

NBASLPA

Regulatory Bulletin

"Keeping registrants informed."



April 2025

NEW Features Available in Alinity

Private Practice Search Field

The [NBASLPA Public Register](#) now includes a **Private Practice** search field, allowing users to verify whether an audiologist or speech-language pathologist is engaged in private practice, along with their registration status and any applicable conditions or limitations.

All registrants appear in the Public Register; however, to display private practice contact details (e.g., address and telephone number) in search results for private practice, registrants must check the "Displayed on Public Register" box in their [NBASLPA profile](#).

Continuing Education Audits

Registrants selected for a Continuing Education audit will now upload proof of compliance directly in Alinity. A **User Guide** with instructions and screenshots is available under [Registrant Resources](#).

Mentorship Program Forms

- Provisional Registrants can now complete the **Mentorship Agreement Form** directly in the registrant portal, eliminating the need to download a PDF. Mentors will receive an email link to confirm their agreement. Agreements must be submitted within **14 days** of the provisional registrant beginning employment.
- A revised and streamlined **Assessment Form** will soon be available for **Provisional Registrants (mentees) and their mentors**. This updated form aligns with the **National Competency Profiles** and the **NBASLPA Code of Ethics**. It will first be accessible as a PDF and later fully integrated into Alinity.

Registration Renewal

The 2024 renewal period successfully closed on December 31. A total of 7 registrants were late renewing, while 3 failed to renew and have been removed from the register. As of February 2025, we now have 329 practising (81 AUD & 248 SLP) and 16 non-practising registrants.

Chosen Colours

For this edition of the Regulatory Bulletin, we chose the colors red, black, white, and yellow to honor and reflect the Indigenous colors often associated with the Medicine Wheel. These colors hold deep cultural significance, representing the four directions, stages of life, elements, and interconnectedness of all living things. By incorporating these colors, we acknowledge and respect Indigenous perspectives and celebrate the diversity and unity they symbolize.

Inside this Edition

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(Indigenous Cultural Safety, Cultural Humility, and Anti-Racism)*

Cultural Competence – Self Reflection Scenarios – Pages 8-10

Getting Upstream and Mitigating Risk

Indigenous cultural safety, cultural humility, and anti-racism

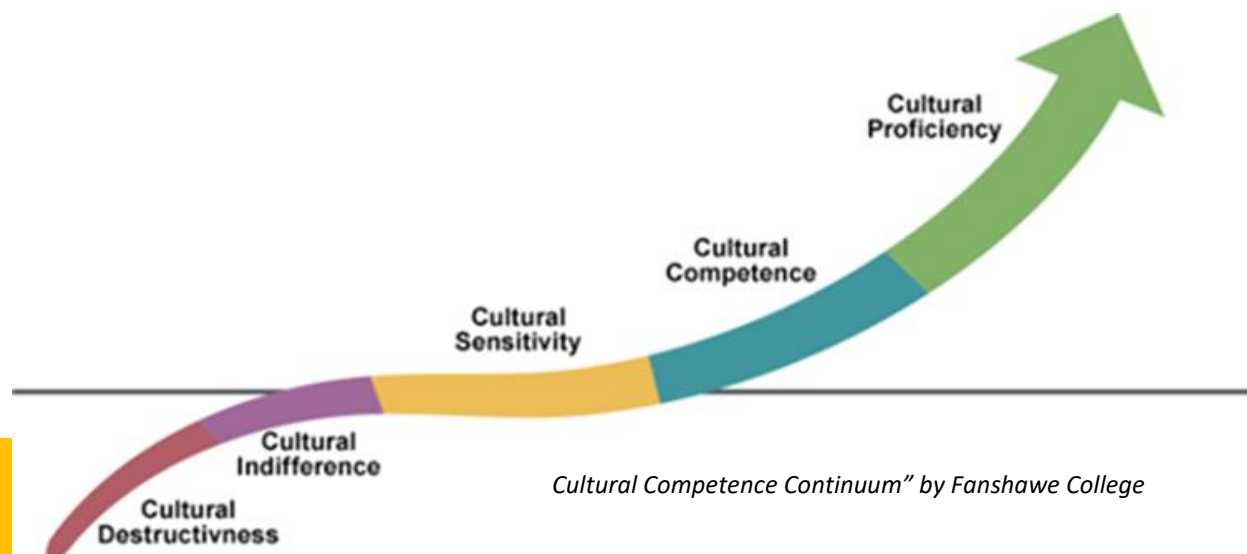
The report [*In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care*](#) (and the [*Systemic Racism Commissioner's Final Report 2022*](#) from New Brunswick highlight the widespread issue of Indigenous-specific racism within the health care system. This form of discrimination significantly impedes access to health care services, leading to poorer health outcomes for Indigenous Peoples. These impacts include lower life expectancy, higher infant mortality rates, and an increased prevalence of chronic health conditions.

In New Brunswick, Indigenous communities continue to face substantial barriers to equitable care, resulting in disparities in health outcomes. Addressing Indigenous-specific racism is vital to ensure that all individuals—regardless of their background—have equal access to quality care and the opportunity for better health outcomes.

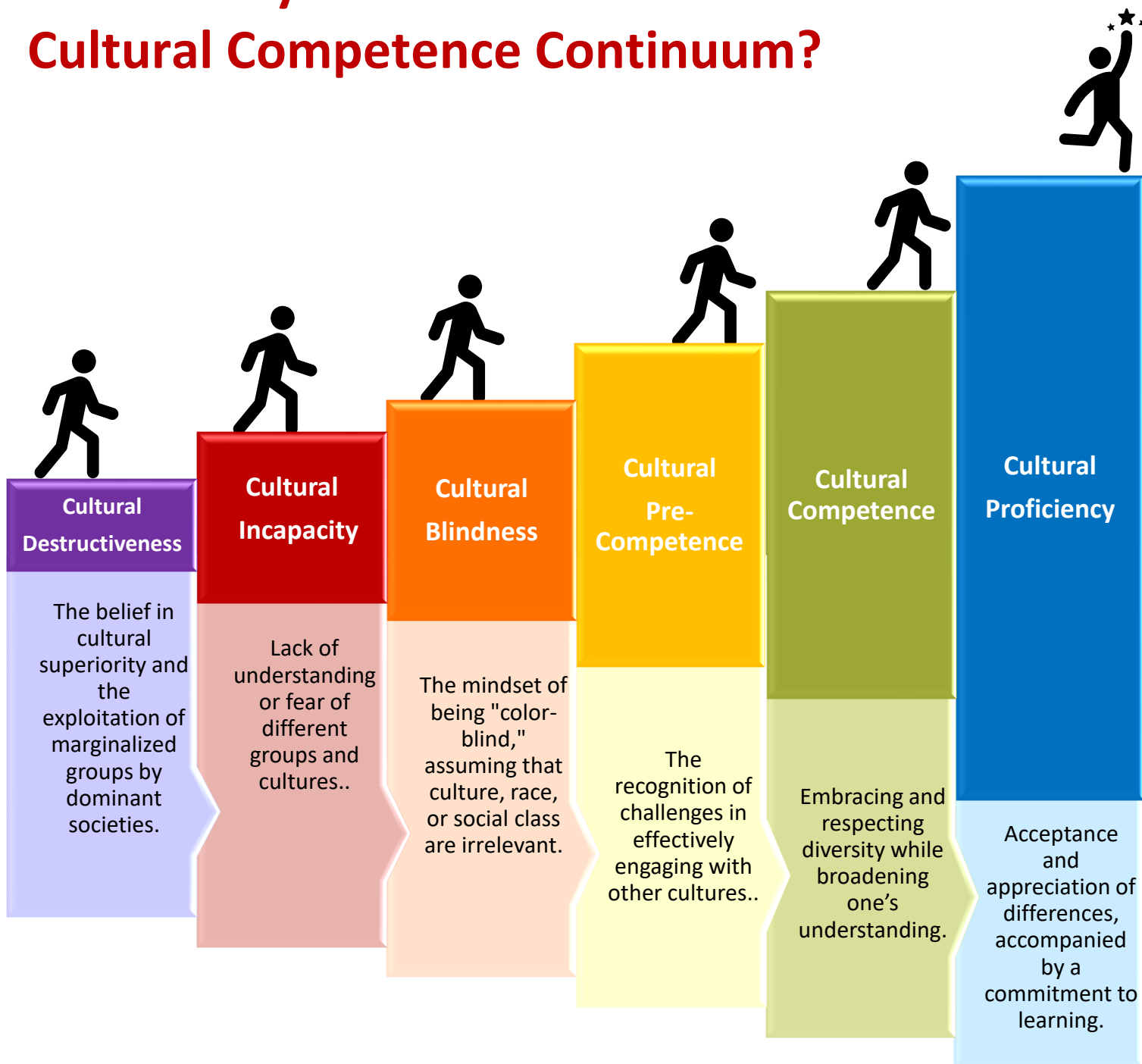
Recognizing the unique histories, experiences, and challenges faced by Indigenous Peoples is essential for providing culturally safe and respectful care. Health professionals must continuously self-reflect, educate and commit to anti-racist practices. A key approach is cultural humility, which encourages providers to examine their values, assumptions, and privileges, and understand how these influence their interactions with Indigenous Peoples. This practice promotes respectful, open communication and collaborative decision-making.

By developing cultural humility, healthcare professionals in all settings can build trust and foster relationships based on respect. This approach addresses the needs of individual clients and acknowledges the broader systemic issues that negatively impact Indigenous Peoples' access to safe and effective care.

Health professionals must challenge their biases, confront stereotypes, and work to create environments where Indigenous clients/patients feel heard, respected, and safe.



Where do you fall on the Cultural Competence Continuum?



2. Enhance Knowledge Through Education

- **Commit to ongoing learning:** Continuously educating oneself about Indigenous health care, health determinants, cultural safety, cultural humility, and anti-racism is crucial for developing cultural competence, which leads to improved, more culturally sensitive, and safer practices for Indigenous Peoples.
- **Understand the effects of Indigenous-specific racism:** Acknowledge the detrimental impact of Indigenous-specific racism on Indigenous Peoples' ability to obtain health care, especially the disproportionate consequences faced by Indigenous women, girls, and two-spirit, queer, and trans Indigenous Peoples.
- **Explore the repercussions of colonialism:** Gaining insight into the historical and ongoing effects of colonialism on Indigenous Peoples will enable health professionals to better comprehend the complexities of their healthcare experiences.
- **Familiarize yourself with the Indigenous communities served:** Get to know the specific Indigenous communities in your work area—their languages, histories, heritage, cultural practices, and systems of knowledge—and recognize how these may vary among different Indigenous groups. This understanding is essential for providing culturally appropriate care.



Our Home and Native Land
Artist: Jennifer Adomeit



Links to start your journey toward Cultural Proficiency:

- [Indigenous peoples - gnb.ca](https://www.gnb.ca)
- [Indigenous Affairs - New Brunswick](https://www2.gov.bc.ca/gov2/indigenous)
- [Native-Land.ca | Our home on native land](https://www.native-land.ca)
- [NCTR - National Centre for Truth and Reconciliation](https://www.nctr.ca)
- [Learning series \(BCCNM\)](https://www.bccnm.ca)

3. Stand Against Racism

- **Act against racism and discrimination:** Healthcare providers should proactively act against racism when it is observed. This includes:
 - Helping colleagues recognize and rectify racist attitudes, language, or behaviours.
 - Supporting clients/patients, colleagues, and others who experience or report acts of racism.
 - Reporting incidents of racism to leadership or relevant regulatory bodies to ensure accountability and appropriate action.



4. Create Safe Experiences

- **Treat clients with respect and empathy:** Acknowledging and respecting a client or patient's cultural identity is essential. Health professionals should listen to and strive to understand the client's lived experiences.
- **Demonstrate compassion:** Extend kindness and compassion to Indigenous clients and their families, ensuring they feel recognized, heard, and valued.
- **Be open to learning:** Take the opportunity to learn from the client or patient, and from others, particularly in cross-cultural encounters, to consistently enhance care and understanding.

NBASLPA thanks BCCNM (British Columbia College of Nurses and Midwives) for permission to adapt content for items 1 - 4 above from their Indigenous cultural safety, cultural humility, and anti-racism practice standard.

5. Learn and Understand the following Key Terminology:

Key Terms. "These definitions are taken from the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* Report".

Anti-racism. Anti-racism is the practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being "not racist" but involves taking action to create conditions of greater inclusion, equality, and justice.

Colonialism. Occurs when groups of people come to a place or country, steal the land and resources from Indigenous Peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous Peoples, violently suppress their governance, legal, social, and cultural structures, and force them to conform with the colonial state.

Cultural humility. Cultural humility is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the client, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the client-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

Cultural safety. A culturally safe environment is physically, socially, emotionally, and spiritually safe. There is recognition of, and respect for, the cultural identities of others without challenge or denial of an individual's identity, who they are or what they need. Culturally unsafe environments diminish, demean, or disempower the cultural identity and well-being of an individual.

Indigenous-specific racism. The unique nature of stereotyping, bias and prejudice about Indigenous Peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices.

Racism. The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as 'less than' non-racialized groups. Systemic racism is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping.

NBASLPA thanks BCCNM (British Columbia College of Nurses and Midwives) for permission to adopt content from *Module 1: Key terms of their From Awareness to Action Learning series* for section 5 above: "Learn and Understand the Following Key Terminology".



Getting Upstream and Mitigating Risk Through Self-Reflection

Scenario 1 – Addressing Racist Comments in the Workplace

Sophia, a Speech-Language Pathologist, is part of a team meeting discussing strategies for improving care for underserved populations. During the meeting, one of her colleagues, Mark, comments, “I don’t think focusing on Indigenous health is relevant here. Most of them don’t even bother coming to their appointments.”

Sophia feels uncomfortable with the comment but hesitates to speak up during the meeting. Later, she approaches Mark privately to express her concerns. Mark dismisses her, saying, “I didn’t mean anything by it—it’s just the truth.” Sophia is unsure how to proceed and reflects on whether she should escalate the issue to leadership or continue trying to address it directly with Mark.

Questions for Self-Reflection and/or Discussion with Colleagues:

1. *Was Sophia’s decision to address Mark privately appropriate? Why or why not?*
2. *What steps could Sophia take to escalate the issue in a way that promotes accountability and learning?*
3. *How can Sophia balance addressing the comment while maintaining a collaborative workplace relationship?*
4. *What strategies could Sophia use to advocate for anti-racist practices within her organization?*

Key Concepts this Scenario Illustrates:

- Addressing inappropriate or racist comments in the workplace.
- The importance of speaking up as part of anti-racist practice.
- Balancing accountability and professionalism in workplace dynamics.
- Promoting systemic change and education within healthcare teams.

Getting Upstream and Mitigating Risk Through Self-Reflection

Scenario 2 – Navigating Cultural Practices

James, an Audiologist, is working with Talia, an Indigenous client who has been experiencing hearing difficulties. During their session, Talia mentions that she has been using traditional Indigenous healing practices to manage her hearing loss, such as ear drops made from local herbs. James, unsure of how to respond, dismisses her mention of traditional remedies and proceeds with recommending hearing aids without acknowledging her cultural practices.

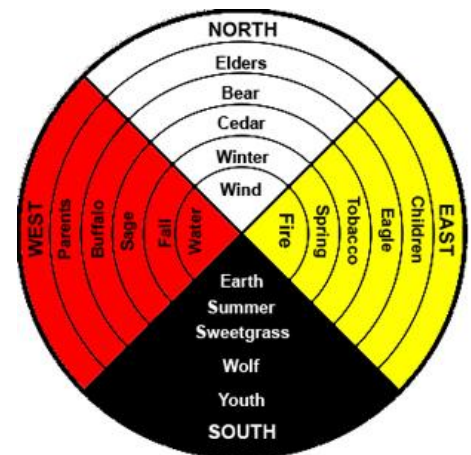
Talia appears uncomfortable and quiet after James dismisses her, and she leaves the appointment without scheduling a follow-up. Later, James reflects on the interaction and wonders whether he missed an opportunity to build trust and show respect for Talia's cultural practices. He is uncertain how to integrate cultural humility into his approach while still offering medical recommendations.

Questions for Self-Reflection and/or Discussion with Colleagues:

1. How did James's response to Talia's mention of traditional healing practices affect the therapeutic relationship?
2. What could James have done differently to acknowledge and respect Talia's cultural practices while still providing his professional recommendations?
3. How can James demonstrate cultural humility and openness to alternative healing practices in future interactions with Indigenous clients?
4. How can James build trust with clients from diverse backgrounds and avoid dismissing their cultural beliefs?

Key Concepts this Scenario Illustrates:

- The importance of cultural sensitivity and humility in audiological practice
- Recognizing and respecting clients' cultural beliefs and practices
- Building a trusting therapeutic relationship through open communication and understanding
- Balancing professional recommendations with respect for alternative or traditional healing practices



Indigenous Medicine Wheel

Getting Upstream and Mitigating Risk Through Self-Reflection

Scenario 3 – Bias in Providing Treatment and Information

Sarah, a Speech-Language Pathologist, is working with Adriel, a young indigenous adult client, and his mother, who accompanies him to the appointment. During the session, Adriel is presenting with a speech delay, and his mother is eager to understand how they can support him at home. Sarah notices Adriel's mother asking several questions about the recommended speech exercises and the therapy plan. However, Sarah, having formed an unconscious bias based on her assumptions about Adriel's family, believes that they may not fully understand the instructions due to their cultural background. She assumes that they have lower educational levels and may not be able to follow the therapy plan effectively.

Rather than taking the time to explain the exercises thoroughly, Sarah provides only basic instructions, assuming Adriel's mother will not be able to understand any more complex details. Sarah also skips over providing educational materials or resources that might help Adriel's mother reinforce the treatment plan at home, thinking it would be "too much" for them to handle.

Adriel's mother leaves the session feeling frustrated and confused, as she had hoped for more detailed guidance on how to support her son. Sarah fails to realize that her bias, rooted in assumptions about Adriel's background and family, has affected her communication and the quality of care she provided.

Questions for Self-Reflection and/or Discussion with Colleagues:

1. *How did Sarah's bias affect the quality-of-care Adriel and his mother received?*
2. *How can Sarah reframe her approach to ensure that she provides clear, detailed, and respectful instructions to all clients, regardless of their background?*
3. *What steps can Sarah take to address and mitigate her unconscious biases in her practice?*
4. *How can Sarah ensure that she provides equal opportunities for all clients to understand and engage in their treatment plans, including offering appropriate resources and educational materials?*

Key Concepts this Scenario Illustrates:

- Recognizing and addressing unconscious bias in healthcare interactions
- The importance of providing clear and thorough information to clients, regardless of background
- The impact of assumptions on the quality of care and therapeutic relationships
- Ensuring that all clients receive equitable access to education and resources

Reach out with any questions!

We are here to help all registrants meet their regulatory requirements, mitigate risk, and protect the public!

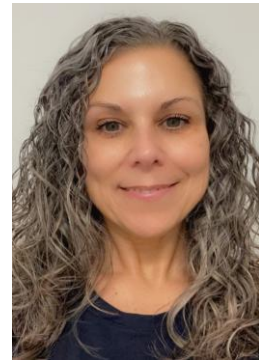
"NBASLPA ensures public safety by regulating, supporting, and ensuring the competent, safe and ethical practice of audiologists and speech-language pathologists in New Brunswick. All registrants of NBASLPA must practice in compliance with the Act, the Bylaws and Rules."



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Next edition - June 2025

Stay tuned for some scenario responses in the next edition!

Please contact the office at info@nbaslpa.ca if there are any regulatory topics you would like addressed in future editions.