



# Guiding Principles

## Artificial Intelligence

*Principles for Audiologists and Speech-Language Pathologists*

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## Introduction

Artificial Intelligence (AI) is increasingly being used in healthcare fields, including audiology and speech-language pathology. Examples include automated transcription tools, hearing aid fitting algorithms, therapy material generators, and scheduling software.

AI has the potential to improve patient/client access, streamline administrative tasks, and support clinical decision-making. At the same time, AI introduces important ethical, professional, and legal considerations that must be addressed to maintain patient/client trust and uphold professional responsibilities.

This guidance does not create new obligations. Rather, it identifies **core principles** to guide the responsible use of AI in practice, aligned with existing codes of ethics and professional standards.

## Definitions

Term	Definition	Notes / Examples
<b>Artificial Intelligence (AI)</b>	A broad category of algorithms and models that perform tasks and exhibit behaviours typically associated with human intelligence, such as learning, reasoning, decision-making, and pattern recognition.	Includes both traditional AI (e.g., diagnostic algorithms, hearing aid fitting software) and generative AI (e.g., text, speech, or image generation).
<b>AI Scribe</b>	A digital tool that uses AI to summarize or transcribe conversations with patients into electronic clinical notes.	Can assist with documentation, but registrants remain responsible for verifying accuracy and completeness before inclusion in the client record.
<b>Open AI Tools</b>	AI systems hosted externally (e.g., ChatGPT, Bard) where data entered may be stored or used to train future versions of the model.	<b>Never enter patient-identifiable information.</b> Useful for general tasks such as summarizing public documents or drafting non-identifiable resources.
<b>Closed AI Tools</b>	AI systems installed or licensed within a secure environment (e.g., hospital systems, clinic IT infrastructure).	Data remains within secure infrastructure. May be safer for clinical applications but outputs must still be verified.

## Existing Professional Requirements

AI use does not change the fundamental responsibilities of audiologists and speech-language pathologists, which include obligations under:

- The RCASLPNB **Code of Ethics**
- **RCASLPNB Standards of Practice**, including Service Delivery, Professional Responsibility and Accountability, and Practice Management
- Applicable provincial and federal **legislation**, such as New Brunswick’s Personal Health Information Privacy and Access Act (PHIPAA)

## Guiding Principles: LISTEN

To support safe and ethical integration of AI into practice, audiologists and speech-language pathologists can remember: **LISTEN**

Principle		Commitment	Actions
<b>L</b>	Legal & Professional Accountability	Registrants remain fully responsible for clinical judgment and outcomes when AI is used.	<ul style="list-style-type: none"> <li>○ Verify AI outputs against professional standards and best practices.</li> <li>○ Treat AI like a delegated task (e.g., student/assistant): you are ultimately accountable.</li> </ul>
<b>I</b>	Informed Consent & Transparency	Patients/clients must be informed if AI is used in assessment, therapy, or documentation.	<ul style="list-style-type: none"> <li>○ Explain how AI is being used (e.g., transcription, therapy planning).</li> <li>○ Outline risks, benefits, and alternatives.</li> <li>○ Obtain and document patient/client consent, ensuring they have the <b>option to decline</b> AI use.</li> </ul>
<b>S</b>	Security & Privacy	Patient/client information must be safeguarded at all times.	<ul style="list-style-type: none"> <li>○ Remove or de-identify personal health information before inputting into open AI systems.</li> <li>○ Ensure compliance with provincial privacy legislation (i.e. PHIPAA, PIPEDA) and organizational policies. (e.g., PHIPAA requires that personal health information be stored and accessed only in Canada).</li> <li>○ Consider privacy impact before introducing AI.</li> <li>○ Have a plan in place if AI tools fail or become unavailable.</li> </ul>

Principle		Commitment	Actions
<b>T</b>	Trust & Clinical Judgment	AI can support but never replace professional expertise.	<ul style="list-style-type: none"> <li>○ Critically evaluate AI-generated outputs.</li> <li>○ Avoid overreliance on automation.</li> <li>○ Ensure AI outputs can be understood and explained. Registrants must be able to interpret AI results within their scope of practice.</li> </ul>
<b>E</b>	Equity & Bias Awareness	AI outputs may reflect biases in training data.	<ul style="list-style-type: none"> <li>○ Assess whether outputs fairly represent diverse populations (linguistic, cultural, accessibility).</li> <li>○ Adapt AI outputs to each patient's / client's unique context.</li> </ul>
<b>N</b>	New Learning & Training	Ongoing education is essential to competent use of AI.	<ul style="list-style-type: none"> <li>○ Stay informed about AI capabilities, risks, and limitations.</li> <li>○ Build competence and engage in professional development related to digital health.</li> <li>○ Develop policies setting minimum AI standards for your practice and/or advocate for AI policy development by the agency/organization with whom you are employed</li> <li>○ Comply with agency or employer policies related to minimum AI standards for practice.</li> <li>○ Avoid adopting AI tools that are not in compliance with RCASLPNB standards.</li> <li>○ Establish processes to audit AI outputs and ensure humans remain the final decision-makers.</li> </ul>

## Practice Examples for Audiologists and Speech-Language Pathologists

- **Transcription Tools:** AI can assist in session notetaking, but outputs must be verified for accuracy and completeness, as registrants are ultimately responsible for their use of AI tools.
- **Therapy Material Generation:** AI may provide session planning, draft intervention activities or resources, or create human-like therapy assistance for virtual care patients/clients; registrants must ensure appropriateness for the patient/client.
- **Audiology Applications:** Hearing aid algorithms or automated screening tools can inform care but must not replace screening/diagnostic expertise.
- **Administrative Uses:** Scheduling, billing, and form generation may improve efficiency but must maintain patient/client confidentiality.

## Approved AI applications

- RCASLPNB cannot make recommendations about specific AI technologies, tools, or vendors. The College does not regulate the use of AI systems or their developers. Health Canada currently acts as the oversight body for medical devices and systems that use AI. RCASLPNB's role is to regulate its registrants, ensuring that any use of AI aligns with existing legislation, regulations, the Code of Ethics, and Standards of Practice.

## Risks to Consider

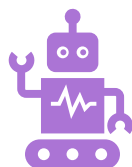
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**Data Privacy & Security:** Avoid entering identifiable patient data into open AI platforms. AI technologies may store or share information (including any personal health information) that is inputted into the AI data system. It is important to understand the terms of use and privacy policies of the AI system being used and the risk of privacy breaches.



**Bias:** AI systems may underperform with certain accents, languages, or hearing profiles. AI algorithms are based on data they have been trained to analyse and may not take into account other client factors such as gender, ethnicity, socio-economic status, environment, etc.



**Inaccuracies:** Generative AI may produce inaccurate or misleading information referred to as hallucinations. AI systems also produce information without revealing the reasoning or sources behind its internal workings and decision making (this is known as the black-box effect).



**Patient/Client Trust:** When used without patient/client consent or knowledge, or when clients perceive its use as substituting for the healthcare provider they are seeing, AI has the potential to disrupt the patient/client-provider relationship, which is integral to safe and effective care.



**Overreliance:** Complacency or over-reliance on AI may lead to the erosion of critical thinking skills. Registrants must avoid substituting AI for professional judgment. AI in clinical service delivery can create the appearance of competent care, potentially masking registrants' actual skill gaps.

## Checklist: LISTEN for Responsible AI Use

<b>L – Legal &amp; Professional Accountability</b>	Have I verified that AI outputs align with professional standards and best practices?	<input type="checkbox"/>
	Am I prepared to take full accountability for all clinical decisions and outcomes involving AI?	<input type="checkbox"/>
	Am I treating AI outputs as a delegated task while retaining ultimate accountability for patient/client care?	<input type="checkbox"/>
	Have I considered how AI use fits with my obligations under the RCASLPNB Code of Ethics and Standards of Practice?	<input type="checkbox"/>
<b>I – Informed Consent &amp; Transparency</b>	Have I explained to the patient that AI will be used in their care?	<input type="checkbox"/>
	Have I discussed the potential risks, benefits, and alternatives of AI use?	<input type="checkbox"/>
	Have I obtained and documented informed consent?	<input type="checkbox"/>
	Have I informed the patient that they may decline the use of AI in their care?	<input type="checkbox"/>
<b>S – Security &amp; Privacy</b>	Have I ensured no patient-identifiable information is entered into open AI tools?	<input type="checkbox"/>
	Is the AI tool compliant with provincial privacy legislation, such as PHIPAA and PIPEDA, and organizational privacy policies?	<input type="checkbox"/>
	Do I have a plan in place to maintain continuity of service if the AI tool fails or is unavailable?	<input type="checkbox"/>
<b>T – Trust &amp; Clinical Judgment</b>	Am I critically evaluating AI outputs before using them in patient care?	<input type="checkbox"/>
	Is AI being used to support, not replace, my clinical judgment and expertise?	<input type="checkbox"/>
	Can I interpret and explain AI outputs within my scope of practice before applying them to patient/client care?	<input type="checkbox"/>
	Have I communicated to patients/clients that their care is guided by professional expertise, not AI alone?	<input type="checkbox"/>
<b>E – Equity &amp; Bias Awareness</b>	Have I assessed whether AI outputs may be biased (linguistic, cultural, accessibility)?	<input type="checkbox"/>
	Have I adapted AI outputs to reflect the unique needs and context of each patient/client?	<input type="checkbox"/>
<b>N – New Learning &amp; Training</b>	Am I engaging in ongoing professional development related to AI and digital health?	<input type="checkbox"/>
	Have I developed or followed policies that set minimum AI standards for my practice?	<input type="checkbox"/>

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