



COLLEGE OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS
OF SASKATCHEWAN

CSASK STANDARDS OF PRACTICE



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INTRODUCTION AND OVERARCHING PRINCIPLES

As outlined in the governing legislation (*The Speech-Language Pathologists and Audiologists Act, SS 1990-1991, cS-56*), the College of Speech-Language Pathologists and Audiologists of Saskatchewan is authorized to establish, maintain, and enforce standards of practice and a code of ethics for its registrants.

The CSASK Standards of Practice:

- establish a benchmark for the minimum level of professional performance and competent, safe and ethical practice of audiology and speech-language pathology across Saskatchewan.
- broadly apply to all practice settings and areas of practice.
- guide decision making and support professional judgement when addressing professional practice issues.
- serve as a reference for the public regarding the quality of care and professional conduct to be expected from audiologists and speech-language pathologists in Saskatchewan, thereby promoting the delivery of safe and ethical care.

All practice standards should be interpreted in conjunction with the governing legislation, CSASK Code of Ethics, related CSASK Practice Guidelines, and employer policies and procedures.

ORGANIZATION OF THE STANDARDS

- The standards are arranged in **alphabetical order** to facilitate ease of reference and navigation.
- Each standard includes the following elements:
 - A **standard statement** which broadly outlines the expected performance and practice of audiologists and speech-language pathologists in Saskatchewan.
 - **Indicators of meeting the standard** which highlight specific actions/considerations to describe how each standard is met in practice. The indicators are not intended to be all inclusive and are not arranged in any particular order of significance.
 - **Related resources** which provide a listing of complementary documents and additional information related to each standard.
- All practice guidelines referenced in the Standards of Practice are available on the CSASK website under the College Documents tab.



COMMON DEFINITIONS ACROSS STANDARDS

The following terms are used throughout the standards and are defined below to ensure clarity and consistent interpretation.

- **“client”** – refers to the individual, group, community or population receiving audiology or speech-language pathology services and may also be referred to as a “patient”.
- **“CSASK”** - refers to the College of Speech-Language Pathologists and Audiologists of Saskatchewan.
- **“practice”** – refers to the provision of audiology and speech-language pathology services, including but not limited to screening, assessment, treatment, prevention, etc. Practice includes services delivered both virtually and in person.
- **“registrant”** - refers to an individual who is registered as a member of CSASK.

CSASK acknowledges the collaboration with the College of Audiologists and Speech-Language Pathologists of Manitoba in the development of the Standards of Practice.



STANDARD OF PRACTICE

ADVERTISING AND PROMOTIONAL COMMUNICATIONS

STANDARD

This standard governs the conduct and practice of CSASK registrants when communicating advertisements and promotional materials. Marketing undertaken or authorized by registrants must be factual and support the public's understanding of the proposed services and/or products. Advertising and promotional communications must be:

- *true,*
- *accurate,*
- *verifiable, and*
- *produced in a manner that upholds public interest and informed decision-making.*

DEFINITION(S)

“Advertisement” refers to any public communication, in any medium (paid or unpaid), primarily intended to promote a registered audiologist or speech-language pathologist, their professional services, practice, facilities, or related products. Materials are aimed at enhancing the professional's image or marketing their services. Examples include ads, brochures, pamphlets, signage, business cards, and in-office displays.

“Promotional Communications” is a broader term that includes advertising and covers informational, educational, or reputational communications intended to increase awareness, visibility, or public understanding. Such communications may indirectly promote services by building trust and awareness. Examples include newsletters, public education campaigns, and digital content on social media and other online platforms.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Advertise with transparency and professionalism, while addressing any actual and/or perceived conflicts of interest.
- Ensure client confidentiality is maintained in all promotional material.
- Regularly review their website and promotional materials to ensure marketing contains current and accurate information.
- Engage only in advertising and promotional communications that align with the practice scope of their profession.
- Ensure that advertised products and/or services are legitimate and supported by credible evidence.
- Avoid claims that mislead the public or guarantee the success of products and/or services, in the absence of supporting evidence.
- Refrain from undermining, discrediting, or disparaging the professional competence or skills of other providers or the quality of services offered by other clinics or facilities.
- Refrain from soliciting or publishing testimonials or reviews as they cannot be verified or supported by evidence.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Advertising Guideline](#)
- ❖ [Social Media and Electronic Communication Guideline](#)

RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard outlines the expectations for CSASK registrants to ensure accountability in achieving and maintaining the knowledge, skills, and judgement required for competent practice throughout their careers. This supports the delivery of safe, effective services and upholds public trust in the professions.

Registrants must practice in a safe, compassionate, and ethical manner, consistent with their level of competence, and informed by evidence. Competence requires ongoing learning that extends beyond entry-to-practice, including adherence to the Code of Ethics, alignment with national competency standards, and participation in CSASK quality assurance and continuing competence programs.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Comply with the CSASK quality assurance/continuing competence program, adhering to all applicable legislative and regulatory requirements.
- Demonstrate the essential competencies outlined in the profession-specific national competency profiles.
- Only provide professional services within the limits of their knowledge, skills, judgement, qualifications, and education, acknowledging where any limitations exist.
- Demonstrate professional accountability in ensuring their knowledge and skills remain current and responsive to evolving evidence, technologies, legislation and the diverse needs of the population they serve.

- Engage in ongoing self-assessment and reflective practice and actively acquire knowledge and skills in both established and emerging areas of practice.
- Identify situations and areas of practice beyond their level of competence and respond accordingly by either limiting practice, consulting with or referring to other professionals, and/or seeking additional education, training, or supervision in areas of developing competency.
- Monitor their own health and wellbeing and recognize when a physical, cognitive, or mental health condition or limitation may impact their ability to provide safe, competent, and ethical care.
- Take reasonable action when fitness to practice may be compromised, including seeking support, modifying duties, limiting practice, or voluntarily withdrawing from professional services and referring to other professionals, as necessary.

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile



STANDARD OF PRACTICE CONCURRENT AND COLLABORATIVE CARE

STANDARD

This standard governs the conduct of CSASK registrants when providing concurrent, collaborative or interprofessional collaborative care in a manner that is safe, effective, ethical, and client centered. Services will be provided in a coordinated manner that promotes effective communication and mutual respect among healthcare professionals. Registrants will collaborate with other healthcare professionals to support an integrated, relationship-centered approach to care.

Audiologists and speech-language pathologists may practice within various models of care including:

- Independent practice
- Collaborative care
- Interprofessional team-based models
- Concurrent practice

In all models of care, responsibility for professional judgement and accountability remains with the individual registrant.

DEFINITIONS

“Collaborative Care” refers to a broad healthcare delivery model that follows a structured, coordinated team approach with clearly defined roles, workflows, and accountability.

“Interprofessional Collaborative Care” refers to a specific team-based approach in which multiple providers from different health professions work together through shared decision-making.

“Concurrent Practice/Care” refers to the “timing” of care in a specific team-based approach. This approach occurs when two or more professionals provide care simultaneously.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Make evidence-based and client-centered decisions when selecting appropriate service delivery models or when recommending another health care professional or service.
- Determine whether a client is receiving services from another audiologist or speech-language pathologist. Obtain consent and make reasonable efforts to contact the other registrant who is also providing services to the same client.
- Obtain consent to collaborate with other health professionals and to acquire or share relevant clinical documentation.
- Participate in interprofessional collaborative care when the client’s needs are complex and there are areas of diagnostic or therapeutic overlap among professionals.
- Identify and consider factors that may influence collaborative and concurrent care, such as team composition, practice setting, available technologies and resources.
- Practice within their competence, education, legislative scope of practice and code of ethics when providing concurrent care and collaborative care.
- Respect the unique input, expertise, and scope of every team member and seek clarification as required.
- Clearly identify their professional role and ensure clients and their family/substitute decision maker understand who is responsible for which aspect of care.

- Coordinate care to reduce and avoid duplication, fragmentation and risk when engaged in collaborative care. When risks are identified, the client will be informed of the potential risks and benefits of concurrent practice.
- Be accountable for their own assessments and clinical judgements, recommendations, and interventions when engaging in concurrent care and collaborative care.
- Seek supervision, mentorship, consultation, or referral when the client's needs exceed the registrant's competence.
- Communicate in a timely, effective, and respectful manner that supports team functioning and quality care.
- Establish a supportive environment where all are safe to express diverse opinions and work towards achieving consensus.
- Continuously monitor and evaluate the effectiveness of concurrent care arrangements, making appropriate adjustments to roles or strategies to support client-centered outcomes.
- Identify when issues or conflicts arise within the collaborative relationship that may compromise the delivery of safe, quality care, and take appropriate measures to address and resolve such conflicts.
- Address disagreements between professionals by prioritizing the client's safety and best interests and working towards reaching an acceptable, cooperative solution when possible.
- Maintain documentation that appropriately captures the nature and extent of the concurrent practice.

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile
- ❖ The Canadian Interprofessional Health Collaborative *Competency Framework for Advancing Collaboration (2024)*

STANDARD

This standard governs the conduct and practice of CSASK registrants when identifying or addressing situations of real, perceived or potential conflict of interest. Conflicts of interest must be transparently disclosed and effectively managed to ensure decision-making serves the public interest, preserves professional integrity, and sustains confidence in the professions.

DEFINITION(S)

“Conflict of interest” refers to any situation in which a reasonable person could conclude that a registrant’s obligation to act in the client’s best interests, while exercising professional judgment, may be compromised by competing interests or relationships. Such interests may be financial, non-financial, or social. A conflict of interest may be actual, potential, or perceived, and may exist even if the registrant believes their judgment remains unaffected.

“Dual relationships” refers to a situation in which a registrant has more than one type of relationship with a supervisee (e.g., personal, financial, and professional), which may blur professional boundaries, compromise objectivity, or impair judgment.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Continuously evaluate and avoid situations or dual relationships that could reasonably be perceived to impair objectivity or compromise clinical judgement, professional credibility or client care.

- Assess the potential for conflicts of interest with each client on an ongoing basis, considering both mitigating and aggravating factors when assessing the nature and severity of a conflict of interest.
- Take appropriate actions when a conflict of interest has been identified. This includes the following:
 - Transparent disclosure to the client and other stakeholders (when appropriate) regarding the conflict.
 - Share information with the client about options available and support the client in making an informed choice.
 - Inform the client of their right to decline service at any time.
 - Document the situation, efforts to address or manage the conflict, and the outcome.
- Use clinical and ethical judgment to determine whether it would be appropriate to continue care when a real, perceived, or potential conflict of interest has been identified. Where it is appropriate to continue care, manage, and mitigate the conflict in a manner that best protects the client’s interests.
- Where a conflict of interest cannot be resolved, provide referrals or alternative options for receiving audiology or speech-language pathology services.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Conflict of Interest Guideline](#)

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile



STANDARD OF PRACTICE

DOCUMENTATION AND RECORD MANAGEMENT

STANDARD

This standard governs the conduct and practice of CSASK registrants in the ethical and responsible management of clinical documentation. CSASK registrants hold a professional responsibility to:

- *collect, record, maintain, store, transport, share, and dispose of all records in a manner that ensures confidentiality of personal information and supports continuity of care.*
- *accurately and comprehensively document clinical care in a timely manner and maintain client records in compliance with relevant legislative, regulatory and employer requirements.*

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Limit collection and storage of personal information to that which is relevant and necessary to provide audiology or speech-language pathology services.
- Ensure documentation accurately reflects the assessment, treatment, advice, and outcomes that occurred during the client encounter.
- Record details of clinical care in chronological order, where details include, but are not limited to, the following:
 - A unique client identifier on each component (page) of the client record.
 - The name and professional designation of the individual documenting the clinical information, and the supervising professional when appropriate.
 - Referral source, reason for attendance, and/or presenting concern.
 - Relevant case history (e.g., health, family and social details) that informs service provision.
 - Evidence of informed consent and details of the consent process relevant for the clinical situation, including significant issues of contention, refusal, and/or withdrawal of consent.
 - Assessment findings, impressions, and outcomes.
 - The care plan, intervention goals, strategies, and any delegation of services to support personnel.
 - Dated entries for each session or professional interaction with the client, family, and/or substitute decision-maker, including declined, missed, or cancelled appointments, telephone, or electronic contact.
 - Details of treatment provided, client response to intervention, and progress towards achieving established goals in sufficient detail to support the client being managed by another audiologist or speech-language pathologist.
 - Details of the relevant client education, recommendations, or advice provided to the client and/or substitute decision maker.
 - Transition and discharge plans, including referrals and information provided to other health professionals.

- Maintain complete and accurate financial records in situations where fees for services or products have been charged.
- Follow established procedures or employer guidelines for making corrections, additions, or late entries to the client record, ensuring an audit of who made the change/entry and the date of the change/entry.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Documentation and Record Management Guideline](#)
- ❖ [Billing Practices Guideline](#)

OTHER RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ The Health Information Protection Act, SS 1999 (HIPA)
- ❖ The Personal Information Protection and Electronic Documents Act (PIPEDA)
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile

STANDARD

This standard governs the conduct and practice of CSASK registrants in fostering care that is safe, equitable, inclusive, accessible, and free from discrimination. Registrants will recognize and respect the diversity of clients, communities, and colleagues, including differences in race, ethnicity, language, gender identity, sexual orientation, and/or identity, socioeconomic status, ability, spirituality, and lived experience.

Registrants will foster environments that are supportive, culturally safe, client-centered, trauma-informed, and inclusive.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Comply with provincial and national legislation, the professional code of ethics and employer policies on human rights and anti-discrimination.
- Seek to understand a client's lived experience and unique context as these may intersect with the complexities of their health and social care experiences.
- Recognize that lived experience, including trauma, may shape how clients perceive, access, and interact with healthcare professionals and systems.
- Establish a supportive environment and encourage open dialogue to ensure a client's goals and treatment plans are shaped by their values and priorities.
- Uphold the client's right to determine their course of care.
- Engage in reflective practice by acknowledging personal biases, privileges, values, and beliefs that

may impact the therapeutic or collaborative care relationship.

- Use inclusive and respectful language and adapt communication methods to meet individual needs.
- Recognize when additional support (e.g. cultural liaison, interpreters, advocates, etc.) are needed and make reasonable attempts to facilitate access to them.
- Ensure clinical decision-making is based on evidence and reflects client-centered care, rather than stereotypes or bias.
- Reflect on and modify professional practice or interactions based on feedback and evolving best practices.
- Advocate, with client's consent and in collaboration with the client, to address inequalities experienced within the healthcare system.

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile



STANDARD OF PRACTICE EVIDENCE-INFORMED AND CLIENT-CENTERED SCREENING, ASSESSMENT AND INTERVENTION

STANDARD

This standard governs the conduct and practice of CSASK registrants when incorporating client-centered and evidence-based approaches by:

- *delivering appropriate screening and assessment protocols,*
- *conducting analysis and interpreting the information obtained, and*
- *tailoring and adapting intervention to deliver quality services that are responsive to the client's unique circumstances, priorities and evolving needs.*

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Obtain informed consent from clients before the initiation of services.
- Organize the environment for an optimal interaction before initiating services.
- Demonstrate compassion, dignity, sensitivity, confidentiality and respect in all interactions with clients.
- Engage clients in ongoing decision-making related to their care, while upholding their right to decline or withdraw from services.
- Share information about the client's care to the client and/or support person(s) in an accessible manner that is free from professional jargon.
- Exercise sound professional judgement and clinical reasoning in their practice, including:
 - administering appropriate screening and assessment procedures,
 - selecting suitable interventions,
 - establishing measurable outcomes, and
 - identifying when consultation or referral to other health professionals is warranted.
- Ensure the accurate administration, recording, scoring, interpretation, and documentation of screening and formal and informal assessment results in accordance with established professional and ethical standards.
- Critically appraise evidence from leading research to inform clinical practice in the context of the individual client (including the client's case history, background, environment, culture, beliefs, values, identity, gender, and other relevant personal factors and societal context).
- Implement culturally and linguistically appropriate measures in practice.
- Identify, manage, and document any contraindications or required modifications/adaptations to proposed screening, assessment procedures or interventions, ensuring they are clinically justified and aligned with professional and ethical standards.
- Maintain optimal use of available resources and employ valid and reliable techniques and calibrated equipment or tools that are in working order to minimize risk and uphold the quality and safety of services provided.
- Delegate appropriate tasks to supervisees based on their competencies, roles, and scope of practice.
- Monitor the effectiveness of interventions, make necessary modifications to their approach, and

implement alternative strategies as appropriate to support optimal outcomes and the client's goals.

- Provide counselling, education, and support to facilitate client and caregiver participation in services.
- Discontinue treatment when clinically or professionally indicated and implement appropriate discharge planning, which may include referrals to other health care providers and client education.
- Advocate on behalf of clients, as appropriate, to support access to necessary resources and services.

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile

STANDARD

This standard governs the conduct and practice of CSASK registrants when charging a fee for service rendered or products supplied directly to clients or third-party payers. CSASK registrants shall ensure that billing practices and financial arrangements are justifiable and accurately reflect the professional services and products provided to the client. CSASK registrants shall also support the public in making informed decisions, foster trust in the therapeutic relationship and gain confidence in the registrant's adherence to ethical and accountable billing practices.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Communicate billing practices with clarity, transparency, and professionalism.
- Disclose the fee schedules and refund policies for all products, services, and any other associated costs (including late payment charges) in advance of product or service delivery.
- Offer clients the opportunity to ask questions and receive clarification regarding charges or billing practices.
- Maintain comprehensive and accurate financial records.
- Provide accurate and detailed invoices and receipts, presenting the services and products delivered, the title or designation of all service provider(s), and applicable dates.
- Correct any billing discrepancies in a timely manner.
- Engage in billing practices in a manner that neither discredits the professions of audiology or speech-language pathology, nor diminishes the public's trust

in either profession (i.e. excessive fees in relation to the service rendered).

- Ensure fees are not charged directly to the client (or accept payment from a client) when service fees are paid in full by a third-party payer (i.e. double-billing).

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Billing Practices Guideline](#)

RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard governs the conduct and practice of CSASK registrants in compliance with current infection prevention and control measures based on evidence-informed practice, public health guidelines and organizational policies. Registrants are responsible for protecting their health and safety, as well as the health and safety of clients, staff, and the broader community, by engaging in safe work practices and preventing or controlling the transmission of infection in the practice setting.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Comply with occupational health and safety legislation and employer policies/procedures to support the health and safety of themselves, clients, staff, and the broader community.
- Follow public health protection measures and/or orders issued by the federal or provincial government.
- Participate in training and maintain current knowledge of evidence-based infection control protocols and safe work practices.
- Apply knowledge, skills, and judgement to conduct ongoing point of care assessments, monitoring and management of any potential and/or actual infection/safety risks.
- Consistently incorporate routine precautions and infection control measures into everyday practice (such as the use of personal protective equipment, hand/respiratory hygiene protocols, cleaning/sterilization of instruments, and surfaces etc.). To mitigate risks, registrants will apply additional precautions warranted by the specific practice

setting, procedures employed, the patient's health status, and the external environment (e.g., outbreaks, pandemics).

- Promote and advocate for best practice in infection prevention, control, and safe workplace practices.
- Maintain records to document the regular calibration, inspection and maintenance of equipment in accordance with the appropriate legislation, infection prevention and control standards/policies, and manufacturers' recommendations.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Infection Prevention Control Guidelines – AUD](#)
- ❖ [Infection Prevention Control Guidelines – SLP](#)

RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard governs the conduct and practice of CSASK registrants when obtaining informed consent prior to the delivery of in-person or virtual services. Registrants must share sufficient information about the potential risks and benefits of the services, as well as any alternative options for the services. This information, combined with the opportunity to ask questions and seek clarification, supports patient autonomy and the provision of services in the public interest.

DEFINITION(S)

“Authorized decision-maker” refers to the substitute decision maker or, in the case of a child, the parent or legal guardian with authority to consent to health care decisions.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Consider the client’s capacity to understand information relevant to a health care decision, respecting a proposed service/treatment and to appreciate the reasonably foreseeable consequences of that decision.
- When applicable, identify the individual who is legally authorized to make a decision on the client’s behalf (i.e. authorized decision-maker).
- Ensure informed consent by informing clients (or the authorized decision-maker) regarding the nature or the service, purpose, potential risks, expected benefits, and alternatives to the proposed service.

- Make a reasonable effort to understand the client or authorized decision-maker’s perspective, concerns, values, and goals, while respecting their diverse perspectives and beliefs.
- Ensure the client or authorized decision-maker is afforded an opportunity to pose questions and seek clarification regarding the proposed care.
- Ensure clients understand their right to refuse or withdraw consent at any time.
- Continuously evaluate the client’s or authorized decision-maker’s understanding of the proposed services and adapt, augment or support communication accordingly to support informed decision making.
- Document all instances of consent, or, under applicable circumstances, attempts to gain informed consent from the client or authorized decision-maker. Refusal or withdrawal of consent should be documented, along with any concerns raised during the consent process and the actions taken to address them (including consulting with other professionals).
- Review the consent when clinical judgement indicates a need for a significant change in the treatment plan.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Documentation and Record Management](#)

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile
- ❖ Office of the Saskatchewan Information and Privacy Commissioner: Best Practices for Gathering Informed Consent and the Content of Consent Forms

STANDARD

This standard governs the conduct and practice of CSASK registrants in ensuring that a client's personal health information, privacy, and confidentiality are protected. Registrants have a professional, ethical, and legal obligation to safeguard client personal and health information in accordance with all relevant privacy legislation and policies.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Be familiar and comply with all relevant federal and provincial privacy legislation, regulatory requirements, and policies (including employer policies and retention/disposition protocols, where appropriate).
- Access personal health information only for purposes that are consistent with their professional role, responsibilities, and therapeutic relationships (on a need-to-know basis).
- Obtain informed consent before collecting, using, or disclosing personal health information, except where permitted by legislation and employer policies.
- Ensure that personal health information is obtained, stored and disposed of, and shared in a manner that protects the privacy of the client.
- Minimize any potential risks to the privacy and confidentiality of client information during the transfer of records between locations, formats or networks.
- When selecting and using technology, ensure that privacy and confidentiality standards are upheld.

- Secure digital and physical environments (including practice setting) in a manner that preserves client confidentiality and privacy.
- Comply with requirements for mandatory reporting of privacy breaches.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Documentation and Record Management](#)

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile
- ❖ The Health Information Protection Act, Chapter H-0.021 of the Statutes of Saskatchewan, 1999
- ❖ The Local Authority Freedom of Information and Protection of Privacy Act, Chapter L-27.1 of the Statutes of Saskatchewan, 1990-91
- ❖ Personal Information Protection and Electronic Documents Act, 2000

STANDARD

This standard governs the conduct and practice of CSASK registrants when engaging in professional relationships. CSASK registrants shall conduct themselves with respect, responsibility, and integrity in all professional interactions. They must exercise sound judgment and maintain appropriate professional boundaries while engaging with clients, colleagues, students, and individuals under their supervision.

Registrants are accountable for initiating, maintaining, and discontinuing professional relationships when appropriate. This includes ensuring that such relationships are established ethically, sustained with professionalism, and concluded in a manner that upholds the dignity and welfare of all parties involved.

DEFINITION(S)

“Dual relationships” refers to a situation in which a registrant has more than one type of relationship with a supervisee (e.g., personal, financial, and professional), which may blur professional boundaries, compromise objectivity, or impair judgment.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Request permission to engage in physical contact or to enter the client’s personal space.
- Recognize the inherent power imbalance which exists in the therapeutic relationship or other professional relationships, including clinical, educational, supervisory, and administrative environments. Maintaining awareness of this dynamic is essential to fostering professional interactions that uphold the autonomy and dignity of those under the registrant’s care or supervision.
- Continuously monitor and evaluate the nature of professional relationships over time, recognizing that boundaries are influenced by the unique experiences, culture, backgrounds, values, and perspectives of an individual at any given time.
- Demonstrate the ability to distinguish between behaviours that uphold professional relationships and those that compromise trust, professional integrity, or professional boundaries.
- Set a professional tone and avoid conduct that can be reasonably misinterpreted or perceived as unprofessional, discriminatory, or in violation of an individual’s human rights. (i.e. sexually suggestive, demeaning, disrespectful, harassing, or discriminatory comments/actions or expression of biases). This applies to in-person interactions, written communication, and exchanges via electronic communication and social media.
- Use professional judgement to consider the intent, value, and appropriateness of gift-giving to avoid blurring professional boundaries, compromising objectivity, and creating a perception of favouritism, special treatment, or obligation.
- When possible, avoid engaging in a professional relationship with friends or relatives (or other dual relationships) due to the risk of impaired objectivity, actual or perceived conflict of interest and potential boundary violations. Registrants must assess whether they can remain impartial and whether the relationship could affect the quality of care.

- Ethically terminate the professional relationship in circumstances where professional boundaries cannot be appropriately established or maintained. In doing so, registrants must ensure the transfer of care to an appropriate alternative provider, taking all reasonable steps to minimize disruption and maintain continuity in the patient's treatment.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Conflict of Interest Guideline](#)

RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard governs the conduct and practice of CSASK registrants to foster effective and mutually respectful supervisory relationships. Supervision may encompass activities such as:

- *Oversight of unregulated support personnel.*
- *Supervision of audiology and speech-language pathology students.*
- *Informal mentorship of regulated colleagues.*
- *Formal supervision of audiologists and speech-language pathologists completing a period of supervised practice as a condition of their license.*

Within all supervisory relationships, registrants will uphold ethical and professional standards in accordance with regulatory requirements to safeguard client care.

DEFINITION(S)

“Dual relationships” refers to a situation in which a registrant has more than one type of relationship with a supervisee (e.g., personal, financial, and professional), which may blur professional boundaries, compromise objectivity, or impair judgment.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Follow related provincial legislation, standards of practice, practice guidelines, and practice direction when engaging in delegation and supervision.
- Undertake supervisory roles and responsibilities only when they possess the requisite competence.
- When delegating to unregulated professionals, ensure the supervisee is appropriately competent, qualified, and authorized to perform assigned tasks and assume responsibility for the delegated services delivered by the supervisee.
- Establish supervisory agreements which clearly outline the roles, responsibilities, expectations, and boundaries of the supervisor/supervisee relationship, being mindful of inherent power imbalances that may exist.
- Ensure clients are informed when services are to be provided by a supervisee, as well as their designation and credentials, and obtain appropriate consent prior to the supervisee initiating direct client care.
- Provide supervision that is proportionate to the supervisee's level of education, competence, experience, and the complexity of the client's needs and practice setting. The level of support, supervision, and feedback should be continuously assessed throughout service delivery and over the course of the supervisory relationship.
- Appropriately assign activities and responsibility to the supervisee to ensure clinical outcomes are not adversely impacted.
- Maintain oversight and engage in regular, timely, and effective communication with supervisees to monitor performance and provide feedback.
- Intervene promptly when supervisee actions or omissions may compromise client safety or care quality.
- Ensure that documentation and billing practices accurately reflect the involvement of both the

supervisor and the supervisee in the delivery of client care.

- Continuously evaluate and avoid dual relationships or supervisory arrangements that may impair objectivity or create a conflict of interest.
- Address conflicts between the supervisor and supervisee promptly and in a respectful manner.
- Exercise their duty to report other regulated health professionals who provide incompetent or unethical services to the appropriate authority.
- Document supervisory activities, including training, feedback, concerns, and corrective actions.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Conflict of Interest Guideline](#)
- ❖ [Supportive Personnel Guidelines – Audiometric Technician](#)
- ❖ [Supportive Personnel Guidelines – Speech Assistant](#)
- ❖ [Supervised Practice Period Guide](#)

RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard governs the conduct and practice of CSASK registrants when using their professional title and credentials. Proper use of title indicates to the public that an individual has met the regulatory requirements for registration with the college. To avoid misleading the public, CSASK registrants must use the appropriate protected professional titles, designations, or abbreviations that signify their registration status, as prescribed by the governing legislation.

Public trust and transparency are further maintained through the inclusion of accurate and pertinent credentials or certifications.

- Report any unauthorized use of protected professional titles or credentials to CSASK or the appropriate regulatory authority.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Use of Protected Professional Titles, Registration Designation, Educational Credentials and Certifications Guideline](#)
- ❖ [Use of the Title Doctor Advisory Statement](#)

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Ensure they maintain current registration and licensure when using the protected professional titles, designations or abbreviations as specified in the governing legislation.
- Use the title, designations, or abbreviations that are consistent with the registration category in which they are registered with CSASK.
- Use other credentials and certifications in a manner that is accurate and compliant with regulatory requirements and does not contravene the legislation governing other regulated health professions.
- Use other credentials and certifications that accurately represent their qualifications, education, and competence and are not misleading in nature, including but not limited to the use of the title “Doctor”.

OTHER RELATED RESOURCES

- ❖ [CSASK Code of Ethics](#)
- ❖ [National Audiology Competency Profile](#)
- ❖ [National Speech-Language Pathology Competency Profile](#)

STANDARD

This standard governs the conduct and practice of CSASK registrants when providing ethical and professional virtual care. Registrants who provide virtual services are held to the same guidelines, standards, and legislative obligations as when providing in-person care. In delivering virtual services, registrants will uphold the quality of their services and employ safeguards to protect the privacy and security of client information.

DEFINITION(S)

“Virtual Care/Virtual Service” (formerly telepractice or telehealth) refers to any technology-enabled audiology and speech-language pathology interaction (including instruction, consultation, education, etc.) provided at a distance. Virtual care may occur via:

- synchronous mediums (remote interactions, in real time), such as telephone, video conferencing, etc.
- asynchronous mediums (remote interactions, not in real time), such as messaging or email, video, etc.

INDICATORS OF MEETING THE STANDARD

Registrants will:

- Comply with the relevant provincial and federal legislation as it relates to registration/licensure and privacy.
- Comply with licensing requirements in the jurisdiction where the client is physically located, as well as the registrant's primary or home jurisdiction.
- Practice within their competencies, including proficiency with digital technology, and the ability to adapt their clinical expertise for a virtual setting.
- Utilize secure platforms and ensure documentation and delivery of service meet privacy and confidentiality standards and requirements.
- Use clinical and professional judgement to assess and continuously re-evaluate the appropriateness and suitability of virtual care technologies, ensuring the method of delivery aligns with evidence-informed practice and the client's individual needs.
- Set expectations and obtain informed consent for virtual care by outlining the risks, benefits, limitations, and any alternative methods for service delivery.
- Adhere to standardized assessment guidelines and adapt test administration and assessment interpretation when formal assessment is conducted virtually.
- Consider the level and nature of support the client and/or caregiver need to access and use materials and technology to effectively participate in virtual services. Provide client and/or caregiver education on how to use virtual tools and what to expect during virtual care.
- Mitigate risks and maximize effectiveness of virtual services by considering whether individuals assisting the client have the qualifications, competencies, skills, instruction and information necessary to safely and effectively support the client in the delivery of virtual care.

- Facilitate timely transfer of care to another qualified service provider in circumstances where the registrant or client concludes that the continuation of virtual service is inappropriate, ineffective, or no longer practicable.
- Maintain current technical knowledge and skill, as well as familiarity with products, updates and advances in technology to ensure the effective delivery of virtual services and maintenance of client privacy.

PRACTICE GUIDELINE(S):

For more details regarding implementation of this standard, review the following practice guideline(s):

- ❖ [Virtual Care Guideline](#)

RELATED RESOURCES

- ❖ CSASK Code of Ethics
- ❖ National Audiology Competency Profile
- ❖ National Speech-Language Pathology Competency Profile