

USE OF SUPPORT PERSONNEL BY SPEECH-LANGUAGE PATHOLOGISTS

SLPs must assign tasks to support personnel to achieve the desired outcomes of speech-language intervention when adequate clinical supervision is provided. The speech-language pathologist is accountable for all professional services provided by support personnel.

BACKGROUND:

1. This position statement addresses the responsibilities of speech-language pathologists (SLPs) when support personnel are used to assist with service delivery. Many different types of support personnel may assist SLPs. The responsibilities of SLPs when support personnel are used to augment speech-language pathology service delivery do not vary based on the specific job title (e.g. aide, assistant) or training (e.g. post-secondary training program, on-the-job training) of any individual support person.
2. In keeping with CASLPO's regulatory role, this document has been written primarily to address the needs of our member SLPs and the public they serve. The College does, however, strongly recommend the development of partnerships between SLPs, support personnel and their employer(s). It is essential that these groups work together if the efficiency and effectiveness of overall speech-language pathology service delivery is to be improved, and not jeopardized, by the use of support personnel.
3. This position statement does not apply to the provision of indirect services:
 - a. Where the SLP provides advice to other professionals or unregulated service providers who the SLP does not supervise, in the service they normally provide to the patient/client (e.g. health care aides in nursing homes, teachers, early childhood educators, classroom assistants).
 - b. Where the SLP provides information or support to family or caregivers for assistance and support they provide to patients/clients in the course of their usual daily activities (e.g. feeding, hearing aid or assistive listening device maintenance, communication support, implementation of home program).

In these instances, the SLP is responsible for the consultative services provided but not for the implementation. Services which are implemented in these instances are not considered to be the provision of speech language pathology services.

REQUIREMENTS

A. PREPARATION FOR THE USE OF SUPPORT PERSONNEL

1. The SLP must consider the following to prepare a foundation for successful use of support personnel in the practice setting:
 - a. Employer commitment to ensuring that speech-language services provided by support personnel occur only under the supervision of a SLP registered with CASLPO.
 - b. Employer understanding of the appropriate role of support personnel in speech-language pathology service delivery, including benefits and restrictions.
 - c. Employer understanding of the conditions that allow for appropriate use of support personnel. (This should include procedures for supervision, inappropriate conduct and poor task performance.)
 - d. Availability of support personnel with at least minimum competence.
 - e. Sufficient awareness of other team members (e.g. other professionals and support staff) and parents/caregivers of the role of support personnel when they are used.
 - f. Provision of sufficient resources and empowerment of the SLP to decide when and how to use support personnel.
 - g. Provision of sufficient time to adequately train and supervise support personnel.
2. The SLP must have an understanding of the current recommended practices in the use of support personnel and demonstrate a commitment to the appropriate use of support personnel. The SLP must strive to enhance supervision skills on an ongoing basis through continuing education activities and informal mentoring. Provision of professional services by support personnel must be consistent with the Code of Ethics:

PROFESSIONAL CONSTRAINTS ON PRACTICE

2.4 Audiologists and speech-language pathologists will not allow support personnel to render services without supervision.

3. The supervising SLP must be in good standing with CASLPO without terms, conditions and limitations on their certificate of registration. The SLP must be comfortable assessing their own skills and abilities such as on the Self Assessment Tool as well as evaluating the skills and abilities of others before supervising support personnel. The SLP must supervise support personnel only in areas of clinical practice where the SLP is competent.
4. The SLP must strive to ensure that services provided by support personnel will not compromise the quality of the intervention nor adversely affect the anticipated outcome.

5. The SLP must ensure that the patient/client gives informed consent to services provided by support personnel and that the consent is documented in the patient/client record¹.
6. The SLP must determine whether there are additional elements required to support the successful use of support personnel in a particular work setting. The SLP must advise the employer if any of these foundational elements are not in place and of the potential ramifications to speech-language pathology service delivery if the use of support personnel proceeds without corrective measures. The SLP must make every effort to work with her/his employer to find mutually agreeable solutions to any outstanding practice issues.

B CONTINUING SERVICE RESPONSIBILITIES

1. When support personnel are used to augment speech-language pathology service the SLP must not assign:
 - a. Completing any assessment or diagnostic activities.
 - b. Selecting patients/clients for service.
 - c. Developing patient/client intervention plans.
 - d. Monitoring patient/client progress and modifying intervention plans as necessary.
 - e. Discharging patients/clients from service.
 - f. Writing all clinical reports other than progress notes appropriately assigned to support personnel as part of documenting assigned intervention plans.²
 - g. Selecting patients/clients for referral to other professionals or agencies.
2. The SLP must document the work of support personnel in the patient/client record. The SLP must also document the amount and type of supervision provided, in the patient/client record or elsewhere. If the amount and type of supervision is not documented in the patient/client record, that documentation must be retained for the same amount of time as the patient/client record.
3. The SLP should assign a title to support personnel that clearly identifies the supportive role.
4. The SLP must have sufficient direct contact with the patients/clients assigned to support personnel so that adequate planning for, and the effective delivery of, quality services can occur.

¹ Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists, October 2007.

² Where a progress note appropriately written by support personnel appears in a formal record (e.g. medical record, Ontario Student Record) which would be normally accessed by other professionals, the documentation must reflect that the SLP has assigned the activities to the support personnel and that the SLP is maintaining appropriate supervision.

C. DETERMINATION OF THE APPROPRIATE USE OF SUPPORT PERSONNEL

The SLP bears the legal and ethical responsibility for patient/client intervention at all times for service provided or omitted. CASLPO does not mandate the use of support personnel in the provision of professional services. The SLP must determine when it is not in the best interest of the patients/clients to use support personnel to augment speech-language pathology service.

The SLP must consider the services to be provided, the competence of each support person, and the clarity of the supervisory role. The SLP must then advise her/his own employer (and potentially the employer of the support person if a personnel sharing agreement is in effect) if and how support personnel can be appropriately used to augment speech-language pathology service delivery.

1. Tasks That May Be Assigned To Support Personnel:

Activities may be assigned to support personnel only when the SLP has developed protocols that specify the assigned tasks and the supervisory structure. The SLP must also ensure that tasks assigned are within the limits of the individual competence of the support personnel. Examples of such tasks include:

- a. Conducting speech-language pathology screenings following specified screening protocols approved by the supervising SLP, without interpretation beyond pass/fail status.
- b. Gathering information as directed by the SLP.
- c. Delivering direct treatment, remediation or education programs to patients/clients selected by the supervising SLP.
- d. Documenting patient/client progress toward meeting established objectives as stated in the treatment/remediation plan, and reporting this information to the supervising SLP. When such documentation appears in a formal record (e.g. medical record, Ontario Student Record) which would be normally accessed by other professionals, the documentation must reflect that the SLP has assigned the activities to the support personnel and that the SLP is maintaining appropriate supervision.
- e. Performing administrative tasks that do not involve patient/client contact (such as preparing materials) or involve non clinical patient/client contact (such as booking appointments). (Supervision would entail ensuring that the tasks have been carried out as requested.)
- f. Participating in any activity in which the member and support personnel work in tandem would be appropriate (such as administering an intervention procedure together). This type of cooperative activity may increase efficiency and builds in natural opportunities for supervision while ensuring that the skills of both the member and support personnel are used to advantage.
- g. Providing assistance with public education events.

2. Consideration of Competencies of Support Personnel

- a. Prior to assigning/delegating administrative and support activities to support personnel, the SLP must consider whether the personnel have training and/or demonstrate:
 - i. Knowledge of the appropriate role of support personnel.
 - ii. Knowledge of the professional ethics applicable to their activities.
 - iii. The ability to relate to and interact respectfully and positively with patients/clients, families/caregivers, and other service team members.
 - iv. The ability to manage time allotted to accomplish assigned tasks.

- b. Prior to assigning/delegating patient/client activities to support personnel, the SLP must consider whether the personnel have training and demonstrate specific knowledge or skill in any or all of the following additional areas deemed necessary for participation in the service activities:
 - i. Normal processes in the development of communication and related skills relevant to the clinical population being served.
 - ii. Disorders of communication and related skills relevant to the clinical population being served.
 - iii. Responding effectively to attitudes and behaviours of the patient(s)/client(s).
 - iv. Appropriately identifying any need for additional input from the SLP and seeking that input as required outside the planned supervision schedule.
 - v. Appropriately identifying any need to pass on questions from patients/clients, caregivers, and colleagues to the SLP and completing that communication in a timely manner.
 - vi. Selecting, preparing, and presenting materials to the patient(s)/client(s) consistent with the intervention plans assigned by the SLP.
 - vii. Appropriate presentation of stimuli and recording of responses.
 - viii. Response discrimination (i.e. ability to discriminate between correct and incorrect responses).
 - ix. Identifying factors that may interfere with patient/client treatment and discussing these with the supervising SLP.
 - x. Use of any necessary equipment, materials, and/or programs.
 - xi. Clinical record keeping and data entry.

3. Assignment of Activities to Support Personnel

When considering the best use of support personnel, the SLP must have a sound rationale for the decision to assign particular speech-language pathology service activities. The SLP maintains legal and ethical responsibility for all speech-language pathology interventions that have been assigned to support personnel.

The SLP must:

- a. Ensure that the activity is appropriate for support personnel to implement.
- b. Determine that the quality and anticipated outcome of speech-language pathology intervention will not be compromised.
- c. Inform the patient/client, caregivers and other care providers that they may request meetings with the SLP to discuss aspects of the patient's/ client's care.
- d. Inform support personnel of the patient's/client's speech-language goals and objectives.
- e. Ensure that support personnel clearly understand all instructions provided in written and/or verbal form. All direction given to the support person must be documented .
- f. Ensure that support personnel understand the limits of their role in the particular case.
- g. Advise support personnel of any risks, contraindications, precautions, as well as any other information necessary to ensure the safety of the patient/client and support personnel.
- h. Establish the model of supervision to be used based on the type and complexity of the intervention plan and the SLP's own familiarity with the competence of the support person.

4. Tasks That May Not Be Assigned To Support Personnel:

- a. Administering standardized or non standardized speech, language, cognitive communication, swallowing and voice assessments or interpreting test results.
- b. Writing, developing, or modifying a patient's/client's individualized treatment/remediation plan.
- c. Assisting patients/clients without following the individualized treatment/remediation plan prepared by the supervising SLP or without access to supervision.
- d. Admitting, discharging or referring patients/clients.
- e. Communicating with the patient/client, family, or others verbally or in writing regarding any aspect of the patient/client status or intervention without the specific approval of the supervising SLP.
- f. Signing formal documents that are part of the patient/client record such as chart notes, reports, etc. without counter signature of the SLP. This does not preclude support personnel from documenting progress in a formal record (e.g. medical chart, Ontario Student Record) as long as the record also includes documentation of the assigned activities by the SLP'
- g. Supervising support personnel, other than SLP approved supervision of support personnel in training.
- h. Any other task where the SLP believes there may be a risk of harm to the patient/client if the task is assigned to support personnel.

D. DETERMINING THE AMOUNT OF SUPERVISION REQUIRED:

1. The SLP assigning/delegating an activity is responsible for supervision of support personnel performing the activity. The SLP must monitor support personnel's performance of all assigned activities, on a regular and ongoing basis, to ensure the quality and quantity of work performed. This supervision must occur in the clinical context in which support personnel are providing the therapeutic interaction. The work must support the desired outcomes of the speech-language pathology intervention.
 - a. The amount and type of supervision support personnel require will depend on the risk of harm of the task assigned, the experience of the SLP with supervision of support personnel in general and with the specific support personnel involved, the amount of change expected from the patient/client population and the competence and experience of the support personnel.
 - b. Direct supervision must be provided for all patient/client care but may be augmented by indirect supervision, in the best interest of the patient/client. During direct supervision of assigned intervention activities, the following must be monitored:
 - i. The agreement (reliability) between support personnel and the SLP on correct/incorrect judgment of target behaviour.
 - ii. The support person's accuracy in implementing intervention procedures and recording data.
 - iii. The support person's ability to interact effectively with the patient/client and significant others.
 - c. In instances such as orientation of new support personnel, a new supervisory relationship and initiation of a new program, equipment or tasks, direct supervision of clinical speech-language pathology activities would be required until the SLP determines that the support personnel is capable of performing the task with indirect supervision. In such instances the SLP must consider providing a minimum of 20% direct supervision.
 - d. The SLP must provide regular feedback to each support person regarding her/his performance. When support personnel have a different employer than that of the SLP, the SLP should provide this feedback in writing. Whenever, in the SLP's professional judgment, a support person's competence with a particular activity falls below an acceptable level, the SLP should endeavor to retrain that support person in that activity and direct supervision should be increased, until an acceptable level of performance is attained. In some instances, it may be necessary to change a support person's assigned activities if an acceptable standard of proficiency cannot be attained.
 - e. The SLP should normally be available for support personnel supervision. If the SLP cannot be on site, the SLP must be readily accessible to speak to the support personnel to provide assistance as necessary, to ensure that quality service is maintained and the anticipated outcome will not be compromised.

- f. If the supervising SLP leaves an employment setting (i.e. maternity leave, illness, change of employment), the SLP must inform the employer that supervision must be provided by another SLP. The SLP must make reasonable efforts to ensure the continuity of supervision.
 - g. The number of support personnel a SLP may supervise is dependent on the amount of supervision required. The SLP must ensure that adequate time is available to provide the supervision indicated and this supervision must include the provision of speech language pathology services by support personnel. The SLP must not supervise support personnel where the amount of supervision required exceeds what the SLP can reasonably provide and prevents the SLP from ensuring that appropriate care is being provided to the patient/client and that the anticipated outcome is not compromised.
2. The SLP must make every effort to ensure that any required site- and service-specific training is provided so that the support person understands the intent of the assigned activities and is competent to perform those activities. This training will vary depending on the complexity of the activities assigned, the competence of support personnel, and the requirements of the speech-language pathology service. In most cases, at least some on-the-job training by the SLP will be required before newly hired support personnel can be assigned activities.
- a. Whenever, in the SLP's professional judgment, a support person's competence in a particular activity falls below an acceptable level, the SLP should endeavor to retrain the support person in that activity. This retraining should involve increasing direct supervision and the SLP modeling of the activity. The SLP must document the retraining provided as well as the ultimate success or failure of the retraining. If the retraining required is such that the quality or quantity of speech-language pathology service delivery is jeopardized, the SLP must change the activities assigned to the support person. The SLP must also alert her/his own employer of this action (as well as the employer of the support person if a personnel sharing agreement is in effect) and document the employer response. The SLP must be prepared to assist the support person's employer in determining a further plan of action.
 - b. In keeping with her/his role as the supervisor and steward of the quality of the speech-language pathology service, the SLP should provide support personnel with information on appropriate continuing education opportunities. The SLP should also wish to advise the employer of the need to ensure support personnel are provided with continuing education opportunities.

DEFINITIONS

Assessment

Use of formal and/or informal measures by an audiologist or speech-language pathologist, in accordance with the member's scope of practice, to determine a patient's/client's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations.

Consultative Service

Consultative services means services where the SLP is not the primary provider of services to a particular patient/client and is brought into the case for a short period of time due to his or her expertise in a particular area to provide an opinion or recommendations.

Direct Service

Direct service refers to interventions provided to the patient/client by the SLP.

Direct Supervision

Direct supervision refers to in-view observation and guidance by the supervising SLP of activities assigned to support personnel during which the support person is interacting with the patient/client and/or significant individuals in the patient's/client's environment. Direct supervision may be provided at a distance through electronic means such as interactive video, audio, computer and advanced telecommunication technologies where the contact is visual, in real-time and interactive.

Indirect Service

Indirect service refers to advice and direction, which is given to an individual who will interact with the patient/client as part of their day-to-day function. The SLP is responsible for the advice and direction but not the implementation. In this instance the patient/client is the recipient of the intervention but the intervention is not provided by the SLP. Indirect service is the basis of the consultative model of service delivery.

Indirect Supervision

Indirect supervision refers to supervision by the supervising SLP of activities assigned to support personnel occurring in situations other than direct supervision. These may include record review, telephone consultation, examination and evaluation of audiotaped or videotaped sessions or case presentations.

Intervention

Includes any member or support personnel involvement in the provision of member services to patients/clients, including but not limited to screening, assessment, treatment and management.

Screening

Use of pass/refer measures by an audiologist or speech-language pathologist, in accordance with the member's scope of practice, to identify persons who may have a hearing, communication and/or swallowing disorder/delay. Screening is used only to determine the need for a speech-language pathology assessment and/or an audiological assessment. Screening may be conducted by a member or support personnel. Interpretation and communication of the results of a

screening are limited to advising the individual on whether or not there may be a need for a speech-language pathology assessment and/or an audiological assessment and must not be used for treatment planning.

Support Personnel

Support personnel refers to non-regulated personnel who following academic and/or on-the-job training assist SLPs in the provision of clinical services as assigned and supervised by SLPs who are members of the College of Audiologists and Speech-Language Pathologists of Ontario. For example, communicative disorders assistants (CDAs) who have graduated from a post secondary training program are support personnel. Support personnel may be hired by and must be directly supervised by the SLP.

Treatment

An intervention which has as its goal to enhance the communication and/or swallowing skills of the patient/client.

REFERENCES

Alberta College of Speech-Language Pathologists and Audiologists (2006). *Preferred Practice Guideline: Speech Speech-Language Pathologists' Use of Support Personnel to Augment Speech-Language Pathology Service Delivery*. Obtained from http://www.acslpa.ab.ca/uploads/PPG_Support_Personnel.pdf

American Speech-Language-Hearing Association. (2004). *Guidelines for the training, use, and supervision of speech-language pathology assistants [Guidelines]*. Obtained from <http://www.asha.org/members/deskref-journals/deskref/default>

American Speech-Language-Hearing Association. (2004). *Training, use and supervision of support personnel in speech-language pathology [Position statement]*. Obtained from <http://www.asha.org/members/deskref-journals/deskref/default>

Canadian Association of Speech-Language Pathologists and Audiologists. (2004). *Supportive personnel guidelines: Working with Speech-Language Pathologists*. Obtained from <http://www.caslpa.ca/PDF/SLPs%20Supportive%20Personnel.pdf>

Canadian Association of Speech-Language Pathologists and Audiologists (1995). *Position paper on support personnel in speech-language pathology and audiology*. Obtained from <http://www.caslpa.ca/english/resources/support.asp>

ACKNOWLEDGEMENT

CASLPO would like to thank the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) for sharing their Preferred Practice Guideline: Speech Speech-Language Pathologists' Use of Support Personnel to Augment Speech-Language Pathology Service Delivery. CASLPO has used a significant portion of the contents and concepts of the ACSLPA Position Statement in creating a document for our members. This is an excellent example of regulatory bodies, who are members of the Canadian Alliance of Regulators of Audiology and Speech-Language Pathology, working together to harmonize standards affecting the professions across Canada.