



Speech-Language & Audiology Canada  
Orthophonie et Audiologie Canada  
Communicating care | La communication à coeur

# Speech-Language Pathology Assistant Guidelines

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*This document is intended for speech-language pathology (S-LP) assistants. Audiology assistants should adhere to the [SAC Audiology Assistant Guidelines](#). Speech and hearing assistants should adhere to both sets of guidelines.*

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## 1.0

### Statement of Purpose

SAC defines communication health assistants as any individual employed in a role supporting the delivery of speech-language pathology and/or audiology services AND receiving supervision in those duties by a qualified speech-language pathologist or audiologist. SAC communication health assistants include audiology assistants, speech-language pathology assistants and speech and hearing assistants. SAC communication health assistants must have graduated from a formal educational communication health assistant program in speech-language and/or audiology. The only exception are those SAC communication health assistants who were grandfathered into the association in 2006-2007 and have remained active and in good standing with SAC since that time.

The following document offers guidelines to build clarity and provide direction to communication health assistants, audiologists, speech-language pathologists, employers, administrators and other relevant stakeholders regarding audiology assistant scope of practice, educational training, supervision and Code of Ethics. For the purposes of this document, “speech-language pathology (S-LP) assistants” also includes speech and hearing assistants who are working under the supervision of a speech-language pathologist. Speech and hearing assistants should adhere to both these guidelines and the SAC Audiology Assistant Guidelines.

We recommend that these guidelines be reviewed on a prescribed schedule. A review may also take place if a specified need arises.

**Note:** SAC speech-language pathology assistants must adhere to these guidelines unless provincial/territorial guidelines are in place; provincial/territorial regulations/legislation always take precedence.

## 2.0 Scope of Practice for Speech-Language Pathology Assistants

Clinical professional judgement remains at the core of any decision to assign responsibility for treatment and associated activities to speech-language pathology (S-LP) assistants. Qualified speech-language pathologists (S-LPs) and/or audiologists make this decision and remain accountable for the assigned activities.

### A. Areas within the scope of practice

S-LP assistants may engage in the following activities provided they are competent in those areas and are supervised by an S-LP:

#### Direct Client Support

1. Administering defined screening protocols, without interpretation, selected by the supervising S-LP.
2. Assisting the S-LP during assessments, including, but not limited to, preparing materials and collecting data.
3. Assisting the S-LP in providing care to patients and clients with dysphagia (e.g., assisting with feeding of patients; demonstrating and practicing compensatory strategies and/or exercises first demonstrated by the S-LP).
4. Performing hearing screening, without interpretation, under the supervision of an S-LP or audiologist.
5. Following and implementing documented treatment plans or protocols developed by the supervising S-LP for patients or clients in individual and group activities.
6. Providing treatment to patients or clients under the supervision of an S-LP. Treatment may include but is not limited to the use of telepractice when the supervising S-LP identifies patients or clients for this service delivery model.
7. Documenting patient or client performance during treatment and reporting the information to the supervising S-LP.
8. Assisting with informal and formal documentation as directed by the supervising S-LP, including assisting patients or clients in completing case history and other relevant forms or information.
9. Assisting the S-LP in communicating with patients or clients when there are language differences and the S-LP assistant is competent in the patient or client's language.
10. Relaying treatment processes (e.g., scheduling, treatment goals and activities, home programming, etc.) to patients or clients with support and approval of the supervising S-LP.

### Indirect Client Support

11. Preparing materials for use in therapy, home programs, classrooms and other environments under the guidance of the supervising S-LP.
12. Assisting with program development under the guidance of the supervising S-LP.
13. Assisting the S-LP in providing care to patients and clients with dysphagia (e.g., food preparation).
14. Programming and creating augmentative and alternative communication (AAC) resources when they have received appropriate training under the guidance of an S-LP.
15. Participating in family conferences, case conferences or interprofessional team conferences with the supervising S-LP present.
16. Assisting with departmental operations, e.g., scheduling appointments, preparing charts, collecting data, documentation, safety procedures (including infection prevention and control), maintaining supplies and equipment and operating audio-visual equipment.

### Education/Promotion

17. Assisting the S-LP with research projects, in-service training and family or community education that has been approved by the supervising S-LP.
18. Teaching courses within an S-LP assistant educational program as long as the course content is related to professional roles, responsibilities and issues of supportive personnel. Course content must be approved by an S-LP or audiologist involved in the educational program.
19. Assisting with student training and practicums.

## **B. Areas outside the scope of practice**

S-LP assistants may not engage in the following activities:

1. Representing him or herself as an S-LP.
2. Having initial contact with patients or clients without the approval or direction of the supervising S-LP.
3. Selecting patients or clients for service.
4. Diagnosing patients or clients.
5. Conducting assessments, interpreting data or explaining assessment results of patients or clients.
6. Developing or modifying a treatment plan in any way without the consent or approval of the supervising S-LP.

7. Assisting with procedures that pose a significant risk to a patient or client or that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging, oropharyngeal swallow therapy with bolus material) without appropriate training and supervision.
8. Counselling the patient or client, their family or caregivers or others regarding the patient or client's status or service.
9. Interpreting treatment rationale to patients or clients for whom the supervising S-LP has created the treatment plan.
10. Interpreting performance or progress of patients or clients or discussing prognosis.
11. Making decisions about referrals for additional assessment or treatment services.
12. Disclosing confidential information either orally or in writing to anyone without appropriate consent unless required by law.
13. Writing reports without the knowledge and consent of the supervising S-LP.
14. Participating in case conferences or interprofessional team conferences without the supervising or another S-LP present.
15. Signing any documents in lieu of the supervising S-LP (e.g., formal reports or treatment plans).
16. Discharging patients or clients from services.

## 3.0 Core Competencies for Speech-Language Pathology Assistants

### A. Qualifications

SAC speech-language pathology (S-LP) assistants must have the following formal educational training:

1. A minimum of a high school diploma or the equivalent.
2. Completion of a formal educational training program for S-LP assistants from a community college or university. This program may include coursework in audiology and will include a clinical practicum component.

### B. Basic core competencies

S-LP assistants are expected to be competent at:

1. Selecting, preparing and presenting materials consistent with the treatment plan designed by the supervising S-LP.
2. Demonstrating an understanding of treatment objectives and the capacity to provide treatment consistent with these objectives.
3. Identifying environmental factors that may impact on or interfere with the provision of services and taking action to remove these factors whenever possible.
4. Managing time effectively.
5. Responding effectively to attitudes and behaviours of patients or clients and their caregivers.
6. Relating to and interacting positively with supervisors, colleagues and the population being served.
7. Seeking advice from the supervising S-LP when necessary.
8. Working under supervision and contributing positively to the care of the patient or client.
9. Demonstrating appropriate conduct (e.g., respecting and maintaining confidentiality of patients or clients, maintaining a professional demeanor, evaluating own performance and recognizing own professional limitations).
10. Maintaining accurate documentation.
11. Using appropriate oral and written language. Proficiency in the language in which the patient or client is being served, without communication characteristics that could negatively impact service delivery.
12. Being respectful and sensitive to individuals of various cultural backgrounds, abilities, socioeconomic and educational status, gender identities, sexual orientation, religious affiliation, etc.
13. Being adaptable when working with patients or clients and their caregivers.

## 4.0 Formal Educational Training Guidelines for Speech-Language Pathology Assistants

### A. Coursework content

Speech-language pathology (S-LP) assistant coursework should cover the following:

1. Anatomy and physiology of speech, hearing and vestibular mechanisms.
2. Typical speech, language and hearing development and typical swallowing.
3. Screening of and treatment methods for communication disorders.
4. Clinical procedures in communication disorders including observing, preparing materials, writing reports, documenting, operating and maintaining tools and instruments.
5. Developmental and behavioural psychology as it pertains to communication disorders.
6. Using instruments and technology in communication disorders.
7. Introduction to the profession of speech-language pathology assistants, e.g., roles (including interprofessional team involvement), scope of practice, guidelines, supervision and ethical and regulatory issues.
8. Amplification systems and aural/audiologic rehabilitation.
9. Infection prevention and control.

### B. Clinical practicum

#### Minimum requirements:

Students will complete supervised practicum hours in an assistive capacity with an S-LP at one or more sites (approved by their educational program), accruing a minimum of 200 hours. Some of these hours may be accrued under the supervision of an audiologist. We recommend that the clinical practicum hours be obtained in a variety of settings whenever possible with both pediatric and adult clients who have a range of communication and hearing disorders.

Clinical practicum experience should include but is not limited to:

1. Assisting with screening and assessment under the supervision of an S-LP.
2. Assisting with clinically managing individuals with communication and hearing disorders, including preparing materials for therapy, following treatment plans, documenting performance and reporting to the supervising S-LP or audiologist.
3. Interacting effectively with patients or clients while implementing a prescribed treatment plan.
4. Setting up clinical equipment and materials.
5. Record keeping and managing clinical data.
6. Performing various clerical duties.

## **5.0 Guidelines for S-LPs Supervising Speech-Language Pathology Assistants**

### **A. Supervisory training**

1. We recommend that the supervising S-LP have a minimum of one year of clinical experience. If the supervising S-LP does not have one year of experience, the S-LP should have access to an S-LP who does and who is able to provide professional advice or mentoring as needed. The supervisor must be an SAC member in good standing and/or registered/licensed with their provincial/territorial regulatory body, if applicable.
2. Supervising S-LPs should strive to enhance their supervision skills. For example, the S-LP should seek opportunities for professional development in this area if his or her knowledge and practical experience is limited. Options could include informal mentoring, peer support, independent study and/or coursework in the area of supervision.
3. The content of such training or experience should include but is not limited to:
  - a. The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.
  - b. Familiarity with best-practice supervision literature.
  - c. Improving knowledge and understanding of the roles and relationship between S-LPs and S-LP assistants, and the relationship between S-LPs and patients or clients.
  - d. Strengthening the S-LP's ability to provide efficient supervision. Topics may include times and conditions of supervision sessions, problem-solving ability and implementing supervisor treatments through a range of methods, including live, videotape, audiotape and case reports.
  - e. Knowledge of the scope of practice and expected competencies of S-LP assistants.
4. The supervising S-LP should maintain documentation of his or her professional development in the area of supervision.

### **B. Amount and type of supervision**

1. The supervising S-LP is ultimately responsible for the patient or client as stated in the SAC Code of Ethics.
2. The amount and type of supervision required should be based on the skills and experience of the supervising S-LP, the S-LP assistant, the needs of the patients or clients served, the service setting, the tasks assigned and other pertinent factors.

- a. It is the supervising S-LP's responsibility to ensure that the amount of supervision matches the level of support that the S-LP assistant requires. The S-LP may need to provide a greater amount of supervision depending on the S-LP assistant's level of competence, especially when the S-LP assistant is newly qualified or working in a new clinical area.
  - b. S-LP assistants working with medically fragile patients or clients should have complete (100%) supervision.
3. The number of S-LP assistants an S-LP is to supervise shall be based on the experience and professional judgement of the S-LP and the training and experience of the S-LP assistant. The S-LP must always consider safe practice, the delivery of appropriate, quality services and the effectiveness of treatment.
4. The supervising S-LP should be available to direct, support and consult with the S-LP assistant at all times.
5. The supervising S-LP and/or S-LP assistant must inform the patient or client and his or her family or other caregivers about the S-LP assistant's role in providing services and the role of the S-LP in overseeing this service provision.
6. The S-LP should develop a supervision plan in collaboration with the S-LP assistant. They should review the plan on a regular basis and document supervision.
7. The supervising S-LP should be available to provide direct or indirect supervision during clinical activity. Information obtained during direct supervision may include data related to:
  - a. Agreement (reliability) between the S-LP assistant and the supervising S-LP on correct/incorrect judgment of target behaviour.
  - b. Accuracy in record keeping.
  - c. Ability to interact effectively with the patient or client and his or her family or caregivers.
8. Whenever areas (a) through (c) listed above fall below an agreed-upon level (as determined by the supervising S-LP and the S-LP assistant), the S-LP assistant should be retrained in those skills and the S-LP should increase direct supervision until the S-LP assistant demonstrates an acceptable level of performance.
9. In some instances, the S-LP, in consultation with the employer, must change or suspend the S-LP assistant's duties if he or she cannot attain an appropriate level of proficiency or if he or she repeatedly violates these guidelines.
10. The supervising S-LP will review all pertinent documentation and progress notes provided by the S-LP assistant.
11. It is not permissible for the supervising S-LP to receive payment from or otherwise be in the employment of the S-LP assistant whom he or she supervises.

12. If the primary supervising S-LP is not available, the employer must ensure that an alternate means of supervision (e.g., by another S-LP) can be provided.
13. When the supervising S-LP is unavailable and no other S-LP is accessible, the employer shall have a list of job activities that are within the prescribed scope of practice for S-LP assistants that can be carried out in the absence of supervision. If the S-LP is not the employer, the S-LP should ensure that the employer is aware of the activities that the S-LP assistant can and cannot carry out without supervision.
14. If an S-LP assistant is teaching a course in an S-LP assistant educational program, the content of the course should be approved by an S-LP or audiologist involved in the program.

## 6.0

### SAC Glossary of Terms

**Accountability:** Refers to being legally responsible and answerable for actions and inactions by themselves or others when communication health assistants are performing tasks. The supervising S-LP or audiologist is ultimately responsible for the patient or client as stated in the SAC Code of Ethics.

**Assessment:** Use of formal and/or informal measures by an S-LP or audiologist, in accordance with their scope of practice, to determine a patient or client's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations.

**Audiologist:** Audiologists are hearing health professionals who identify, diagnose and manage individuals with peripheral or central hearing loss, tinnitus and balance disorders. In some provinces/territories, audiologists are governed by a regulatory body and must meet regulatory requirements to practice. SAC recommends that the supervising audiologist have a minimum of one year of clinical experience and strives to enhance supervision skills through additional preparation (e.g., professional development in the area of supervision, as outlined in the guidelines).

**Audiology assistant:** SAC defines audiology assistant as any individual employed in a role supporting the delivery of audiology services AND receiving supervision in those duties by a qualified audiologist. See "communication health assistant" for more information.

**Communication health assistant:** SAC defines communication health assistant as any individual employed in a role supporting the delivery of speech-language pathology and/or audiology services AND receiving supervision in those duties by a qualified S-LP or audiologist. SAC communication health assistants include audiology assistants, speech-language pathology assistants and speech and hearing assistants. SAC communication health assistants must have graduated from a formal educational communication health assistant program in speech-language and/or audiology (unless he or she was grandfathered into the association in 2006-2007 and has remained active and in good standing with SAC since that time).

**Counselling:** Professional guidance in terms of advice and support to the patient or client, family or others regarding the services being provided. Counseling also serves to direct the judgment or conduct of another and manage expectations.

**Direct supervision:** Direct supervision refers to on-site, in-view observation and guidance by an S-LP or audiologist while the communication health assistant is performing an assigned activity. Direct supervision may include, but is not limited to, observing a portion of screening or treatment procedures performed by the communication health assistant, coaching and modeling for the communication health assistant. The supervising S-LP or audiologist can also observe and communicate with the patient or client and communication health assistant via real-time telecommunication technology to provide direct supervision, as this gives the S-LP or audiologist the opportunity to provide immediate feedback. Note: this does not include reviewing a taped session later.

**Indirect supervision:** Indirect supervision means the supervising S-LP or audiologist is not in view; instead, he or she observes and guides the communication health assistant's activities but provides support which may not be immediate. Indirect supervision activities may include, but are not limited to: demonstration, documentation review, review and evaluation of audio or videotaped sessions and interactive television and supervisory conferences that may be conducted by telephone, email or live webcam.

**Interpretation:** Summarizing, integrating and using data for the purpose of clinical decision-making, which may only be done by S-LPs and audiologists.

**Medically fragile:** A term used to describe an individual who is acutely ill and in an unstable condition.

**Screening:** A pass/fail procedure, which follows specific screening protocols developed and/or approved by the supervising S-LP or audiologist, to identify (without interpretation) clients who may require further assessment. The S-LP, audiologist or communication health assistant may conduct the screening. If the communication health assistant conducts the screening, interpretation and communication of the screening results is limited to informing the individual whether or not he or she needs further assessment.

**Speech and hearing assistant:** SAC defines speech and hearing assistant as any individual employed in a role supporting the delivery of both speech-language pathology and audiology services AND receiving supervision in those duties by a qualified S-LP or audiologist. See "communication health assistant" for more information.

**Speech-language pathologist:** Speech-language pathologists are professionals who have expertise in typical development and disorders of communication and swallowing, as well as assessment and treatment for these areas. In some provinces/territories, speech-language pathologists are governed by a regulatory body and must meet regulatory requirements to practice. SAC recommends that the supervising S-LP have a minimum of one year of clinical experience and strives to enhance supervision skills through additional preparation (e.g., professional development in the area of supervision, as outlined in the guidelines).

**Speech-language pathology assistant:** SAC defines speech-language pathology assistant as any individual employed in a role supporting the delivery of speech-language pathology services AND receiving supervision in those duties by a qualified speech-language pathologist. See "communication health assistant" for more information.

**Telepractice:** The use of telecommunications technology for the delivery of professional services at a distance by linking clinician to patient or client, or clinician to clinician, for assessment, treatment or consultation.

**Treatment:** An intervention with the goal of enhancing the communication, hearing or balance of the patient or client.

## Glossary References

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# Appendix A: SAC Code of Ethics

## INTRODUCTION AND BACKGROUND

Ethics refers to the moral principles that govern a person's or group's behaviour.

Speech-Language and Audiology Canada (SAC) members and associates shall abide by the Code of Ethics, bylaws and policies of the association.

In the case that an SAC member's or associate's practice is governed by a regulatory body, the member or associate must abide first and foremost by the ethical standards and professional conduct requirements of their regulatory body.

Any action that violates the spirit and purpose of the SAC Code of Ethics is considered unethical.

For definitions, see Appendix 1.

SAC developed its Code of Ethics in accordance with the following principles of biomedical ethics (Beauchamp and Childress, 2001):

- 1. Respect for autonomy:** enabling individuals to make reasoned, informed choices.
- 2. Beneficence:** balancing the benefits of intervention against the risks and costs. The member or associate should act in a way that benefits the patient or client.
- 3. Non-maleficence:** avoiding the causation of harm. If intervention involves even minimal harm, the harm should not be disproportionate to the benefits of intervention.
- 4. Justice:** ensuring that patients or clients in similar situations are treated in a similar manner.

## OBJECTIVES

SAC's Code of Ethics sets forth the fundamental principles, values and standards essential to the responsible practice of speech-language pathology and audiology. The underlying values of the Code form the rationale for ethical standards and provide the basis for ethical practice and decision-making. The applicable standards within the Code guide members and associates in maintaining professionally acceptable behaviour in their practice. The principles, values and standards also form the basis for the actions of the SAC Standards and Ethics Committee, which evaluates the ethical behaviours of members and associates.

The Code provides guidance; it cannot offer definitive resolution to all ethical questions that may arise during professional practice. Failure to specify any particular responsibilities of practice in this Code does not negate the existence of these responsibilities or practices.

## SAC MEMBERS AND ASSOCIATES HOLD THESE VALUES:

### **Integrity**

Members and associates recognize and adhere to the principles of truth, accountability, objectivity and accuracy in all of their relationships and activities. They ensure that spoken and written communications are true, accurate and clear in representing their qualifications, professional affiliations, education, experience and competence.

### **Professionalism**

Members and associates support and enhance the reputation of their profession by participating in and accepting self-regulation of their profession, honouring contractual agreements and complying with federal, provincial, territorial, municipal and other relevant laws. Members and associates seek to advance the quality and provision of professional services through advocacy, public education and respectful acknowledgement of their colleagues' achievements, knowledge and skills. Members and associates familiarize themselves with and apply SAC's Code of Ethics to all of their professional activities and relationships. Members and associates work collaboratively with members of both their own profession and other professions in the interest of delivering the best quality of care. Members and associates practice their professions according to established business ethics and practices.

### **Caring and Respect**

Members and associates value the well-being of others. The autonomy, welfare and dignity of those they serve professionally are paramount. The provision of professional services takes priority over members and associates' personal interests, aims and opinions. Members and associates demonstrate respect, acceptance and compassion toward all of their patients or clients, colleagues and others, regardless of race, national or ethnic origin, religion, sexual orientation, gender, age or physical or mental ability. Members and associates limit prognostic statements so that they reflect relevant patient or client clinical indicators without guaranteeing results of any intervention, procedure or product, either directly or by implication.

### **High Standards and Continuing Competency**

Members and associates practice within their scope of competence and seek to enhance and maintain their professional skills through professional development. Members and associates strive to provide professional services and information supported by current scientific and professional research.

## STANDARDS

### 1. Professional Competence

Members and associates shall:

- a) Meet national membership requirements and, where required, hold provincial or territorial registration.
- b) Provide services within the applicable SAC Scope(s) of Practice and/or those defined by applicable provincial or territorial statutes.
- c) Engage only in the provision of services that fall within their professional competence, considering their level of education, training, experience and/or their access to professional supervision and assistance from qualified colleagues.
- d) Maintain and enhance their professional competence throughout their careers.
- e) Withdraw from practice if a physical or mental condition compromises their professional competence.

### 2. Delegation and Supervision

Members and associates:

- a) Are responsible for all professional services they delegate to communication health assistants and/or students under their supervision.
- b) Shall accurately represent the credentials of communication health assistants and students and shall inform patients or clients of the name and professional credentials of persons providing services.
- c) May endorse a student or supervisee for completion of academic or clinical training or employment only if they have had direct experience with the student or supervisee, and only if the student or supervisee demonstrates the required competencies and expected ethical practices.

### 3. Informed Consent

Members and associates shall:

- a) Inform a patient or client about the nature of their communication disorder and the services and intervention options available.
- b) Ensure that the patient or client understands this information.
- c) Obtain verbal or written consent from the patient or client before screening, assessment, intervention or participation in a research study.

- d) Ensure that patients or clients understand their right to refuse consent or withdraw consent once given without impacting any clinical services available to them.
- e) Obtain informed consent from the patient or client before sharing the patient or client's information with others, unless the member or associate is required to do so by law.

#### **4. Safety**

Members and associates shall:

- a) Take every precaution to avoid harm to patients or clients. This includes following applicable occupational health and safety and infection prevention and control practices, and ensuring that equipment is appropriately calibrated and in proper working order.
- b) Ensure that their employees and/or supervised personnel comply with relevant occupational health and safety and infection control policies and procedures.

#### **5. Records**

Members and associates shall:

- a) Prepare and maintain, in a timely fashion, adequate records of professional services rendered and products dispensed.
- b) Allow access to these records when appropriate authorization is obtained from a patient or client or when required to do so by law.
- c) Comply with documentation standards when using an electronic medical record.
- d) Abide by relevant privacy and consent legislation regarding documentation.
- e) Maintain and dispose of records according to the time period determined by applicable regulatory standards and/or organizational policies.

#### **6. Privacy**

Members and associates shall:

- a) Be familiar and comply with applicable federal, provincial or territorial privacy legislation in all of their clinical, administrative, scholarly and research activities.
- b) Ensure that any supervised personnel comply with appropriate federal, provincial or territorial privacy legislation.
- c) Adhere to all relevant legislation and policies related to security, privacy, encryption, consent and documentation in the delivery of services via electronic technology.

## 7. Business Practices

Members and associates shall:

- a) Ensure that their advertisements, promotions, sales and fees for products and/or services are honest, appropriate and fair.
- b) Disclose all applicable fees, charges and billing arrangements prior to providing any services or products.
- c) Honour product and service contracts.

## 8. Conflict of Interest

Members and associates shall be vigilant in avoiding activities or relationships that represent a real or perceived conflict of interest. Examples of unacceptable conduct include, but are not limited to:

- a) Using information or resources from their employer for their own personal or financial benefit.
- b) Initiating or continuing intervention with a patient or client if such intervention is ineffective, unnecessary or no longer clinically indicated.
- c) Endorsing any service, product or individual to accrue any personal benefit.
- d) Accepting any form of benefit, financial reward or gift that may compromise or influence professional judgment or service recommendations.

## 9. Scholarly, Clinical and Research Practices

Members and associates shall use protocols that comply with standards accepted by the scientific community by:

- a) Obtaining approval, where required, for research projects and other scholarly activities, including ethics approval for studies involving human or animal subjects, and ensuring that protocols comply with all relevant national, provincial, territorial and institutional standards.
- b) Ensuring that participation in research does not delay or interfere with evidence-informed methods of assessment or intervention.
- c) Using peer review processes to evaluate research before presenting it to the public.
- d) Acknowledging other professionals in publications, presentations or products when referencing their work or contributions.

## 10. Ethical Responsibility to the Professions

Members and associates shall cooperate with SAC's Standards and Ethics Committee in instances of alleged violation of this Code or the association's bylaws or policies by:

- a) Understanding the application of professional ethical and practice standards.
- b) Cooperating with any committee or individual authorized by SAC to investigate or act upon an alleged violation.
- c) Refraining from advocating, sanctioning, participating in or condoning any act or person that is in violation of this Code or SAC bylaws or policies.
- d) Reporting suspected violations to SAC's Standards and Ethics Committee.

## References

Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). New York City, NY: Oxford University Press.

## Appendix A1: Definitions

**Communication disorder:** any disorder and/or delay within the scope of practice of a speech-language pathologist and/or audiologist.

**Conflict of interest:** any disparity between the private interests or relationships and the official responsibilities of a person or group of persons in a position of trust. A perceived conflict of interest refers to any situation in which a reasonable third party might infer such a disparity.

**Informed consent:** consent from a patient or client based on an informed choice that is the result of a process of educated decision-making. To provide informed consent, the patient or client must be provided with sufficient information about the proposed service or product, including the benefits, risks and any possible alternatives, and understand this information. Valid consent to receive a proposed service or to share personal information may be either verbal or written unless otherwise required by institutional or provincial or territorial regulation. The patient or client can withdraw informed consent at any time.

**Intervention:** this may involve promotion, prevention, counselling, treatment, consultation, management, (re)habilitation and education.

**Patient or client:** the individual receiving professional services, including students receiving professional services in educational settings, or the legal guardian or legal representative in the case of an individual who is not capable of decision-making. With the consent of the individual or legal guardian or representative, “patient or client” may also include family members and caregivers. “Patient or client” may also refer to a research subject, where applicable.

**Professional competence:** the ongoing ability to integrate and apply the knowledge, skills, attitudes and judgement required to provide effective and ethical speech-language pathology and/or audiology services within a designated area of practice.

**SAC associates:** affiliate associates, communication health assistant associates, reduced hours communication health assistant associates, research/allied professional associates, student associates and retired associates, as defined on the [SAC website](#).

**SAC member:** a professional who holds a master’s degree or equivalent in speech-language pathology or audiology and has joined SAC. This includes three membership types: full, reduced hours and international, as defined on the [SAC website](#).