



Standards of Practice

For audiologists and speech-language
pathologists

Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick

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Introduction

The Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick (RCASLPNB) is the regulatory body responsible for ensuring the safe, competent, and ethical practice of audiologists and speech-language pathologists in New Brunswick. This includes promoting care that is free from racism and discrimination while upholding the principles of equity, **diversity**, and inclusion.

Operating under provincial legislation, RCASLPNB protects the public by regulating the professions of audiology and speech-language pathology and setting and enforcing professional practice standards.

The professions of audiology and speech-language pathology have been regulated in New Brunswick since June 27, 1987. The legislation defines RCASLPNB's regulatory mandate, which includes the development, establishment, maintenance, and administration of **Standards of Practice**.

The Standards of Practice define the minimum level of professional performance that audiologists and speech-language pathologists are expected to demonstrate in their practice. They are updated regularly to reflect changing practice needs and trends.

Every RCASLPNB registrant must adhere to these Standards of Practice, regardless of their role or work setting. Failure to follow these standards can be considered professional misconduct, as defined by the *Audiology and Speech-Language Pathology Act* and may result in complaints and disciplinary action.

Glossary

A glossary of terms is included at the end of this document. Key terms included in the glossary are indicated in bold text the first time they appear in each Standard statement.

Purpose

The Standards of Practice serve different purposes for various stakeholders both within and external to the professions of audiology and speech-language pathology:

RCASLPNB	uses the Standards of Practice to guide its responses to practice inquiries, as well as to concerns or complaints reported by the public and employers.
Registrants	consult the Standards of Practice for guidance on clinical practice, professional conduct, and continuing competence.
Educators	can utilize the Standards of Practice to serve as a framework for curriculum content and development including cultural safety and inclusive practices, practice evaluation and program review, in conjunction with entry-to-practice competency statements.
Managers / employers	can use the Standards of Practice to guide development of job descriptions, roles and performance evaluation.
Other health professionals	may use the Standards of Practice to provide insight into roles and responsibilities, identify overlapping areas of practice and explore opportunities for collaboration.
The public	may use the Standards of Practice to learn what to expect when receiving services provided by audiologists and speech-language pathologists in New Brunswick, including care that is inclusive, equitable and culturally safe.

Fundamental Principles

The Standards of Practice are founded on several overarching principals and assumptions.

The Standards of Practice:



Reflect RCASLPNB's responsibility and commitment to the delivery of competent and safe services to the public.



Outline mandatory minimum expectations for the professional conduct of registrants.



Apply to all registrants regardless of their practice area and setting.

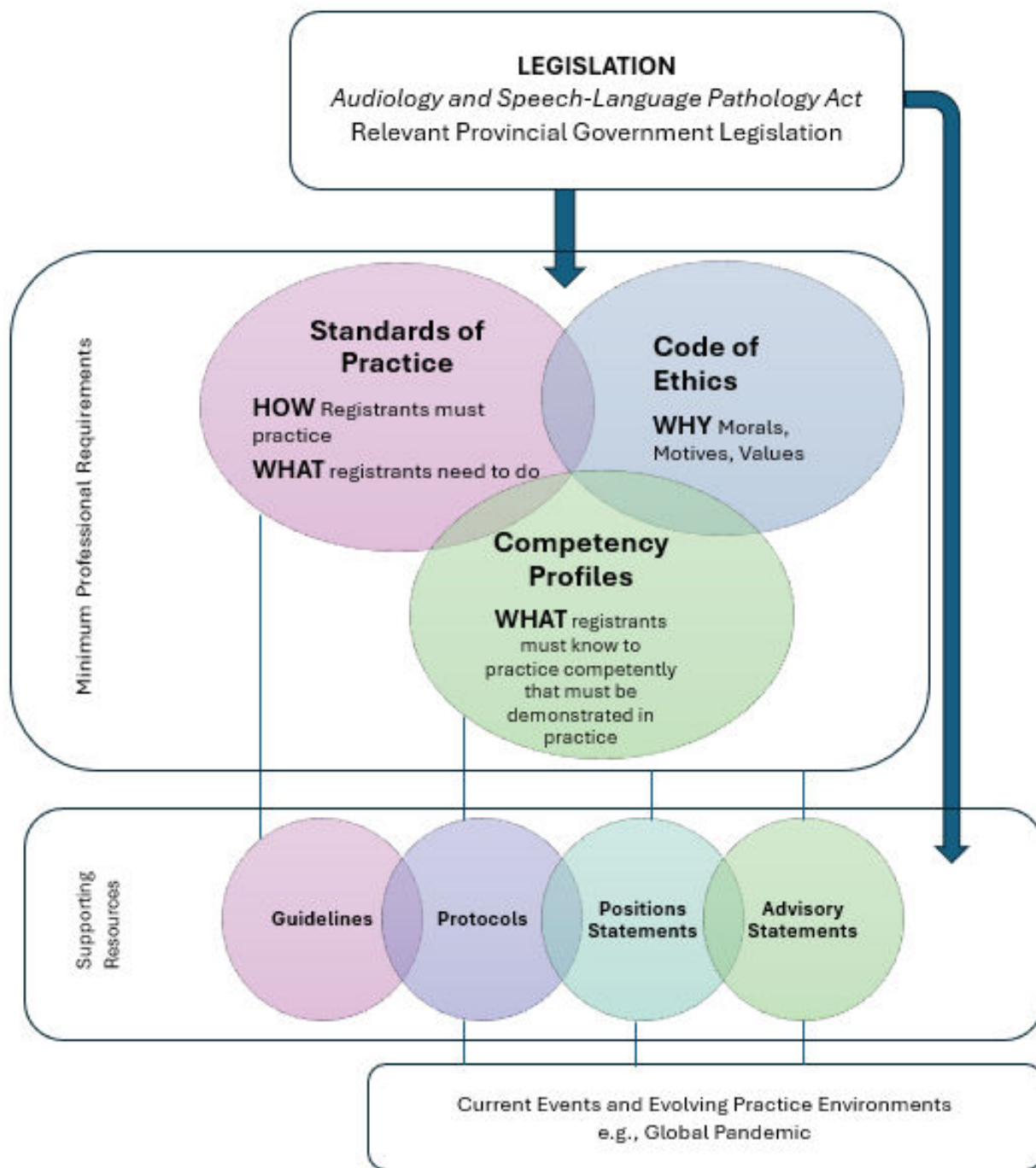


Are part of the overall legislative scheme and form a continuum with other documents such as the Code of Ethics, Advisory Statements, Position Statements, Guidelines, Protocols, and Competency Profiles.

Legislation and Key College Documents

All RCASLPNB documents and relevant provincial legislation can be accessed from the [RCASLPNB website](#). A diagram on the following page visually depicts the relationship between RCASLPNB's overarching legislation, the minimum professional requirements for registrants, and the resources that support their application.

NOTE: In the event of any conflict between these Standards of Practice and applicable provincial legislation, the provincial legislation prevails.



Reference: Diagram was adapted with permission from the Alberta College of Speech-Language Pathologists and Audiologists.

Standard Area 1.0 Service Delivery

1.1 Patient or Client-Centred Service

Standard

A **registrant** of RCASLPNB provides **inclusive**, safe and ethical **professional services** using a **patient or client-centred approach**.

Indicators

To demonstrate this standard, the registrant will:

- a) Engage patients or clients in decision-making and incorporate their needs and goals into the service plan. This includes **collaboration** with patients or clients in a manner which considers and respects how their individual values, culture, language, and context may impact service provision.
- b) Utilize a variety of communication strategies to facilitate, and make efforts to confirm, the patients' or clients' understanding of professional services, as necessary.
- c) Obtain patients' or clients' **informed consent** to proposed **assessment** and intervention plans, recognizing the right to refuse all, or part of the service, or withdraw consent at any time.
- d) Monitor patients' or clients' responses to assessment and intervention procedures and address, in a **timely** manner, any issues or concerns which may impact the well-being of patients or clients.
- e) Treat all patients or clients with compassion, dignity, sensitivity and respect. Make efforts to avoid actions that diminish, demean, or disempower the patient or client, or **care partners**.
- f) Inform patients or clients of known publicly funded services and products that can meet their needs.

Expected Outcome

Patients and clients can expect their values, culture, language, identity, and individual priorities will be recognized, respected, and integrated into the safe, ethical and professional care they receive.

Standard Area 1.0 Service Delivery

1.2 Evidence-Informed Practice

Standard

A **registrant** of RCASLPNB promotes and uses an **evidence-informed** approach in their practice.

Indicators

To demonstrate this standard, the registrant will:

- a) Critically appraise new research, knowledge and emerging trends to determine applicability to practice.
- b) Incorporate current evidence, best practices, and patient or client and **care partner** perspectives, and, when available, professional guidelines into service delivery decisions.
- c) Support the development of new knowledge through data collection, program evaluation and clinical inquiry as appropriate.
- d) Evaluate their practice to determine the impact of evidence-informed procedures on patient or client outcomes.

Expected Outcome

Patients and clients can expect **quality services** guided by current research, best practices, and **inclusive**, evidence-informed approaches that reflects their individual values and goals.

Standard Area 1.0 Service Delivery

1.3 Cultural Safety, Cultural Humility & Anti-Racism

Standard

A **registrant** of RCASLPNB provides **culturally safe** and **anti-racist** care to all patients or clients.

Indicators

To demonstrate this standard, the registrant will:

- a) Practice **cultural humility** by reflecting on their own professional values, assumptions, beliefs, and privileges, and consider how these may affect the **professional relationship**.
- b) Seek feedback and evaluate their own behaviour in interactions with individuals from diverse backgrounds.
- c) Engage in ongoing education related to cultural safety, cultural humility, anti-racism, and the **social determinants of health**.
- d) Take action to identify, address, prevent, and eliminate racism by supporting patients or clients and others, in recognizing and reporting discriminatory behaviour to leadership and/or the appropriate regulatory body.
- e) Acknowledge and respect patients' or clients' cultural rights, values, and practices in care planning, including customs and protocols related to health, birth, and death, where possible.
- f) Involve the patients or clients, **care partners**, community members, or cultural supports in care, as appropriate and when requested.
- g) Understand that past or ongoing trauma, **discrimination** and **systemic inequities** may affect how clients access care or engage with service providers.

Expected Outcome

Patients or clients can expect culturally safe, respectful, and anti-racist care from professionals who understand how trauma, discrimination, and systemic inequities may influence their access to and experience of services—for both them and their caregivers.

Standard Area 1.0 Service Delivery

1.4 Patient or Client Assessment and Intervention

Standard

A **registrant** of RCASLPNB selects and applies appropriate **screening** and assessment procedures and analyzes and interprets the information gathered to determine audiology or speech-language pathology diagnosis or areas of need. They implement appropriate **interventions** to deliver quality services that correspond to **patients' or clients'** priorities and changing needs.

Indicators

To demonstrate this standard, the registrant will:

- a) Use an **evidence-informed** approach, sound professional judgment, consideration of patient or client priorities and needs, and knowledge of both the functional impact of patient or client limitations and environmental context to determine appropriate screening and assessment procedures, interventions, and measurable outcomes.
- b) Implement culturally and linguistically appropriate screening and assessment procedures and interventions within their professional **scope of practice** and personal **competence**.
- c) Ensure contraindications to proposed screening and assessment procedures and interventions are identified, managed and documented.
- d) Conduct screening and assessment procedures ensuring accurate administration, recording, scoring, interpretation and documentation of results.
- e) Apply **critical inquiry** and sound professional judgment to the collection and interpretation of formal and informal assessment results to obtain a diagnosis and/or identify areas of need and determine interventions.
- f) Monitor the effectiveness of interventions, modify approaches, and implement alternatives as needed.
- g) Optimize the use of available resources for assessment procedures and interventions.
- h) Counsel, educate and facilitate patients' or clients' participation in their health care services including post-discharge self-management.

- i) Provide only those services that are beneficial to patients or clients, implement discharge planning (e.g., referral to other health care providers, patient or client education) and discontinue treatment when appropriate.
- j) **Advocate** for necessary services and resources that support the individual patient or client, and their **care partners** when appropriate.

Expected Outcome

Patients and clients can expect that assessments and interventions are carefully chosen, well understood and delivered in a way that is safe, skilled and effective.

Standard Area 1.0 Service Delivery

1.5 Communication

Standard

A **registrant** of RCASLPNB communicates respectfully, effectively and in a **timely** manner in the provision of **professional services**.

Indicators

To demonstrate this standard, the registrant will:

- a) Communicate truthfully, respectfully, effectively, and clearly, using **plain language** and considering principles of **cultural safety** in all forms of communication.
- b) Select appropriate communication techniques, adapt communication style and minimize barriers by demonstrating an awareness of cultural differences in communication and by incorporating required supports (e.g., use of interpreters, technological devices, written cues).
- c) Facilitate open, two-way communication to support the **patients' or clients'** understanding and engagement.
- d) Ensure all written communication is clear, professional, and completed in a timely manner.
- e) Share written reports, as appropriate, to relevant care team members, respecting relevant provincial privacy legislation and consent requirements.

Expected Outcome

Patients and clients can expect clear, respectful, effective and prompt professional communication.

Standard Area 1.0 Service Delivery

1.6 Collaboration

Standard

A **registrant** of RCASLPNB works **collaboratively** to facilitate the delivery of **quality patient or client-centred services**.

Indicators

To demonstrate this standard, the registrant will:

- a) Work collaboratively and respectfully with the **patient or client, care partners, cultural facilitators or liaisons**, interpreters and/or translators to facilitate an integrated, patient or client-centered approach to services.
- b) Consult with others and refer to the appropriate professional when patients' or clients' needs fall outside their scope, area of expertise, or level of **competence**.
- c) Collaborate and contribute actively with team members to facilitate an integrated approach to services.
- d) Actively engage with relevant team members, including the patient or client, to support decision making, prevent misunderstandings, manage differences, and take positive action to mitigate or resolve any conflicts which arise.
- e) Serve as an educator and mentor to patients or clients, students, colleagues, the public and others by sharing knowledge, supporting learning and teaching strategies.
- f) Communicate one's professional roles, responsibilities and **scope of practice** in collaborative interactions with the patient or client, care partners and relevant professionals.
- g) Understand and seek clarification, when required, regarding the scope of practice and roles of other team members.

Expected Outcome

Patients and clients can expect high-quality, well-coordinated services delivered through teamwork and collaboration.

Standard Area 1.0 Service Delivery

1.7 Concurrent Practice

Standard

A **registrant** of RCASLPNB **collaborates** with other RCASLPNB registrants to provide safe, effective and **quality service** when aware of a concurrent service and when informed consent has been obtained for information sharing.

Indicators

To demonstrate this standard, the registrant will:

- a) Inquire whether the **patient or client** is receiving concurrent **interventions**.
- b) Ensure the patient or client is informed of the potential risks and benefits of **concurrent practice** and document appropriately.
- c) Collaborate and communicate with the other registrant(s) involved in the care of the same patient or client to ensure that goals and interventions are coordinated and synergistic.
- d) Monitor the effectiveness and appropriateness of concurrent practice and discontinue if it is determined that the risks outweigh the benefits.
- e) Communicate to the patient or client, a decision to decline or discontinue concurrent intervention, explain the rationale and document the discussion.

Expected Outcome

Patients and clients can expect to be informed of the risks and benefits of concurrent practice, and that service providers will make careful, collaborative decisions in their best interest.

Standard Area 1.0 Service Delivery

1.8 Virtual Care

Standard

A **registrant** of RCASLPNB will ensure the delivery of safe, effective, and **quality services** when delivering **virtual care**.

Indicators

To demonstrate this standard, the registrant will:

- a) Acquire the necessary knowledge, skills and equipment required to effectively deliver **patient or client** care virtually.
- b) Ensure that virtual care methods and documentation comply with all relevant provincial privacy and **confidentiality** legislation (e.g., encryption of audio and video information, secure storage and appropriate retention and destruction of **records**).
- c) Make **evidence-informed** decisions and use professional judgement to determine if virtual care is suitable to address specific patients' or clients' needs.
- d) Comply with all relevant legislation and provide virtual care within the authorized **scope of practice** for the province(s), region(s), or country(ies) in which they are registered.
- e) Obtain **informed consent** for virtual care by ensuring patients or clients understand the risks, benefits, and available alternatives. Ensure they know they may refuse or withdraw consent at any time.
- f) Take all reasonable steps to mitigate risks for the patient or client, including considering the **competencies** and skills of the person who may be assisting them in their physical space.

Expected Outcome

Patients and clients can expect to receive high-quality virtual care that meets the same standards as in-person services. They will be informed of the risks and benefits of virtual care and have the right to refuse or withdraw their consent at any time.

Standard Area 2.0

Professional Responsibility and Accountability

2.1 Use of Title

Standard

A **registrant** of RCASLPNB accurately uses their appropriate protected title(s) or credential abbreviation(s) to identify themselves to the **patient or client** and others in all professional encounters.

Indicators

To demonstrate this standard, the registrant will:

- a) Accurately represent their protected titles, abbreviations and initials of their profession to ensure patients or clients and others, understand their professional identity.
- b) Follow accepted conventions for listing protected titles, academic credentials, certifications, and other professional designations in all forms of communication.

Expected Outcome

Patients or clients can expect the registrant to communicate their professional identity and credentials clearly and accurately.

Standard Area 2.0

Professional Responsibility and Accountability

2.2 Privacy and Confidentiality

Standard

A **registrant** of RCASLPNB engages in practices and maintains an environment that protects the privacy and **confidentiality** of **patient or client** information in all contexts of service delivery, in compliance with all relevant provincial legislation.

Indicators

To demonstrate this standard, the registrant will:

- a) Comply with all relevant privacy legislation.
- b) Access information and **records** only as required for the provision of **professional services**.
- c) Minimize risks to patient or client information, privacy and confidentiality during record transfers between locations or mediums.
- d) Abide by relevant legislation that details how and when to report privacy breaches.

Expected Outcome

Patients and clients can expect that their rights to privacy and confidentiality are maintained in compliance with all relevant provincial legislation.

Standard Area 2.0

Professional Responsibility and Accountability

2.3 Consent

Standard

A **registrant** of RCASLPNB obtains proper consent prior to providing **professional services** and complies with all provincial legislation governing consent and capacity.

Indicators

To demonstrate this standard, the registrant will:

- a) Comply with all relevant provincial legislation regarding consent and capacity to provide consent.
- b) Assess patients' or clients' understanding of proposed services and use appropriate communication strategies to support informed decision-making.
- c) Clearly inform the **patient or client** of the risks, benefits and available alternatives related to proposed service plans, including any changes to those services.
- d) Obtain and document **informed consent** from the patient or client where required in accordance with relevant provincial legislation.
- e) Exercise additional care to ensure that informed consent is obtained for procedures that patients or clients could misinterpret (e.g., touch and physical closeness).
- f) Respect patients' or clients' rights to choose among service options, refuse **interventions**, or withdraw consent for all or part of the service at any time.

Expected Outcome

Patients and clients can expect the registrant to comply with all relevant provincial legislation concerning consent and capacity. This includes ensuring individuals are informed of the risks and benefits of service options where required by legislation, and respecting their right to give, refuse, or withdraw consent at any time.

Standard Area 2.0

Professional Responsibility and Accountability

2.4 Professional Boundaries

Refer to Standard Area 5.0, *Sexual Abuse and Sexual Misconduct* for additional information with respect to **professional boundaries**, and specifically the requirements of **registrants** in relation to protecting the public from **sexual abuse** and **sexual misconduct**.

Standard

A registrant of RCASLPNB consistently maintains appropriate professional boundaries with **patients or clients**, **care partners**, colleagues, students, and others.

Indicators

To demonstrate this standard, the registrant will:

- a) Distinguish between non-professional and **professional relationships**, recognizing power dynamics, trust and the situations when professional boundaries could be compromised (e.g., treating family, friends, care partners, or fellow registrants).
- b) Behave respectfully and responsibly with patients or clients, colleagues, students and others, refraining from sexually suggestive, racist, or discriminatory comments or actions, or the expression of opinions or remarks that could violate professional boundaries.
- c) Exercise additional care to ensure that **informed consent** is obtained for procedures that patients or clients could misinterpret (e.g., touch and physical closeness).
- d) Terminate the professional relationship if boundaries cannot be established or maintained, transferring care as necessary.
- e) Uphold the integrity of the profession by always demonstrating responsibility and accountability for their actions.

Expected Outcome

Patients or clients, colleagues, students, and others can expect that their relationship with a registrant of RCASLPNB will be respectful, and professional boundaries will always be maintained.

Standard Area 2.0

Professional Responsibility and Accountability

2.5 Conflict of Interest

Standard

A **registrant** of RCASLPNB identifies and manages all situations or circumstances of real, perceived, or potential **conflict of interest** to safeguard their professional integrity and uphold the best interests of **patients or clients**.

Indicators

To demonstrate this standard, the registrant will:

- a) Identify situations that could lead to or be interpreted as a conflict of interest (e.g., potential for personal or financial gain), avoiding such conflicts whenever possible.
- b) Manage real, perceived or potential conflict of interest situations through appropriate actions (e.g., disclosure or transfer of care to minimize the impact).
- c) In situations when conflicts of interest cannot be avoided or resolved, document a description of the situation, efforts to resolve the conflict and the outcome.

Expected Outcome

Patients or clients can expect audiologists and speech-language pathologists to act in their best interest, disclose any conflicts of interest, and take steps to address conflicts in a transparent and respectful manner.

Standard Area 3.0 Continuing Competence

3.1 Continuing Competence

Standard

A practicing **registrant** of RCASLPNB maintains professional **competence** and fulfills RCASLPNB continuing education requirements.

Indicators

To demonstrate this standard, the registrant will:

- a) Participate in appropriate learning activities to maintain competence to practice, and where necessary, acquire and/or enhance competence in new areas of practice.
- b) Meet the RCASLPNB requirements regarding continuing education.
- c) Restrict practice until the required competencies are achieved to ensure safe and effective service delivery. This may involve engaging in professional development activities such as coursework, **supervision**, mentorship, or creating a learning plan that addresses specific areas for growth.

Expected Outcome

Patients or clients can expect services to be delivered in a safe, effective, and professional manner based on best practices and current research.

Standard Area 4.0 Practice Management

4.1 Safety and Risk Management

Standard

A **registrant** of RCASLPNB practices in compliance with occupational health, safety and **risk management** regulations and requirements in all practice settings.

Indicators

To demonstrate this standard, the registrant will:

- a) Comply with occupational health and safety legislation and agency or employer policies and procedures related to safe work practices.
- b) Participate in appropriate training related to occupational health and workplace safety.
- c) Identify and manage potential risks that may impact safety in the work environment, such as working alone or environmental hazards.
- d) Respond promptly to accidents and emergencies to minimize their impact, while also documenting incidents to support future prevention efforts.
- e) Ensure the safe handling and cleanliness of equipment, supplies and potentially infectious substances according to infection prevention and control standards.
- f) Use personal protective equipment and supplies as appropriate or mandated (e.g., goggles, gloves).
- g) Inspect, calibrate and maintain equipment according to manufacturers' standards and keep a log documenting these practices.
- h) Comply with reporting procedures related to incidents involving workplace safety.

Expected Outcome

Patients or clients can expect that all relevant legislation, government mandates, and workplace requirements regarding occupational health, safety, and risk management will be followed.

Standard Area 4.0 Practice Management

4.2 Documentation and Information Management

Standard

A **registrant** of RCASLPNB maintains clear, **confidential**, accurate, legible, **timely**, and complete **records**, in compliance with all relevant provincial legislation and regulatory requirements. The main goal of documentation is to ensure that anyone reviewing a **patient or client** record can understand the care provided- including what was done, for whom, by whom, when, why and how it was evaluated.

Indicators

To demonstrate this standard, the registrant will:

- a) Maintain and disclose all documentation, correspondence, and records in compliance with applicable legislation and regulatory requirements, including **confidentiality** and privacy standards.
- b) Use language that is free of **bias** which might imply prejudicial beliefs or perpetuate assumptions regarding the individual(s) being written about.
- c) Document events, decisions, outcomes, etc. in chronological order.
- d) Inform employers, **support personnel** (i.e.: communication health assistants), and others of their professional obligations regarding documentation and record keeping.
- e) Avoid using social media as a means for communicating directly with patients or clients due to privacy and confidentiality concerns.
- f) Access and disclose information only as needed and in compliance with relevant provincial legislation.
- g) Retain or ensure access to copies of **care pathways** or protocols in addition to patient or client records in circumstances where patient or client care delivery and documentation is according to a protocol, or where charting by exception is employed.
- h) Ensure that any abbreviations and acronyms used are written out in full, with the abbreviation in brackets the first time it is stated in any continuous document entry (i.e.,

a formal report would constitute one continuous document entry, as would chart notes). Subsequent use of the abbreviation in the continuous document is acceptable.

- i) Make every reasonable effort to confirm that all professional correspondence is sent to the intended recipient and report breaches in compliance with relevant provincial legislation and workplace policies where applicable.
- j) Include sufficient detail in the record to allow the patient or client to be managed by another audiologist or speech-language pathologist.
- k) Retain records in a manner that allows the record to be retrieved and copied upon request, and in compliance with relevant provincial legislation, regardless of the medium used to create the record.
- l) When electronic documentation is used, make every effort to ensure the software used leaves an audit trail that can reveal who accessed the record, what changes were made, when, and by whom.
- m) Provide a copy of the clinical and financial record to the patient or client or their authorized representative upon request and appropriate consent, and in compliance with all relevant provincial legislation. Access to test protocols can be restricted due to copyright laws and to maintain test integrity.
- n) Secure records during use, while in storage and during transfer, through the appropriate use of administrative, physical, and technical mechanisms (e.g., passwords, encryption, locked cabinets, etc.), and in compliance with all relevant provincial legislation.
- o) Ensure the back-up of electronic records to ensure continuity of care in the event records are compromised.
- p) Documentation that must be included in the record:
 - i) Relevant case history information, including health, family, and social history,
 - ii) Evidence of **informed consent**, where required by relevant provincial legislation, whether that be a signed consent form or documentation of a conversation with the patient or client regarding consent, and the resulting outcome,
 - iii) Presenting concern,
 - iv) **Screening** and **assessment** findings, when conducted,
 - v) Plan of care outlining **intervention** goals and strategies,

- vi) Communications with referring providers and [care partners](#),
- vii) Response to interventions and progress toward achieving goals documented in the plan of care,
- viii) Recommendations,
- ix) Referrals to other professionals, reports and correspondence from other professionals and other services provided,
- x) Transition or discharge plans, including the reason for discharge,
- xi) Complete and accurate [chart notes](#) that include:
 - i. Full name and professional designation of the person documenting the information (must be legible),
 - ii. Full name and professional designation of the person taking professional responsibility for the work (if not the person who created the chart note),
 - iii. Names with corresponding titles of assisting professional service providers or support personnel,
 - iv. First and last name of the patient or client, and a tracking number (if one is used) on each page of the chart note,
 - v. Date that procedures and records were completed,
 - vi. Time that procedures were completed, if clinically relevant,
 - vii. Late entries will include the current date and time, a notation that the entry is late, and the date and time of the events described in the late entry. Appropriate features of the electronic documentation system will be used, as required, to make corrections or late entries. In some situations, this may mean providing an additional entry that is dated for the day the correction is made, indicating which section of the chart note is being revised and why,
 - viii. Amended chart note entries that comply with applicable provincial privacy legislation. If a correction is required, a separate notation in the chart note is made while the legibility of the initial entry is maintained (strike-through is acceptable),

- ix. Notation of any communication to or with the patient or client, care partners and/or decision-makers, including missed or cancelled appointments, telephone, or electronic contact,
 - x. Notation of any change in registrant or support personnel (i.e. communication health assistant),
 - xi. Record of any atypical or **adverse events** during assessment or intervention,
 - xii. Notation that patient or client has been informed of known, publicly funded services and products that can meet their needs,
 - xiii. Notation of record closure.
- xii) Complete and accurate financial records for services rendered or products sold when direct payment occurs. Financial records must include:
- i. Patient or client name or identifier,
 - ii. Name and credentials of the professional, including RCASLPNB registration number,
 - iii. Date(s) on which the service was provided,
 - iv. Nature of the service provided (e.g., assessment, treatment, intervention, etc.),
 - v. Length of time required to provide the service when billed at an hourly rate,
 - vi. The actual fee charged and method of payment,
 - vii. Date payment was received and identity of the payer,
 - viii. Any balance owing or addition of any late fees.

Expected Outcome

Patients or clients can expect their audiology and speech-language pathology records to be clear, confidential, accurate, complete, and maintained in compliance with all relevant provincial legislation.

Standard Area 4.0 Practice Management

4.3 Clinical Supervision

Standard

A **registrant** of RCASLPNB is responsible and accountable for services delivered by **support personnel** under their direction and **supervision**, including communication health assistants, speech therapy assistants, rehabilitation assistants, and hearing aid technicians.

Indicators

To demonstrate this standard, the registrant will:

- a) Provide pertinent information to the **patient or client** regarding the **support personnel**'s role and responsibilities and obtain patient or client **informed consent** to receive services from the support personnel.
- b) Provide adequate on-the-job training and orientation to support personnel as it relates to the clinical and employment context.
- c) Optimize both patient or client safety and outcomes by considering the following when assigning clinical activities to support personnel:
 - i) the **competence** and **scope of practice** of the support personnel,
 - ii) resources available to provide guidance, as required (e.g., policies, procedures, availability of senior staff to answer questions),
 - iii) the patient or client's individual needs,
 - iv) factors unique to the practice environment, and
 - v) risks associated with the activity.
- d) Refrain from assigning activities to support personnel that involve clinical interpretation.
- e) Determine, as often as required, the amount of both **direct supervision** and **indirect supervision** required for support personnel under one's direction and supervision. The registrant should have sound rationale to support these decisions and should be able to articulate this rationale as required.
- f) Develop a supervision plan for all support personnel in accordance with applicable RCASLPNB guidelines and review and update the plan as needed.

- g) Monitor the services provided by support personnel on a regular basis, including patient or client outcomes, and modify or reassign services as needed.
- h) Be available for consultation to the support personnel through some mode of communication or develop a plan for supervision coverage when not available (e.g., the plan might include speaking to another registrant to obtain direction, ceasing the activity, or changing activities).
- i) Inform employers and patients or clients in a **timely** manner of the need to discontinue services provided by the support personnel when the audiologist or speech-language pathologist is not available to provide required clinical supervision, and a coverage plan or replacement supervisor is not available (e.g., extended absence, resignation).
- j) Maintain responsibility and accountability for support personnel to whom activities have been assigned.
- k) Inform the appropriate employer/manager/agency if there are support personnel performance or safety concerns.
- l) Refrain from entering into any employment arrangement in which the registrant provides clinical supervision to an individual who is also their employer, regardless of whether the role is paid or voluntary.

Expected Outcome

Patients or clients can expect that services provided by support personnel are appropriately supervised by an RCASLPNB registrant.

Standard Area 4.0 Practice Management

4.4 Advertising and Promotional Communications

Standard

A **registrant** of RCASLPNB ensures that **advertising and promotional communications** are **culturally sensitive**, truthful, accurate, and verifiable.

Indicators

To demonstrate this standard, the registrant will:

- a) Limit advertising and promotional communication to only that which is relevant to the **scope of practice** of their profession.
- b) Ensure that advertising and promotional communications are a factual and accurate description of the products and services offered.
- c) Refrain from guaranteeing the success or superiority of a product and/or service unless the claim is supported by evidence.
- d) Refrain from discrediting or diminishing the skills of other providers or the services of other clinics or facilities.

Expected Outcome

Patients or clients can expect that advertising and promotional communications are culturally sensitive, truthful, accurate, and helpful for making informed choices.

Standard Area 4.0 Practice Management

4.5 Fees and Billing

Standard

A **registrant** of RCASLPNB ensures that fees for products and services are justifiable, and that **patients or clients** are informed of fee schedules before services are provided.

Indicators

To demonstrate this standard, the registrant will:

- a) Ensure that fees charged for products and services are justifiable.
- b) Fully disclose the fee schedules for products and services including fees for **assessment** and **intervention**; reports; equipment and any other associated costs.
- c) Obtain and document patient or client consent for fees prior to service delivery.
- d) Provide patients or clients with accurate and detailed invoices regarding fees owed and amounts paid in a **timely** manner.
- e) Maintain accurate financial **records** related to fees and services provided.
- f) Correct any fee or billing discrepancies in a timely manner.

Expected Outcome

Patients or clients can expect that fees for products and services are clear and that they will be fully informed about the fee schedules before services begin.

Standard Area 5.0

Sexual Abuse and Sexual Misconduct

5.1 Sexual Abuse and Sexual Misconduct

Standard

A **registrant** of RCASLPNB will not engage in any behaviour that constitutes **sexual abuse, sexual misconduct** or conduct, either physical or verbal, with a **current or former patient or client** that could reasonably be perceived as sexual in nature.

Indicators

To demonstrate this standard, the registrant:

- a) Must not solicit nor engage in any behaviour, either physical or verbal, with a patient or client that could reasonably be perceived to be of a sexual nature, including:
 - i) making sexually suggestive comments or gestures,
 - ii) requesting details of a patient's or client's sexual history unless relevant to the services that the audiologist or speech-language pathologist is performing,
 - iii) exploiting or attempting to exploit any real or perceived imbalance of power, or
 - iv) accessing personal information or health information obtained in the course of providing services to pursue a **sexual relationship**.
- b) Must not threaten, coerce or enter into a sexual relationship with a patient or client for the duration of the **professional relationship**, even if the patient or client agrees to or seeks to initiate an intimate or sexual relationship.
- c) Must not engage in any physical contact with a patient or client that could reasonably be perceived as sexual in nature, unless such contact is required for the service to occur. In these cases, the registrant must, before initiating the physical contact:
 - i) explain to the patient or client why contact is clinically necessary,
 - ii) inform the patient or client the nature, purpose and the expected duration of the contact,
 - iii) receive and document **informed consent** from the patient or client, and
 - iv) ensure that the patient or client is offered appropriate privacy during the physical contact that occurs.

Expected Outcome

A patient or client can expect services to be free from any actions or comments that are sexual in nature, as defined in the legislation that governs audiologists and speech-language pathologists in New Brunswick, in addition to all other relevant provincial legislation.

Standard Area 5.0

Sexual Abuse and Sexual Misconduct

5.2 Managing Professional Boundaries

Standard

A **registrant** of RCASLPNB manages **professional boundaries** when boundaries may be compromised by feelings, conduct, behaviour or remarks of a sexual nature, regardless of who initiates.

Indicators

To demonstrate this standard, the registrant will:

- a) Take steps to ensure the **professional relationship** and professional boundaries are maintained.
- b) Terminate the professional relationship and transfer care of the **patient or client** to another service provider when boundaries cannot be maintained. Document any decisions made and steps taken.

Expected Outcome

Patients or clients can expect the audiologist or speech-language pathologist to recognize and appropriately manage situations where professional boundaries may be compromised due to sexual feelings, behaviours, or remarks. This may involve discontinuing care or referring the patient or client to another service provider. Patients or clients can expect the audiologist or speech-language pathologist to recognize and appropriately manage situations where professional boundaries may be compromised due to sexual feelings, behaviours, or remarks. This may involve discontinuing care or referring the patient or client to another service provider.

Standard Area 5.0

Sexual Abuse and Sexual Misconduct

5.3 Sexual Relationships with Former Patients or Clients

Standard

A **registrant** of RCASLPNB abstains from conduct, behaviour, or remarks directed towards **former patients or clients** that constitute **sexual abuse** or **sexual misconduct**.

Indicators

To demonstrate this standard, the registrant:

- a) Must not enter into a **sexual relationship** with a former patient or client unless:
 - i) There is no ongoing power imbalance between the patient or client and the registrant.
 - ii) Sufficient time has passed since the last time services were provided, considering the nature, duration and intensity of the **professional relationship**.
 - iii) The registrant has communicated to the patient or client that they have been discharged from services thereby ending the professional relationship.
 - iv) The patient or client has consented and is capable of providing consent.

Expected Outcome

Patients or clients can expect that the audiologist or speech-language pathologist will not enter into a sexual relationship with them unless sufficient time has passed since the last professional contact and the professional relationship has ended.

Standard Area 5.0

Sexual Abuse and Sexual Misconduct

5.4 Existing Sexual Relationships

Standard

A **registrant** of RCASLPNB is prohibited by the *Audiology and Speech-Language Pathology Act* from providing service to a spouse, partner or anyone with whom they have a **sexual relationship**.

Indicators

To demonstrate this standard, the registrant will:

Refrain in all circumstances from providing audiology and speech-language pathology services to a spouse, partner or anyone with whom they have a sexual relationship.

Expected Outcome

Patients or clients can expect they will not receive care under any circumstance from an audiologist or speech-language pathologist with whom they have a sexual relationship.

Appendix. Glossary

Adverse event refers to an unexpected incident that occurs during care, treatment, or health related procedures, which negatively affects a patient or client.

Advertising and promotional communications are intended for potential users of a product or service, with the intent of informing or influencing those who receive them.

Advocate means to support or argue for a cause, policy, enhanced services etc.

Anti-racism/racist refers to 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.

Assessment means the formal and/or informal analysis of communication and related disorders to determine the nature, quality, and severity of a delay or disorder and to inform the development of the patient’s or client’s care/management plan.

Bias refers to an inappropriate or unfounded judgment of individuals that may stem from prejudiced beliefs or contribute to the reinforcement of stereotypes.

Care partner refers to an individual who supports someone with a health condition, disability, or other need, often as a member of the care team. They provide physical, emotional, and cognitive support, and are considered vital members of the caregiving process. Care partners can be family members, friends, or other significant individuals in the person's life.

Care pathway refers to a detailed plan that outlines the sequence and timing of interventions for patients with specific conditions or undergoing particular procedures. It acts as a guide for healthcare professionals, promoting consistency and improving the quality of care by ensuring the right steps are taken at the right time.

Chart notes are a component of the patient or client record in which health care providers document essential details of service delivery and interactions, including the individual’s condition treatment plan and progress.

Collaborate/collaboration means working together so that health care providers can improve the quality and safety of services while still focusing on the patients’ or clients’ needs.

Competence/competent/competency refers to the combined knowledge, skills, attitudes and judgment required to provide safe, effective, and ethical professional services.

Concurrent practice refers to two or more registrants of RCASLPNB sharing responsibility for providing independent services to a patient/client simultaneously. The provision of interventions can be face-to-face or via virtual care.

Confidential/confidentiality implies a trust relationship between the person supplying personal information (including health information) and the individual or organization collecting it. The relationship is built on the assurance that the information will only be used by or disclosed to authorized persons or to others with the individual's permission. Protecting the confidentiality of personal information and personal health information implies that individually identifying information is concealed from all but authorized parties.

Conflict of interest refers to a situation in which someone in a position of trust has competing professional and/or personal interests. Such competing interests can make it difficult to act impartially. A conflict of interest may exist even if no unethical or improper act results from it. A conflict of interest can undermine confidence in the person or the profession.

Critical inquiry means considering information regarding the patients' or clients' societal context, social determinants of health, along with the functional impact of patient or client limitations.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural facilitator or liaison refers to any member of a cultural association or community who acts as a bridge between professionals and individuals from equity-seeking groups accessing care (e.g., Elders, religious leaders etc.).

Cultural safety exists when individuals feel respected, valued, and safe in their interactions with service providers and systems. Culturally safe health services are free from racism and discrimination, and support people in drawing strength from their identity, culture, and community. Culturally safe services are free of racism and discrimination, and support people in drawing strength from their identity, culture, and community.

Culturally sensitive refers to the awareness, understanding, and respectful consideration of the values, beliefs, customs, and practices of people from different backgrounds. It involves recognizing cultural differences without judgement and adapting behaviours, communication, or services to be inclusive and respectful of those differences.

Direct supervision refers to the supervising audiologist or speech-language pathologist being physically present within the environment or virtually present via real-time videoconferencing. The audiologist or speech-language pathologist observes the support personnel carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.

Discrimination refers to unfair or prejudiced treatment of individuals or groups based on characteristics such as race, gender, religion, disability, or other personal attributes. It can be direct (e.g., verbal abuse) or indirect (e.g., biased policies or practices).

Diversity refers to being mindful of all dimensions of human differences, in the broadest sense to mean the inclusion of all persons regardless of racial and ethnic background, nationality, gender, gender identity, sexual orientation, veteran status, religious, secular, and spiritual beliefs, ability, age, and socioeconomic status. Diversity embodies inclusiveness, mutual respect, and multiple perspectives, and serves as a catalyst for change resulting in equity.

Evidence-informed refers to using the best available information from research, clinical expertise, and professional experience, with input from the patient or client regarding their background, needs, values, and preferences to guide clinical decision-making.

Former patient or client means a person to whom one of the following apply:

- a) in the case of a single visit or professional encounter where there is no expectation of an ongoing professional relationship between the registrant and the patient or client, no service has been provided for at least 30 days.
- b) the patient or client and/or registrant has terminated the professional relationship, the termination has been acknowledged by both parties, and at least 1 year (365 days) has passed since the termination, or
- c) if neither of the above apply, there has been no service provided by the registrant to the patient or client for at least 1 year (365 days).

Inclusion/inclusive care involves creating an environment in which all people feel valued and respected, and where equal access to opportunities and resources are provided to people who might otherwise be excluded or marginalized.

Indirect supervision refers to the supervising audiologist or speech-language pathologist not being physically or virtually present when an assigned activity is being carried out. The audiologist or speech-language pathologist monitors and evaluates the support personnel's performance of assigned activities by reviewing audio/ visual recordings, written records, and/or through discussions with the support personnel, patients or clients, care partner, caregivers, team members, and/or employers.

Informed consent means that a patient or client agrees to a service after understanding its' purpose, benefits, risks, and available alternatives. Informed consent must be obtained when required by relevant provincial legislation and can be withdrawn by the patient or client at any time.

Intervention/intervention strategy refers to the various services provided to patients or clients, including, but not limited to, assessment, individual or group treatment, counselling, home programming, caregiver training, devices, and discharge planning.

Patient or client refers to a recipient of the services of an audiologist or speech-language pathologist.

Patient or client-centered approach/services refer to a partnership between service providers and the patient or client where the patient or client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan.

Plain language refers to communication that your audience can understand the first time they read or hear it. Language that is plain to one audience may not be plain to another. Written material is in plain language if your audience can find what they need, understand what they find, and use what they find to meet their needs.

Professional boundaries are the parameters that define a safe professional relationship. These parameters set limits for the relationship based on the recognition of the inherent power imbalance, the vulnerability of the patient or client, and the responsibilities of the registrant in the professional relationship. Professional boundaries help the registrant, and the patient or client recognize the differences between professional and personal relationships and avoid potential misunderstanding of words and actions.

Professional relationship refers to the connection between a registrant and a patient, client, or colleague, established through the provision of service.

Professional services refer to any service that falls within the practice of a regulated profession; for the professions of audiology and speech-language pathology, these are as outlined in the *Audiology and Speech-Language Pathology Act*.

Quality services refer to services evaluated based on factors as accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors, including cultural safety and freedom from racism and discrimination.

Record refers to the entire collection of a patients' or clients' information over time, regardless of the format or how it is documented, recorded, or stored.

Registrant means an audiologist or a speech-language pathologist and any person whose name is entered in the temporary register or in any of the rosters established and maintained under the *Audiology and Speech-Language Pathology Act*, the bylaws and rules.

Risk management refers to the identification, assessment, and prioritization of risks followed by coordinated application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.

Scope of practice refers to the procedures, actions and services that a health care professional is legally permitted to perform, based on their qualifications, training, education, and licensure.

Screening refers to a process or tool that is used for the purpose of identifying a possible problem which requires further follow-up, assessment, or referral.

Sexual abuse of a patient or client by a registrant refers to any of the following: sexual intercourse or other forms of physical sexual relations between the registrant and the patient or client; touching, of sexual nature, of the patient or client by the registrant; or behaviour or remarks of a sexual nature by the registrant towards the patient or client.

Sexual relationship means a relationship involving sexual intimacy, including communications of a sexual nature, and engaging in conduct of a sexual nature, including masturbation, genital to genital, genital to anal, oral to genital, or oral to anal contact and sexual intercourse.

Sexual misconduct- Any behavior engaged in, or attention given, that is sexual in nature and done without consent.

Social determinants of health refer to non-medical factors that influence people's overall health and well-being. They are conditions in which people are born, grow, live, work and age, and includes access to justice.

Standard of Practice refers to established measure or norm which defines the minimum level of professional performance that registrants must demonstrate in their practice; a breach of a Standard may constitute professional misconduct as defined in the *Audiology and Speech-Language Pathology Act*.

Supervision refers to a dynamic and evolving process involving the oversight of another's work. Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe and ethical audiology and speech-language pathology services.

Support Personnel refers to any person carrying out specific tasks constituting part of the practice of audiology or speech-language pathology under the supervision and control of an audiologist or speech-language pathologist, as the case may be, regardless of the job title used

Synergistic refers to combining in such a way as to enhance or emphasize the qualities of each other or another.

Systemic inequities refer to the larger structures and systems (such as health care and education) that create or maintain unequal outcomes for certain groups. These inequities are often rooted in historical oppression, discriminatory policies, institutional bias and/or unequal access to resources.

Timely means that something is done promptly or without unnecessary delay.

Virtual care refers to the provision of audiology and/or speech-language pathology services at a distance, using synchronous and asynchronous information and digital communications technologies and processes (examples include telephone, virtual computer platforms, email, and text messaging). Virtual care is often referred to as telepractice or telehealth services, and may include interactions between audiologists, speech-language pathologists and their patient or client, as well as interactions between health care providers. It can be used for diagnosis, assessment, treatment, consultation, and education.

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Resources

- **LAA** – *Legislative Assembly Act of New Brunswick*. Government of New Brunswick. <https://laws.gnb.ca/en/document/cs/2014,%20c.116>
- **PHIPAA** – *Personal Health Information Privacy and Access Act*. Government of New Brunswick. <https://laws.gnb.ca/en/document/cs/P-7.05>
- **PIPEDA** – *Personal Information Protection and Electronic Documents Act (PIPEDA)*. Office of the Privacy Commissioner of Canada. <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>
- **PHAC-IPC Guidelines** – *Healthcare Infection Prevention & Control Guidelines*. Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections.html>
- **IPAC-CANADA Resources** – *Infection Prevention & Control Resources*. IPAC Canada. <https://ipac-canada.org/resource-centre/>
- **PHAC-Engage** – *Principles for Engaging with First Nations, Inuit and Métis*. Public Health Agency of Canada. <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-principles-engaging-first-nations-inuit-metis/principles-engagement-en2.pdf>
- **PHAC-Cultural Safety** – *Common Definitions on Cultural Safety*. Public Health Agency of Canada. <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-common-definitions-cultural-safety/definitions-en2.pdf>