



Position Paper on The Use
of Telepractice for CASLPA
S-LPs and Auds

Position:

The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) endorses the use of telepractice in both speech-language pathology and audiology as a means of improving access to services provided by fully qualified professionals. CASLPA members who provide services via telepractice are expected to adhere to the CASLPA Code of Ethics (2005) and privacy legislation and abide by guidelines established by the regulatory body of the province in which they reside. Members may provide services via telepractice if they determine that it is in the best interests of their clients. Members shall base telepractice on best evidence and encourage ongoing research in this field.

Definitions:

“Client” refers to the individual receiving professional services and in the case of an individual who is not capable, the legal guardian or legal representative. With the consent of the individual or of the legal guardian/representative, “client” may also include family members and caregivers.

“Informed consent” means a client gives consent to receive a proposed service following a process of decision-making leading to an informed choice. Valid consent may be either verbal or written unless otherwise required by institutional or provincial/territorial regulation. The client is provided with sufficient information, including the benefits and risks, and the possible alternatives to the proposed service, and the client understands this information. The client can withdraw informed consent at any time.

“Member” used throughout the document refers to a speech-language pathologist or audiologist who is a full member of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA).

“Provider site” refers to the site where the member providing service is physically located.

“Recipient site” refers to the site where the client is located.

“Telepractice” refers to the use of technology to deliver audiology and speech–language pathology services at a distance. Telepractice may involve “live” or “store-and-forward” service. Live or real time service may include but is not limited to telephone, or videoconferencing. Store and forward involves the recording, storing, and subsequent transmission of audio and/or visual images for later examination (e.g., e-mail, fax, audiotape or videotape recordings).

Rationale:

- a) Advances in technology have allowed professionals in various fields including Speech-Language Pathologists and Audiologists to utilize telepractice. It is therefore important that members have guidelines for minimum standards for telepractice.
- b) The challenges of travel distance and cost, weather, mobility and disruption of family and work schedules, can impede access to services. Telepractice may help overcome such challenges by:
 - increasing the frequency of contact and efficiency of service;
 - increasing accessibility of services for clients;
 - providing members with access to continuing professional development opportunities.
- c) Telepractice can aid collaborative work by:
 - providing members with access to consultation with those with more specialized expertise;
 - providing members with access to team services where other team members are separated by distance.
- d) Telepractice may help maximize the use of available supports in the client's area by:
 - affording members opportunities for educating caregivers and service providers in the client's community;
 - accessing the services of interpreters to provide services to clients in their native language.

Recommendations/Guidelines for CASLPA Speech-Language Pathologists and Audiologists:

1. Members shall be aware of and accountable to the appropriate jurisdiction(s) and any/all scope of practice requirements, particularly with respect to provider and recipient sites. Applicable jurisdiction(s) shall be consulted for details.
2. The scope and nature of activities conducted via telepractice shall be comparable to that provided during an in-person session. The quality of audio and video signals must be appropriate for the activity being conducted. Alterations to standard in-person clinical protocols should be documented (e.g.

explain and document how oral motor or otoscopic examinations were conducted and adapted, identify any limitations in interpretation).

3. Members shall ensure that:

- they are competent in the use of the equipment and/or that the appropriate technological assistance is available to them;
- all equipment is operational and calibrated (if applicable);
- they comply with applicable safety laws, regulations and codes;
- relevant infection control policies and procedures are followed.

4. Members shall be aware that the success of services provided through telepractice may be influenced by cultural beliefs. Comfort levels of participants may vary depending on previous experience.

5. The member providing the service via telepractice shall protect the privacy and confidentiality of the client with the knowledge that some forms of transmission are more secure than others and that unauthorized persons may access exchanges and/or information. Members shall inform clients that safeguards have been established to protect privacy and confidentiality but that no technological communication system is entirely secure. Members shall identify all attendees in both provider and recipient sites

6. Members shall ensure that informed consent is obtained prior to the telepractice session. Informed consent shall encompass such information as the advantages and limitations of the mode of service, alternative service options, use and storage of transmitted signals, plan of action in the event of technology failure and who is responsible for on-going care.

7. The responsibility for fee reimbursement shall be established prior to the telepractice service if applicable.

8. The member in the recipient site shall be responsible for the main care of the client unless alternative arrangements have been made.

9. Provincial/territorial professional bodies should expand on these telepractice guidelines to ensure that practice standards are in accordance with provincial/territorial regulations.

10. This position statement shall be reviewed within two (2) years or sooner as necessary. Consideration should be given to evolving technologies, resources and requirements for increasing competencies.

Background:

The CASLPA Ad Hoc Committee on telepractice was formed in the fall of 2003 in response to needs expressed by CASLPA members. The mandate of this committee was to develop a position statement that identified issues concerning the role of speech-language pathology and audiology members in the use of telepractice, and to establish professional practice guidelines for providing services via telepractice. The committee was comprised of speech-language pathologists and audiologists with experience, interest, and expertise in issues related to service delivery in the area of telepractice.

This position paper was developed following review of literature, relevant position statements and guidelines, dialogue and consultation.

Suggested Reading:

National Initiative for Telehealth (NIFTE): National Initiative for Telehealth (NIFTE) Framework of Guidelines. September 2003 ,Ottawa; NIFTE www.nifte.ca

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Canadian Physicians and Surgeons of Manitoba Telehealth Guidelines and Statements, www.cpsm.mb.ca/guidelines and [statements/166.html](http://www.cpsm.mb.ca/statements/166.html)

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A position paper represents the direction CASLPA has taken on a particular topic or provides guidelines for particular areas of practice. These positions are time-bound, representing the thinking at a particular point in time.

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