

Guidelines for Audiologists and Speech-Language Pathologists on the Responsible use of AI in Clinical Practice

The College may issue guidelines to enhance, explain, add to, or guide registrants on subject matter described in the RHPA, regulations, practice directions, code of ethics, or other College matters.

Guidelines reflect “best practice” and good professional conduct.

Official College guidelines contain practice parameters which should be considered by all Manitoba audiologists and speech-language pathologists in the provision of healthcare services to their clients in the practice of the professions.

In the event of inconsistency between these guidelines and legislation that governs the practice of audiology and speech-language pathology, the legislation governs.

Introduction & Purpose

Artificial Intelligence (AI) technologies may offer registrants increased efficiencies in workflow. It is essential for registrants to educate themselves on the responsible, ethical, legal, and practical considerations when incorporating AI. These guidelines aim to ensure that the incorporation of tools, such as Generative AI, aligns with best practices, protects patient privacy, and maintains a high standard of care.

These guidelines provide guidance on professional obligations when considering implementing AI into practice. They are a minimum standard for registrants incorporating AI into practice. Registrant employers and solo practitioners should have procedures and policies in place for responsible use of AI.

There is no requirement for registrants to use AI, and this guideline does not establish new expectations for audiologists and speech-language pathologists.

Definitions

“Artificial Intelligence” means the ability of a machine (e.g. a computer) to perform tasks associated with intelligent beings such as reasoning, language comprehension, and decision making.

“Generative AI (GenAI)” means advanced AI systems that can be prompted to promote new content including audio, text, and videos in response to prompts from users. GenAI relies on massive datasets and complex underlying algorithms and computer models.

“PHIA” means [The Personal Health Information Act, C.C.S.M. c. P33.5.](#)

Key Considerations

- AI use must comply with privacy laws and workplace policies.
- AI does not replace clinical judgement. Information must be reviewed and verified before distribution.
- Client/patient consent must be obtained for use of AI when recording patient interactions, using AI scribes, processing patient data, and if AI contributes to diagnosis/treatment plans.
- Registrants wishing to incorporate AI into their practice should receive training on use of AI tools, potential bias in AI models, and which AI tools are appropriate for use.

Expectations

- The College does not regulate AI tools or technology. Registrants are accountable for their use of AI tools, including when using AI to support clinical decision-making or documentation.
- Registrants providing client/patient care should exercise clinical professional judgement. AI is intended to assist and complement, not replace, competent clinical care.
- If a registrant chooses to use AI in their practice, they must understand the tool's intended purpose, limitations, risks, and benefits to ensure safe and competent use.

Informed Consent

Registrants should consider the following when an AI tool is used to contribute to diagnosis/treatment plans such as recording patient interactions, processing patient data, or when AI scribes are used.

Registrants should:

- Obtain informed consent in advance of use. If the AI tools records patient interactions, registrants should discuss the reasons for making the recording, how patient data may be accessed, used, or shared, and potential risks involving data integrity and privacy with patients.
- Explain the benefits and risks of AI use, which may include the environmental concerns related to GenAI.
- Advise patients/clients of their right to refuse, withdraw, or modify consent, and their rights under PHIA if the recording is maintained as part of the patient/client record.
- Disclose that they will review or have reviewed outcomes generated by AI and discuss safeguards that have been put in place to manage bias and ensure validity and reliability.
- Ensure that components of diagnosis and treatment options can be independently explained.

- Consent is not necessarily required when developing general treatment activities for patients/clients.
- AI tools used for reporting that does not include identifying information about an individual (as referenced in PHIA) may be used without consent.

Refer to CASLPM's [Practice Direction on Obtaining Informed Consent](#), [Code of Ethics](#), and [Standards of Practice](#) (e.g. practice directions and guidelines).

Accuracy, Reliability, and Record Keeping

The requirements for CASLPM's [Practice Direction on Record Keeping](#) apply to documentation created with the support of AI. Patient/client records must be recorded accurately and completely. Registrants are responsible for:

- Retaining final oversight over any decisions made based on AI outputs and understanding the limitations of AI tools in making informed decisions regarding client/patient care.
- Reviewing AI-generated information for accuracy, clinical relevance, and appropriateness before finalizing.
- Cross-checking AI-generated data against patient history and clinical observations to ensure no misinterpretation or errors in documentation.
- Ensuring that any AI-generated notes or reports are appropriately stored in the client/patient record.
- Recording the context in which documentation is generated including the author's identity where possible. Documentation should include citation of any assistive technology used to generate the note.

Ethical Considerations, Bias, & Equity

- Registrants are responsible for making reasonable efforts to identify and address bias when using AI systems in client/patient care and should use caution in interpreting AI generated content, accounting for the demographics and health context of the patient they are assessing.
- Registrants must respect the dignity, diversity, cultural values, and rights of clients/patients, and avoid using AI to create or disseminate content that is discriminatory, offensive, or harmful.

Data Security and Confidentiality

Registrants' obligation to protect their patients' personal health information is no different when using AI than in any other circumstance.

Registrants should:

- Ensure confidential information, including the patient's/client's personal information and personal health information, is adequately protected and that client/patient information is stored securely, accessible only to authorized personnel.
- Consult with an I.T. or cybersecurity expert to ensure that any AI system used has appropriate data security, confidentiality, and retention protocols where applicable.
- Consult with legal counsel on matters of privacy as applicable.

Professional Development and Training

- Registrants who wish to incorporate AI into their practice should participate in ongoing professional development to ensure proper understanding of the AI tools being used. Training should cover the technical aspects of using AI tools and the ethical implications involved.

Regulatory Compliance

Registrants are encouraged to:

- Ensure that any patient data entered into AI-driven systems complies with the PHIA requirements regarding the collection, use, and disclosure of personal health information, patient confidentiality, security, and consent. Registrants should consult PHIA and, if needed, seek legal advice if unsure if patient information constitutes personal health information.
- Use AI tools that are certified for medical use and that are approved by Health Canada (and, where applicable, by the registrant's employer).
- Refer to the [Pan-Canadian AI for Health \(AI4H\) Guiding Principles](#).

References & Acknowledgements

[Pan-Canadian AI for Health \(AI4H\) Guiding Principles](#)

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These guidelines were outlined with the use of ChatGPT and may include aggregate or individual sources that are not identifiable or referenced individually.