for consent generally arises in three distinct areas:

1. consent to provide professional services,
2. consent to collect, use and disclose personal information, and
3. consent for the billing arrangements with the client.

Often practitioners need to be reminded to obtain consent in all three spheres.

Need for Consent

Failure to obtain consent can result in professional, civil and even crim-

inal liability (e.g., assault, theft, fraud). Some professionals ignore the need to obtain consent in the hope that they will not be held civilly liable for damages because the client would have agreed to the professional service if the client had been informed of all of the facts. However, in a recent Ontario Court of Appeal case, a physician was sued successfully for failing to obtain informed consent even though there was no negligence: *Huisman v. MacDonald*, 2007 ONCA 391. The court concluded that this particular patient might not have voluntarily assumed the risks that the physician assumed she would take.

“Nobody can hurt me without my permission.”

– Mahatma Gandhi

The values of our society reject, with increasing frequency, the arrogance of the proposition that the professional knows what is best for the client. Such an approach to clients is now viewed almost universally as unacceptable paternalism. Certainly such conduct is becoming an increasingly significant source of complaints for regulators. It is no longer sufficient to say “leave it with me.” As in personal relationships, professional relationships should not operate on the principle that “it is better to ask for forgiveness afterwards than to ask for permission first.”

Obtaining Consent

To be genuine, consent must be

based on a discussion of the relevant considerations in making the decision. Clients have to understand the nature of what is proposed to be done on their behalf. They need to know why it should be done. They have to be acquainted with what could go awry and the chances or odds of that happening. It is equally as important that clients must appreciate their options, including the alternative of doing nothing. Clients must have the ability to raise any individualized issues that may separate them from the “usual” client. Only then is the practitioner safe in accepting that they have authority to act.

It is not adequate to say that the matter is too complicated to explain. Even though clients come to you for your expertise in an area that they do not understand, it is still possible to give clients the “big picture” of what is involved and a sense of what the risks and benefits are.

Many practitioners assume that obtaining written instructions is sufficient to protect them. This assumption is incorrect. A written document that has not been explained and understood by the client is of no value. In many hearings clients assert that they were rushed to sign a paper they did not read and did not appreciate that they had a choice. This type of assertion is often credible because it resonates with the experiences we all have every day at the bank, the dry cleaner, renting a car or surfing

the Internet.

Real consent is obtained by the meeting of the minds between the client and the practitioner. A broad spectrum of strategies is necessary to achieve these goals including:

1. using handouts,
2. verbal explanations,
3. employing visual aids where feasible,
4. seeking client feedback as to what they understand,
5. asking clients if they have any questions,
6. proper use of a consent form,
7. documentation in the file of the consent obtained, and
8. frequent updates and reports while providing the service.

Of course, the ability to communicate clearly in non-technical language is a huge asset.

Obtaining consent should be viewed as a process, not an event.

Application to Regulators

In some respects, regulators are frequently ahead of practitioners in the consent realm. While practitioners rarely have the right to proceed without consent (basically only where there is an emergency or an express legal duty to disregard the client's wishes), professional regulators have the legal ability to act unilaterally in much of what they do. However, many regulators go out of their way to circulate proposals, consult with stakeholders, poll leaders of the profession, place website postings and give formal

notice before establishing policies or taking regulatory action. Even after making a decision on a matter, regulators frequently develop a communications plan as part of implementation.

Both to benefit their members and to proactively reduce complaints, regulators should strive to communicate with members about how to obtain informed consent for all professional services.

This article has been reproduced with permission from Grey Areas, No 113, (July 2007). Grey Areas is a newsletter published by Steinecke Maciura LeBlanc, a law firm practicing in the field of professional regulation. Grey Areas is also available on their website: www.sml-law.com

Renewing Your Registration For 2008/2009

This year, your 2008/2009 Registration Renewal is due on or before Wednesday October 1, 2008.

You can renew for 2008-2009 online at www.caslpo.com. You can also renew using a paper renewal form if you download CASLPO's 2008-2009 renewal package from our website. If you would like the College to send you a renewal package, you must make a request by telephone, email or fax before September 19. After this date, College a renewal package may not get to you in time by regular mail for you to meet the October 1 deadline.

Please be advised that CASLPO does not allow a grace period.

Renewals received after October 1 will incur a 20% late penalty. Renewals received after October 1 without a late penalty payment will not be processed.

To avoid delays and late fees, we encourage you to complete your renewal as soon as possible. If you choose to pay your annual fee by cheque, you may submit a completed renewal form and your post-dated cheque for October 1, 2008 well in advance of the renewal deadline. Your post-dated cheque will not be deposited until October 1, 2008.

If you are not renewing your membership, please complete the Resignation Section of the paper renewal application form and return it to the College on or before October 1, 2008. If you fail to renew your membership with the College and do not resign, your membership will be suspended for non-payment of fees.

Here are some of questions that the College has received about the renewal process. We hope you find these questions and answers helpful and informative.

How do I Complete My Annual Renewal Online?

The online renewal process is divided into 12 easy steps:

1. Login to the system using your registration number and date of birth;
2. Verify your general information;
3. Verify or update your residential information;
4. Verify or update your primary business information and professional liability insurance coverage;
5. Verify or update your secondary business information and professional liability insurance coverage;
6. Verify or update your preferred mailing address information;
7. Complete the Patient Care or Related Work section;
8. Complete the Quality Assurance section;
9. Complete the Mentorship and Statistics sections;
10. Complete the Conduct section;
11. Complete the Declaration section; and
12. Complete the payment section (Visa or MasterCard only).

I Am Unable to Login. What Should I Do?

Call the College during business hours for assistance at 416-975-5347 ext 217 or 211. We may have a data entry error in your birth date and this can be updated in real time so that you can try again immediately.

I Am Experiencing Computer Problems. What Should I Do?

1. Try upgrading your internet browser to:

- a. Microsoft Internet Explorer 6 or newer
 - b. Firefox 1.0 or newer
 - c. Netscape 6 or newer
 - d. Mozilla 1.5 or newer
2. Try setting your screen resolution to 1024 x 764
 3. Try setting your web browser to accept cookies
 4. Try setting your web browser to accept pop-ups

If these solutions are unsuccessful, you may wish to try to renew from another computer or download a paper version of the renewal package.

I Am Unable to Update My Registered Name Online. What Should I Do?

If you wish to change your registered name, you should not renew online. You should submit a paper renewal form indicating how you would like your name to appear on the register along with your payment and a legal document to support your name change (i.e., marriage certificate, or evidence of legal name change)

The Name of the City Where I Live or Work Does Not Appear on CASLPO's Drop Down Menu. What Should I do?

Call the College during business hours at 416-975-5347 ext. 217 or 211. This information can be updated in real time so that you can continue your renewal.

The Name of the Organization that I Work For Does Not Appear On CASLPO's Drop Down Menu. What Should I Do?

Call the College during business hours at 416-975-5347 ext. 217 or 211. This information can be updated in real time, so that you can continue your renewal

What Credit Cards Are Acceptable?

The online renewal system accepts Visa and MasterCard payments only.

The Online Renewal System Won't Process My Credit Card Payment. What Should I Do?

Please check your credit card's expiry date and ensure that you have entered your credit card number correctly and without any hyphens, underlines, or spaces. If your payment has still not been approved and you are sure that you have entered your credit card information correctly, you must contact your credit card company. CASLPO cannot assist with this problem. You might also wish to try another credit card.

Can I Provide My Credit Card Information to Staff Over the Phone?

If you have completed the online renewal without submitting your payment, you can provide your credit card number to College staff over the telephone. Alternatively, you may also mail a cheque or money order to complete the process. However, staff will not accept your credit card number over the telephone if you have not completed your renewal online.

Can I Get a Receipt of My Online Transaction?

A receipt for your online transaction will be displayed at the end of your successful online renewal. We encourage you to print this receipt for your records before you leave CASLPO's renewal system. *You cannot go back and print this receipt at a later time after you have closed your browser.*

How Do I Get a Paper Registration Renewal Package Mailed to Me?

Simply contact the College to

request a package, providing your name and registration number.

You must request a paper renewal by mail by September 19, 2008. Otherwise your renewal package may not reach you in time for you to complete and return your renewal to the College on time.

Paper renewal packages may also be downloaded from the College's website at www.caslpo.com

I Have Not Met the Requirement for Patient Care and Related Work. What Should I Do?

General members are required to complete at least 250 hours of patient care or related work in audiology or speech-language pathology annually (i.e., the period, October 1, 2007 to September 30, 2008). If a general member has not provided at least 250 hours over the past year, the member may still maintain his/her certificate if the member has provided at least 500 hours of patient care or related work in audiology or speech-language pathology over the last two years (i.e., for the period October 1, 2006 to September 30, 2008).

If you have not met either of these requirements, you must submit a completed paper renewal form explaining why you have not met this requirement. You may be asked to accept conditions on your certificate of registration with CASLPO or the College may take remedial action.

I Wish to Resign my Registration. How Should I Do This?

You must send a resignation letter to the College or notify the College of your resignation using the paper registration renewal application form. You must state clearly the date on which you wish your resignation to take effect. When your resignation becomes effective, your Certificate of Registration expires and you must cease practising in Ontario.

After your resignation, you will remain subject to the College for professional misconduct relating to the time when you were practising in Ontario.

I am a Non-practicing Member. How Do I Change the Class of My Certificate of Registration Back to General?

You must submit a paper renewal form requesting a change of class from non-practising to general along with the annual fee for 2008-2009 and a report of your Continuous Learning Activity Credits (CLACs) for 2005, 2006, 2007, and 2008.

Please be advised that non-practising members who have been absent from professional practice for more than three years, must have their renewal applications reviewed by a panel of the College's Registration Committee prior to returning to a General certificate and may be required to:

1. successfully complete a period of mentored practice specified

by the Committee; and

2. successfully complete an examination specified by the Committee.

When Will I Receive My Membership Card?

Your membership card will be mailed to you ideally at the beginning of November when the College has completed the processing of most of the mailed renewal forms.

When Will I Receive My Tax Receipt?

Your tax receipt for 2008 will be mailed to you in mid January 2009.

I Will Not Be Working for a Portion of the Registration Year. Am I Eligible for a Reduced Fee?

Registration fees are not prorated. If you are practicing as an audiologist or speech-language pathologist at any time between October 1, 2008 to September 30, 2009, you are required to hold a certificate of registration that allows you to practice (i.e., General, Academic, or Initial) and pay the full fee.

Whom Do I Contact If I have Additional Questions?

If you have questions about renewing your certificate of registration with CASLPO, please contact the College via email at gkatchin@caslpo.com or cmylie@caslpo.com or by telephone at 416-975-5347 or 1-800-993-9459 at extensions 217 or 211 Monday through Friday from 8:30 am to 4:30 pm.

Competency-Based Standards for Audiology and Speech-Language Pathology

By Karen Luker, President, CASLPO

Since the 1990s, there has been an increased focus on competency-based standards related to various aspects of professions. Competency profiles are developed to provide an inventory of the competencies – the knowledge, skills, and abilities – that are central, core or essential to the effective practice of the professional. Such profiles outline competencies which are measurable, outcome-based, and serve to:

- Position a profession within its practice and regulatory environments;
- Provide a clear understanding for the public about professional roles;
- Guide the development of curricula, accreditation standards, registration requirements, and examinations items;
- Inform regulation, research, and policy development;
- Facilitate the assessment of internationally educated professionals; and
- Provide information for professionals about their roles and functions as foundation for reflection about their practice, continuing professional development and development of advanced practice.

Many competency profiles are based on approaches that reflect practitioners' tasks and activities within the professional process.

More recently, competency profiles have been anchored on the professionals' roles.

A recent project, funded by Human Resources and Social Development Canada, aimed to develop draft competency profiles for the professions of audiology and speech-language pathology in Canada. Draft profiles, including key and enabling competencies, have been outlined and reviewed by a steering committee and two working groups composed of representatives from across the country and across practice settings. These groups adopted the CanMEDS Roles Framework (2005) as the tool of choice to identify and describe the meta-competencies or roles for both professions. The roles identified include: *expert* in the specific profession, *communicator*, *collaborator*, *practice manager*, *advocate*, *scholarly practitioner*, and *professional*. The framework includes a definition and description for each of the seven roles as well as key competencies and enabling competencies. Each of the competencies is described in terms of expected performance outcomes. An example of one key competency, as well as its associated enabling competencies for the role of "Communicator" follows (in its current draft form):

Key Competency

2.1 Develop rapport and trust in therapeutic relationships with clients

Enabling Competencies

- Demonstrate active listening
- Respect patient confidentiality
- Deliver information in a thoughtful manner
- Use plain language that is understandable
- Be sensitive to nonverbal cues
- Encourage and support participation in decision-making

The next phase of the project will involve focus group review and broad stakeholder consultation. Once the competency-based profiles are approved, the next step will be to adopt an assessment model that would utilize the agreed-upon competencies for regulatory (e.g., entry to practice assessments, and quality assurance programs) and other purposes. CASLPO looks forward to continuing its involvement in this project and will keep members apprised of developments as they occur. A full background document is available in English and French on the "What's New" page at www.caslpo.com.

Reference

- Frank JR, editor. 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada.

The Yellow Pages Project: The College Protects Member Titles

By Lynne Latulippe, Manager of Professional Conduct

To the proprietor:

As you may know, the College of Audiologists and Speech-Language Pathologists of Ontario ("the College") regulates the practice of audiology and speech-language pathology in Ontario. The College is responsible for, among other things, protecting the integrity of restricted titles as well as enforcing provisions that prevent unregistered persons from holding themselves out as qualified to practice these professions in Ontario.

The College is undertaking a review of organizations that are listed at yellowpages.ca as advertising under the "audiologist" classification, to determine whether or not the use of this restricted title complies with the *Audiology and Speech-Language Pathology Act, 1991*.

We direct your attention to the following sections of the *Audiology and Speech-Language Pathology Act, 1991*:

Section 8(1) states:

No person other than a member shall use the titles "audiologist", "speech-language pathologist" or "speech therapist", a variation or abbreviation or an equivalent in another language.

Section 8(2) states:

No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as an audiologist or a speech-language pathologist or in a specialty of audiology or speech -language pathology.

Section 10 states:

Every person who contravenes subsection 8(1) or (2) is guilty of an offence and on conviction is liable to a fine not more than \$5,000.00 for a first offence and not more than \$10,000.00 for a subsequent offence.

To assist us in our review please provide us with the following information:

1. The name(s) of the audiologist(s) providing services at your facility.
2. The number of hours per week each audiologist is present at your facility.

Please provide this information by June 26 2008. If you have any questions, please contact me at 416-975-5347 extension 215.

Yours truly,



David Hodgson
Registrar

Have you or your employer received this letter? Over 300 of these letters have been forwarded to businesses as part of the College's large-scale review of the use of the terms "audiologist" and "audiology" in the Yellow Pages telephone directories throughout Ontario.

As members may be aware, a critical College responsibility is the protection of titles that are reserved for use by CASLPO members. The Audiology and Speech-Language Pathology Act unequivocally states that the titles "audiologist," "speech-language pathologist," "speech therapist," and any variation, abbreviation, or equivalent in another language are reserved solely for CASLPO members.

Title infringement is a serious matter and the College investigates all reported instances of unlawful title use. When it appears that a violation has occurred, the person involved is asked to cease and desist from using the protected title. If there is resistance to conform to the Act's requirements, the College has the right to prosecute and any person who contravenes the Act's provisions and is found guilty of an offence is liable for significant fines.

The College regularly deals with

title infringement issues, often as the result of inquiries from both the public and CASLPO members. In particular, the College receives telephone and e-mail communications from members of the public who have received hearing testing and hearing aid services and, for a variety of reasons, have believed that those services were provided by an audiologist. Those patients/clients often express surprise and dismay when informed that the service provider is not an audiologist, and is unregulated.

In response to these concerns, the College has forwarded this letter and similar ones to the following businesses listed in Ontario in the Yellow Pages directories, and online at www.yellowpages.ca:

- The three listings including "Audiologist" in the business name.
- The 70 listings incorporating "Audiology" in the business name.
- Over 250 businesses listed in the category "Audiologists."

Businesses that have stated, in reply to the College's enquiries, that they do not have an audiologist providing services have been advised to

notify the Yellow Pages to have their listing modified, to remove any reference to audiologists and audiology. The College has been advised that online listings at yellowpages.ca can be changed fairly quickly but that listings in the paper directories can only be corrected at time of next printing.

At this time, the College's enquiries have not extended to the businesses included in the "Speech-Language Pathology" category in the Yellow Pages, as indications are that most of these facilities do indeed employ speech-language pathologists to provide services. However, if members are aware of any listed facilities that are not doing so, please notify the College.

The College will pursue this project in the coming months, to continue assist the public in knowing which services providers are CASLPO members, and thus are regulated and held accountable to a regulatory body and the public, and which are not. The public can then make knowledgeable choices regarding the service providers they choose.

Members will be updated regarding the outcome of Yellow Pages project in a future issue of CASLPO Today.

DISPLAY CLASSIFIEDS

To inquire about rates or to submit material to advertise in *CASLPO Today* please contact
Brenda Robinson at Andrew John Publishing:
905.628.4309 or

brobinson@andrewjohnpublishing.com.

Subject to availability. Book early!

Looking for an AUDIOLOGIST

either full-time or part-time

Please send resume to
Ear & Hearing Clinic

ATT: Julianne Shantz,
Doctor of Audiology

203-325 Max Becker Dr. Kitchener ON
or via fax 519-743-7610

Communication Health Information Line to Continue

CASLPO and OSLA have agreed to jointly fund and to maintain our Communication Health Information Line (CHIL). This information line provides telephone and web access to information about the services offered by speech-language pathologists and audiologists in Ontario – in both the public and private sectors.

CHIL is available to the public by phone or via the OSLA website – www.osla.on.ca. CHIL lists 450 practices and provides for a wide variety of search options for the public to access. These options include practice locations, age groups services, hours of practice, languages spoken, areas of “specialty,” and additional training.

The line is accessed by physicians’ offices, other healthcare practitioners, parents, children of parents in need of the services of our speech-language pathologists and audiologists, and speech-language pathologists and audiologists themselves.

Until the fall of 2006, both CASLPO and OSLA offered private practice referral services. CASLPO had a listing of private services on its website and OSLA offered a toll-free telephone service and their website. These resources were used frequently by a variety of callers, including the following:

- Parents of children diagnosed by family physicians with a communication disorder
- Parents of children on waiting lists for services
- Parents of children, who have entered the school system, who are recognized as being in need of a speech-language pathologist’s or audiologist’s services

gist’s or audiologist’s services

- Parents of children who have received publicly-funded services, but, due to funding constraints, have “maxed out” of their therapy
- Children of parents who need help with swallowing or have language disorders
- Residents who wish to acquire a Canadian accent for business purposes
- Patients/clients who want to learn to control their stuttering
- Patients/clients who have identified their own need for improved communication help

It was clear that the need is great for information regarding access to speech-language pathology or audiology services. Recognizing an opportunity to offer one service to the public, CASLPO agreed to fund a two-year pilot project that would expand OSLA’s private practice referral line to a “Communication Health Information Line.” This service provides information about both publicly-funded and private practices and is fully administered by OSLA.

To date CHIL has fulfilled the following goals:

- **Helping Ontarians find infor-**

mation about accessing services of speech-language pathologists and audiologists – CHIL is available online and provides “24/7” access to information for both public and private practices with information provided by the practitioners themselves (managed by OSLA staff)

- **Facilitating the linkages between those who need services and those who provide them** – callers are provided with information to help them contact practices that fulfill their requirements in terms of location and practice type; often, we will request email addresses of the callers and send all listings for that particular search parameter; as much information is provided to callers as possible
- **Empowering Ontarians to advocate for their own needs in the current system** – callers are offered information on the services available in Ontario, both in the public and private sectors; many callers have been put on waitlists for service and they request additional information from CHIL about what other services are available to access services more quickly
- **Providing general information on communication disorders,**

services available, and public policy influences on that service – general information is often shared with callers in the form of brochures or websites for further information; at times, callers often want to discuss their experience and the help we provide is “being there” to listen

- **Educating the public about the unique services of – and vital roles of – Ontario’s speech-language pathologists and audiologists** – often, callers have been told to call CHIL without any knowledge of the skills, education, or roles of speech-language pathologists and audiologists; we have been able to send posters to physicians offices (which will be repeated this year during May Month) to further educate both physicians and their staff as well as the patients who read our material in waiting rooms.

Quick Statistics

- Average messages per day on CHIL line: Lower end= 15/ Upper End =45
- Average live calls answered per day: 10
- Average time per response: 5 to 7 minutes
- 98% of calls looking for speech-language pathologists
- Average of 5 emails per day to main OSLA email account
- 75 to 90% of calls asking for private clinicians
- 30% of calls referred to CHIL by

family doctor

- 40% already assessed at school or preschool programs but not willing to wait on wait list
- 30% miscellaneous referrals (phone book, friend, internet, etc)
- 70% of calls for children under 10
- 90% of the adult population using the service requests help for nodules, stroke, or accent reduction
- 20 to 30 calls per week from physicians who do not know how the referral service works and not sure what information to give to their patients
- Average of 10 calls per day to main OSLA phone line (not CHIL line)
- Approximately 15% of callers leave email address as preferred contact information
- 10% of those accessing the service need to be contacted several times to clarify information before information can be provided to them
- Many practitioners (CASLPO members) access the Line and/or website themselves

CASLPO and OSLA believe the CHIL pilot has been an overwhelming success and we look forward to continuing to provide of this vital service for CASLPO members and Ontarians.

For more information on CHIL contact Maureen Pickersgill, Membership Manager, at mpickersgill@osla.on.ca, ext. 23.

OSLA: A Community of SLPs and Audiologists

OSLA President Sharon McWhirter wrote to members in the Summer 2008 issue of *OSLA Connection*, expressing that, at its very heart, she considers OSLA to be “a community of speech-language pathologists and audiologists who support each other in the work we do on behalf of individuals with speech, language, hearing, and swallowing difficulties. For the most part, we do this through the volunteer efforts of our members.”

OSLA members and staff provide a voice for the professions, differing from CASLPO, which has a mandate to protect the public.

Consider the following non-exhaustive list of organizations and forums for which OSLA is the voice for the professions, “at the table” for

speech-language pathologists and audiologists in Ontario:

- Pan Canadian Alliance formalized group of provincial and territorial organizations, and CASLPA)
- Coalition of Ontario Regulated Health Professionals Associations (CORHPA)
- Alliance of Professional Associations of Community-Based Therapy Services (APACTS)
- E-Health Committees in Home Care
- Various LHIN-based committees
- Assistive Devices Program Committees
- Workplace Safety and Insurance Board (WSIB)
- Collaborative Rehabilitation Group of Ontario College/University Programs for Rehabilitation Sciences (OCUPRS)
- Allied Health Professional Development Fund (AHPDF)
- Ministers Advisory Council on Special Education (MACSE)
- Auto Insurance Coalition
- Ontario Hearing Healthcare Framework Collaborative

OSLA is the voice for Ontario's speech-language pathologists and audiologists at these tables and more. In addition to maintaining the Communication Health Information Line (CHIL) and providing education events, OSLA supports members and helps members to support of each other. This support is facilitated through a number of long-standing committees, chapters, and interest groups that provide a forum for just this pur-

pose. Some examples include the Auto Insurance Committee, the School Services Committee, the Community Services Committee, the Suggested Fee Schedule Committees for both Audiologists' Services and Speech-Language Pathologists' Services, the Multicultural/Multilingual Interest Group, the York Region Chapter, James Bay Chapter, Sudbury-Manitoulin Chapter, and more. Through these groups, OSLA members develop and share knowledge, skills, and resources with each other. OSLA relies on the expertise of these members when we represent our professions during policy and program creation and in responding to government, non-government third party payer, and key stakeholder initiatives.

With a focus on OSLA's School Services Committee, this active group supports activities in the education sector, including the following:

- **Liaison with Ministry of Education** – OSLA is the VOICE for Ontario's speech-language pathologists and audiologists
- **Creation of Resource for Teachers** – "Oral Language Foundations for Academic Success: A Guide for Teachers to Differentiated Instruction" is a ministry-funded project, led by Sharon McWhirter with lead writer Christiane Kyte, that, upon completion, will generate a tool for teachers in the classroom, written by speech-language pathologists
- **Ministers Advisory Council on Special Education** – OSLA has been on this council since 1992 and is currently represented by Ruth Jones. Representation provides the opportunity to give input at a provincial level about

the speech and language needs of students as well as appropriate services in schools

OSLA also develops resources for this sector, including:

- Handbook for School Speech-Language Pathologists (2000)
- Effective Collaborative Practices for School Speech-Language Pathologists (Resource Guide)
- Speech-Language Pathology Services in a School Board (Flyer)
- School Services Survey (regularly collecting data and reporting trends)
- School Services Symposium – regular event designed to bring information to practitioners while providing an opportunity to showcase effective practices; Ministry of Education representatives are also invited to share information and hear from our members
- Online Interest Group – available to access your peers and find information specific to your sector of practice
- Communicating, supporting, and consulting with school speech-language pathologists, individuals, organizations, and school boards about the provision of speech-language pathology services

Sharon reported that OSLA has a number of recent initiatives that have brought members together. A working committee has been looking at issues surrounding the CASLPO consent for assessment and screening guidelines as related to inpatient and chronic care. A new regional chapter is being created in Durham Region and a small group in the London area met to celebrate May Month and discuss

issues of mutual interest. Additional interest groups have been created, including one for aphasia centres. A number of communities celebrated May Month with a bowling night. Members

have come together to plan upcoming education events.

Sharon encourages Ontario's speech-language pathologists and audiologists to become engaged in OSLA by connecting, whether it is

through actual meetings, virtual conversations, or social events. By sharing time and expertise, and working on behalf of our professions, OSLA will continue to thrive and become even stronger.

DISPLAY CLASSIFIEDS

Davidson Hearing Aid Centres

343 McLeod St. Ottawa, K2P 1A2

Audiologist Needed

For career opportunities visit
www.davidsonhearingaids.com/careers

Phone: 613-233-4374

Fax: 613-233-2957

e-mail: info@davidsonhearingaids.com



The Peterborough Regional Health Centre has opened a large new 494-bed regional hospital with planned occupancy in the spring of 2008. This is an exciting time of progressive change and rapid growth for our organization

PRHC
Peterborough Regional
Health Centre

Speech Language Pathologist Full Time

The Speech-Language Pathologist will provide consultation, assessment, intervention and education regarding disorders of communication and dysphagia in accordance with the guidelines of the College of Audiologists and Speech-Language Pathologists of Ontario, and the Health Centre.

It is PRHC's mission to be a regional centre focusing on the delivery of comprehensive and accessible health care. A new facility, providing space for expanded services, and an evolving hospital staff to serve the residents of the region; will allow the hospital to further realize its mission.

If you are looking for a challenging opportunity and the ability to develop personally and professionally, look to Peterborough Regional Health Centre.

At PRHC you can enjoy the lifestyle and entertainment opportunities the Peterborough area provides, while playing an integral part in the organization.

PRHC is the place to be for care and career. For more information regarding this challenging and rewarding position, please contact:

Kate Boucher
Recruiter

Peterborough Regional Health Centre

Office: 705-743-2121 Ext. 3064
Cell: 705-761-4261
email: careers@prhc.on.ca

Together,
we're the best!

The Huron Perth Healthcare Alliance

(HPHA), a group of four rural hospitals in Southwestern Ontario (Clinton Public, St. Marys Memorial, Seaforth Community, and Stratford General), was created to maintain and improve the quality of local healthcare services in the communities we serve. Come to Huron Perth to enjoy the sights, sounds, and tastes of our coveted family-oriented communities.

www.HPHA.ca

Speech Language Pathologist

• temporary, part-time

You will be responsible for the assessment, treatment, education, and management of referred patients. Your caseload will be comprised of adult outpatients. You have a minimum of a Master's degree in Speech Language Pathology and current licensure with the CASLPO. Preference will be given to individuals with a minimum of one year of clinical experience.

To explore this opportunity further, please apply to:

Human Resources,
Huron Perth Healthcare Alliance
46 General Hospital Drive
Stratford, ON N5A 2Y6
e-mail:
humanresources@hpha.ca
fax: (519) 271-1177
tel: (519) 272-8210
ext. 2733

We thank all candidates for their interest; however, only those to be interviewed will be contacted.



Le CSDCSO cherche à combler quatre postes d'orthophoniste bilingue français-anglais.

Entrée en fonction : 2 septembre 2008

Nombre d'heures/semaine : 35 heures

Taux horaire : 30,27 \$ à 38,81 \$

Exigences : Maîtrise en orthophonie

Membre de l'Ordre des orthophonistes de l'Ontario
ou d'une autre province au Canada

Cinq années (5) d'expérience en travail social

Pour une description complète du poste et
conditions d'application, veuillez consulter notre site
web au www.csdcsso.on.ca

Date de fermeture du concours AD-76(08):
16 h le 25 août 2008

A Good Time Was Had By All: Celebrating 50 Years of Speech-Language Pathology at U of T

By Carla J. Johnson, PhD

A festive mood prevailed on May 29 and 30, 2008, at the celebration events for the 50th anniversary of the Department of Speech-Language Pathology at the University of Toronto.

The celebration kicked off with a gala reception and dinner at the Metropolitan Hotel on the evening of May 29. Alumni, students, faculty, staff, clinical educators, sponsors, and other departmental supporters gathered to reminisce and renew acquaintances during the reception. A silent auction, organized by the SLP Alumni Association, featured many attractive items, including two paintings by former departmental Chair Dr. Margaret Stoicheff. The party-goers took advantage of the opportunity to enjoy each other's company, as evidenced by the rising decibel level and the difficulty in convincing them to finally enter the banquet hall.

Once attendees were seated, Dr. Bern O'Keefe, the master of ceremonies, greeted them with anecdotes and words of wisdom. Welcoming remarks then followed from Dr. Catharine Whiteside, dean of the Faculty of Medicine; Dr. Luc De Nil, chair of the Department of Speech-Language Pathology; and Mr. Deryk Beal, president of the Speech-Language Pathology Alumni Association. The excellent

meal provided additional opportunities for laughter, stories, and conversation. Attendees also took time to peruse a short brochure on the department's growth and challenges during its 50-year history.



David Hodgson, Dean Catharine Whiteside, Luc De Nil

The post-dinner program included the reading of greetings from the Honourable Bob Rae, Member of Parliament from Toronto Centre, who had been scheduled to give the keynote address. Unfortunately, official duties forced cancellation of his appearance just a few days before the event.

Luckily, the program included other excellent entertainers. First, attendees heard a medley of inspiring songs from the East York

Barbershoppers Chorus, under the capable direction of Mr. Patrick Hannon. Family Ties, a quartet consisting of George and Gail Shields and Rick and Gail Snoulten then performed for the crowd. Next, Mr. Shields and Mr. Snoulten announced that the Harmonize for Speech Fund has pledged \$50,000 for a new scholarship for students in Speech-Language Pathology at the University of Toronto. Over the years, the Harmonize for Speech Fund has donated almost half a million dollars to the department. This generous announcement and a rousing rendition of *We Sing that They Shall Speak* by the East York Barbershoppers and Family Ties resulted in a lengthy standing ovation from the grateful members of the audience.

Dr. Elin Thordardottir, associate professor in Communication Sciences and Disorders from McGill University, continued the evening of excellent music with a recital of opera and movie selections. Dr. Evgueni Tchougounov accompanied her expertly on the piano.

The formal program ended with a



Paula Square, George Shields, Margaret Stoicheff, Jean F. Walker, Luc De Nil, Rick Snoulten, Carla Johnson, Luigi Girolametto



Symposium attendees

presentation by the presidents of the current Year I (Mia Majorahn, Emily Dykstra) and Year II (Rebecca Pearson, Jessica Zawalicz-Mowinski) Master of Health Science classes. The presentation, entitled *Then and Now*, included pictures and comments that illustrated the similarities and differences in student life in 1958 and 2008. Attendees then finished off the evening with dancing, warm wishes, and goodbye hugs.

Morning came quickly thereafter and the celebrations continued on May 30 with the J. F. Walker 50th Anniversary Symposium, a full-day event at the Ben Sadowski auditorium at Mt. Sinai Hospital. The event honoured Professor Jean F. Walker, who was the first full-time faculty member and the first speech-language pathologist to chair the department. Dr. De Nil, Dr. Whiteside, and Dr. David Naylor, president of the University of Toronto, greeted attendees, as did Professor Walker.

Dr. Rupal Patel, the first Ph.D. graduate from the department, presented the keynote address. She wowed the audience with illustra-

tions of the innovative research that she is conducting in her laboratory at Northeastern University in Boston. The work focuses on novel uses of technology to enhance communication in individuals who are non-speaking. In another project, Dr. Patel and her husband have equipped their home with computers and microphones to allow them to study day-to-day changes in the speech development of their two young children.

Dr. Michael Iwama of the Department of Occupational Science and Occupational Therapy at the University of Toronto provided the second symposium talk on his model of culturally relevant practice. Attendees were impressed with the elegance and simplicity of the Kawa model, which provides a metaphor that can facilitate client-centred care and decision-making. Dr. Alice Eriks-Brophy of the U of T Department of Speech-Language Pathology acted as discussant for Dr. Iwama's presentation, presenting some issues that speech-language pathologists might consider in applying the Kawa model.

Dr. Yves Joannette of the Université

de Montréal closed out the Symposium with a thought-provoking presentation on the past and future of speech-language pathology. Attendees were energized with the Dr. Joannette's vision of new possibilities for better diagnosis and treatment of individuals with communication disorders in the next 50 years. Dr. Elizabeth Rochon of the U of T Department of Speech-Language Pathology elaborated on these possibilities in her role as discussant.

These celebration events were generously supported by a number of sponsors, including the University of Toronto Alumni Association, the Harmonize for Speech Fund, the J. F. Walker Speech Foundation of Ontario Program Fund, Psycan, the College of Audiologists and Speech-Language Pathologists of Ontario, the Speech and Stuttering Institute (formerly the Speech Foundation of Ontario), Kay Pentax Canada, the Hanen Centre, Elsevier Publishing, and the American Women's Club of Toronto. Thanks to these supporters, to those who helped to organize the event and, especially, to the many who joined in the celebrations!



Carly.

Carly Fleischmann: Helping to Redefine Autism

By Sherry Hinman

Maybe once in a career as a clinician, if you're lucky, you'll come across one client, one patient, one child, who will change your life forever. Someone who turns your beliefs upside-down and makes you rethink *everything*. Someone who becomes your teacher. Sometimes that person isn't who you'd expect.



Barbara Nash Fenton



Carly and sister Taryn.

Barbara Nash Fenton, private speech-language pathologist and head of the speech pathology department at Zareinu Educational Centre in Toronto, met that person in the form of a nonverbal, severely autistic 2-year-old girl named Carly Fleischmann.

"When I first met Carly," Barbara says, "she was very active and had a really short attention span. I would see her at her preschool and I remember for circle they would sit her on top of a cube chair so she wouldn't take off. My goal with her then was to create the best communication system possible, and that included speech.

"We did PECS [Picture Exchange Communication System], and I could tell she really wanted to communicate. We also combined it with verbal, using PROMPT [PROMPTs for Restructuring Oral Muscular Phonetic Targets]. She had some

rudimentary words but they were very PROMPT-dependent. Carly is very severely apraxic."

Even then, Barbara says she always knew that, even though Carly couldn't speak, there was more going on inside. "Everyone there [at Zareinu] had the sense that she had a spark. She was relatively easy to engage."

As Carly got older, literacy became a major goal. Carly's parents read to her a lot, and speech pathology intervention took a literacy approach. "We used a program to introduce early literacy skills, and Carly learned to spell a few words, like *bus*, *chip*, *dog*, *cat*, and her name. But she would not do so spontaneously, only as part of a game."

When asked about the moment everything changed, Barbara says there were really two. The first was in March 2005, when Carly was 10.

Carly had a voice-output device she used to select symbols for words and phrases. Carly's ABA (acquired behavioural analysis) worker and Barbara were trying to get Carly to use the alphabet screen of the device to type the words she knew how to spell, and she did so successfully with words she already knew how to spell.

"She was quite fussy on that day," Barbara recalls, "and she wanted to stop. So I told her if she didn't want to do it, she should tell us 'no.' And she typed it – NO. A few minutes later she was told she could have chips – a motivator for her – if she typed 'yes,' and she did so, though she spelled it 'YEES.' By this point, Carly had become more and more agitated and active. Then she spontaneously typed out the words 'HURT,' and then 'TEETHC,' and then finally 'HELP'"

Barbara reports that "she then

moved off the alphabet page of her device, through the main page to clothing, and pressed the symbol for 'HELP' with the recorded message, 'Can someone help me please.' And then she threw up. That confirmed it," Barbara said. "This was the first time her spelling was ever spontaneous. There was no doubt it was purposeful."

Carly progressed over the months, steadily increasing her vocabulary. Not that it was smooth sailing from there; there were plenty of doubters – some thought this smacked of Facilitated Communication (FC), and it was difficult to prove what Carly was capable of. "She's very selective about who she'll talk to," Barbara says. "She would do things for us [herself and her ABA worker] that she wouldn't do for others." But Barbara was adamant that no one make it possible to mistakenly interpret Carly's ability as the result of FC. So she instructed everyone working with Carly – do not touch her.

The second breakthrough came six months later, on a day in mid-September 2005. "Carly's spelling had been hit and miss. We were trying to move her toward literacy, but she was refusing." When Barbara arrived for her regular session with Carly and her ABA worker, he told her that Carly had started typing whole sentences a few days before. Shortly into the session, Carly indicated that she wanted to go to the washroom and was told she could go later. (She would use trips to the washroom as a way of escaping therapy.) "Then she spelled 'Stop and let me go wash,' which was probably meant to be 'washroom' but we were so excited to see that much that we let her go."

One by one, the sentences came tumbling out of her, Barbara describes, from requests to play, to protests when her worker forgot to put on his seatbelt in the car, to

expressing her thoughts about her family. Barbara later wrote in a report, "The implications of [this] information are enormous. This is an intelligent child with understanding, awareness and feelings far more sophisticated than any of us had imagined."

And of course, this changed everything. "This dramatically changed the way I worked with her. I always had the gut sense she was bright. But now I knew. I was very forthcoming with the ABA team. Don't talk down to her, don't talk slowly, and don't talk about her while she's in the room. Because she understands."

Communicating in longer sentences brought new complications. "Typing was laborious," Barbara says. "We needed to come up with other options to make her more comfortable as a communicator and meet her needs. One of the things we did was to create a page with the relevant words she would need to ask questions, without having to type every word. And so she started to ask questions. She didn't have that option before. Now she had the opportunity to direct the conversation." At times when she refused to type, workers were encouraged to write out possible options of things she may have been wanting to communicate and allow her to point to her choice. "Word Q" (a word prediction program) was added to her computer, to increase typing efficiency.

These options were important for Carly for another reason. Barbara felt it was important to get across to people interacting with Carly that she wasn't spelling to please people. She was spelling to satisfy her need to communicate.

Carly's impact has been nothing short of phenomenal. She has been interviewed for national television

and newspapers in the United States and Canada. On a personal level, Barbara says, "it has changed the way I work with her, the way I interact with other kids with autism, and the way other people work with kids with autism."

As Carly's expressive language became more sophisticated over time, there would be other surprises: her sense of humour, her intuitions, and her interests in many of the things that interest any 13-year-old. But the most profound surprise was Carly's ability to place herself in the shoes of another person: empathy. Carly clearly exhibited, over and over again, the one capacity that was always thought to be out of the reach of children with autism.

"This is the most surprising, how she has feelings we wouldn't expect." Barbara tells the story of preparing for Carly's Bat Mitzvah, the Jewish coming-of-age celebration at age 13. Carly prepared a speech, to be read by a friend, and chose to talk about Tzedakah, the Jewish custom of performing a charitable act at the time of important occasions like this. Barbara says she suggested to Carly that she not only write about but also perform an act of Tzedakah, and Carly chose to "make food for people who need it."

"She has done so many things for other people," Barbara explains. "She's baked for people, made donations. She really wants to use her notoriety to do good for other people." In her own way Carly continues to teach others about the inside world of Autism and the possibilities that may not be apparent at first glance. She hopes her story will impact how professionals treat their clients when she says "I will tell them never to give up on the children they work with."

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 devel-

opment, 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 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 (tympanometry) 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



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

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 pro-

grams 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.



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