



POSITION STATEMENT

USE OF SUPPORT PERSONNEL BY AUDIOLOGISTS

EFFECTIVE: 2013

As primary healthcare providers, audiologists may assign certain tasks to support personnel who assist in the delivery of services. Audiologists are expected to exercise discretion and judgement in assigning tasks to support personnel in order to fulfill their clinical obligations to patients/clients. Thus, the division of responsibilities between audiologists and support personnel must be clearly delineated within boundaries that protect the public interest.

This Position Statement applies to tasks specifically assigned by an audiologist to support personnel. In these instances, 'support personnel' refers to individuals who work directly under an audiologist's supervision in the provision of audiology-related services. It does not impose any requirement upon an audiologist to assume a supervisory role nor to take responsibility for all activities conducted by non-audiologists within a facility where an audiologist provides services.

BACKGROUND:

This Position Statement is intended to guide audiologists who practice in a facility/practice where non-audiologist employees are support personnel.

- In keeping with CASLPO's regulatory role, this Position Statement is intended to guide member audiologists on the appropriate use of support personnel.
- This Position Statement does not apply to the provision of indirect services, such as consultations to professionals and other service providers, or information and support services to families and caregivers. In these instances, the audiologist is accountable for the consultative services provided, but not for their implementation.
- In practice settings where support personnel are co-supervised by other health care professionals, audiologists are only responsible for those tasks which they have personally assigned.

REQUIREMENTS:

AUDIOLOGIST PREPARATION FOR THE USE OF SUPPORT PERSONNEL

- Provision of services by support personnel must be consistent with CASLPO's [Code of Ethics](#), By-law 2011-8, which stipulates that:

PROFESSIONAL STANDARDS GOVERNING PRACTICE

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

- The audiologist's CASLPO certificate of Initial or General registration must be in good standing, without terms, conditions or limitations that preclude the supervision of support personnel. The audiologist must regularly evaluate his or her own skills using CASLPO's Self-Assessment Tool, and be capable of assessing the skills and abilities of others. The audiologist must supervise support personnel only in areas of clinical practice where the audiologist is competent.
- The audiologist must ensure that services assigned to support personnel will not compromise the quality of interventions nor adversely affect clinical outcomes.
- Patients/clients must provide informed consent to receiving services from support personnel. This consent must be documented in the patient/client record.
- The audiologist must clearly define his/her role as supervisor and outline professional boundaries for support personnel.

CONTINUING SERVICE RESPONSIBILITIES

- When utilizing support personnel, an audiologist must not assign activities that require independent clinical judgment, such as items listed below in "Tasks That May Not Be Assigned To Support Personnel".
- The audiologist must ensure that the work of support personnel is documented in the patient/client record.
- If assigning a title to support personnel, the audiologist should ensure that it clearly conveys accountability to a professional rather than a profession; for example, the term Audiologist's Assistant is more accurate and suitable than Audiology Assistant.
- The audiologist must have sufficient direct contact with patients/clients to ensure safe and effective delivery of services.

DETERMINATION OF THE APPROPRIATE USE OF SUPPORT PERSONNEL

The audiologist bears the legal and ethical responsibility for all audiologic services provided or omitted, and must determine when it is or is not appropriate to utilize support personnel.

TASKS THAT MAY BE ASSIGNED TO SUPPORT PERSONNEL:

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

- conducting audiology screenings without interpretation beyond pass/fail status;
- collecting information as directed by the audiologist;
- performing technical components of audiologic procedures (e.g., completing audiograms, tympanograms, etc.) without interpretation or communication of results;

- amplification orientation (e.g., providing patients/clients with information pertaining to amplification use and maintenance);
- simple hearing aid and hearing aid-related repairs/troubleshooting (e.g., replacing wax guards, tubing, earmold modification, etc) that do not meaningfully alter the original acoustic properties specified in the prescription; and
- performing administrative tasks that do not involve patient/client contact (such as ordering audiologist-specified assistive devices) or involve non-clinical patient/client contact (such as scheduling appointments).

CONSIDERATION OF COMPETENCIES OF SUPPORT PERSONNEL

- Audiologists must determine that support personnel have the requisite training, knowledge and skills to perform assigned tasks and must not assume competence based solely on completion of training and/or academic programs.
- Audiologists must ensure that support personnel clearly understand the obligations, responsibilities and boundaries associated with their positions.

ASSIGNMENT OF ACTIVITIES TO SUPPORT PERSONNEL:

Audiologists are accountable for all activities assigned to support personnel. The audiologist is not responsible if support personnel independently engage in inappropriate actions that the supervising audiologist could not have reasonably foreseen or prevented.

WHEN ASSIGNING ACTIVITIES, THE AUDIOLOGIST MUST:

- ensure that the activity is appropriate for support personnel to implement;
- maintain an audiologist-patient/client relationship and be readily available to review/discuss specific cases/issues as appropriate;
- ensure that support personnel clearly understand all instructions;
- ensure that support personnel understand their roles and limits;
- 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; and
- establish the model of supervision based on the type and complexity of the intervention plan and the audiologist's determination of competence of the support person.

TASKS THAT MAY NOT BE ASSIGNED TO SUPPORT PERSONNEL:

- independent conducting of patient/client interviews and/or case histories;
- amplification prescription (or any other controlled act);
- selection of audiologic procedures;
- intervention or treatment recommendations;
- interpretation or communication of examination results;
- independent completion of reports;

- independent manipulation of patients'/clients' amplification acoustic parameters (except those that are accessible to patients/clients, e.g., volume control, program selection, etc.);
- admitting, discharging or referring patients/clients;
- 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 audiologist;
- supervising support personnel, other than audiologist-approved supervision of support personnel in training; and
- any task where the audiologist believes there may be a risk of harm to patients/clients if the task is assigned to support personnel.

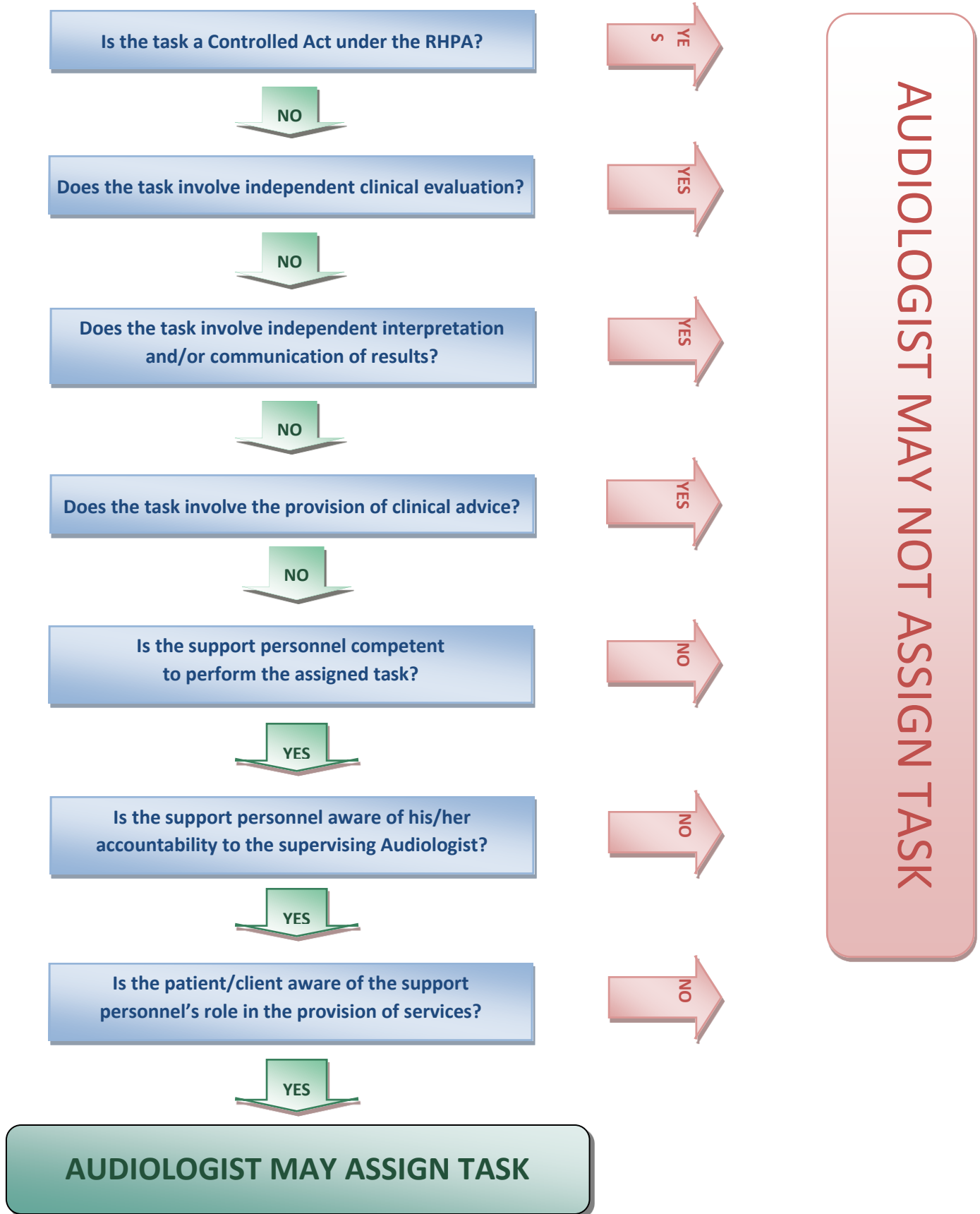
DETERMINING THE AMOUNT OF SUPERVISION REQUIRED

- The audiologist assigning activities to support personnel is responsible for supervision and ensuring that tasks are performed appropriately.
- The level and type of supervision (direct and indirect) the support personnel requires will depend on the complexity and risk of harm associated with the task assigned and the specific competence and experience of the support personnel involved. The audiologist must ensure that supervision is adequate and that the nature and amount of supervision is documented.
- The audiologist must document and communicate any concerns about the performance of support personnel. If assigned tasks are not performed properly, the audiologist must determine an appropriate remedy that may include increased training/supervision or reassignment of duties.
- The audiologist is expected to provide guidance to support personnel as requested and to intervene in service-related matters as required.

RECORD KEEPING

- The audiologist will ensure that hearing health services performed by support personnel are documented in accordance with this Position Statement, the College's standards of practice and the Records Regulation.
- The audiologist will ensure that the following information is documented in the patient/client record:
 - the assignment of tasks to Support Personnel including all the services provided and the identity of the Support Personnel providing the service; and
 - the consent of the patient/client to receive services from Support Personnel.
- The audiologist will ensure that all Support Personnel are informed of any expectations related to record keeping.

Supervision Decision Making Flowchart



FREQUENTLY ASKED QUESTIONS (FAQS)

Question 1: Do audiologists have an obligation to supervise the activities of all non-audiologists in their workplace?

Answer 1: Audiologists are not responsible for tasks assigned to non-audiologists by employers. Therefore, the requirements outlined in this position statement do not apply.

Question 2: I am an audiologist who works alongside, but does not employ or supervise, non-audiologists who participate in service delivery. If I prescribe a hearing aid and a non-audiologist dispenses it, would this be considered assigning a task to support personnel and require me to assume responsibilities outlined in this position statement?

Answer 2: Audiologists are only responsible for tasks they personally assign and are not always required to supervise non-audiologist personnel, including those that dispense hearing aids. If you are not assigning the task of dispensing the hearing aid to a non-audiologist, the requirements outlined in this position statement do not apply.

Question 3: I am required in my workplace to supervise some of the administrative tasks completed by non-audiologist personnel. I do not assign them specific clinical tasks. What are my responsibilities?

Answer 3: General supervision by audiologists can occur without assigning clinical tasks. The requirements outlined in this position statement do not necessarily apply to all services performed by non-audiologists.

Question 4: My employer has indicated that I am to supervise non-audiologists who are not designated as support personnel. I am expected to manage assessment of clients/patients, to assign specific clinical tasks, to interpret and communicate results and, when indicated, prescribe hearing aids. Given that my employer has not identified the non-audiologists in the workplace as support personnel, do the requirements in this position statement apply?

Answer 4: Regardless of how your employer defines the role of non-audiologists, if you are supervising and assigning clinical tasks, the requirements of this position statement do apply. In such cases you should make attempts to resolve this matter with your employer.

GLOSSARY

Audiogram: This is a graphic representation of hearing sensitivity as a function of stimulus frequency. Completing an audiogram consists of obtaining and recording audiometric thresholds and does not include interpretation and/or communication of results (which are components of an audiologic examination as defined below).

Audiologic Examination: This refers to a comprehensive evaluation that culminates in the determination of a patient's/client's auditory-communicative and/or vestibular status. This occurs within a clinician-patient/client relationship and involves, but is not limited to, completion of a case history, selection and interpretation of diagnostic measures, communication of results, and, where applicable, recommendations for audiologic intervention or further referral.

Assigning: This refers to an audiologist specifically directing support personnel to perform audiology-related activities or service components that are not controlled acts as defined by the [*Regulated Health Professions Act, 1991*](#).

Consultation: This is a process in which an audiologist provides clinical, academic, educational or professional information or suggestions to another care provider on a time-limited basis and is neither assigning, nor responsible for, clinical services that are not directly rendered.

Direct Service: This refers to interventions provided to the patient/client by the audiologist.

Direct Supervision: This refers to in-view observation and guidance by the supervising audiologist 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.

Indirect Service: This refers to advice and direction which is given to individuals who interact with patients/clients. The Audiologist is responsible for the advice and direction provided, but not for the implementation. In this instance the patient/client is the recipient of the intervention but the intervention is not provided by the Audiologist. Indirect service is the basis of the consultative model of service delivery.

Indirect Supervision: This refers to supervision by the supervising audiologist of activities assigned to support personnel occurring in situations other than direct supervision. These may include but is not limited to record review, telephone consultation, examination and evaluation of audiotaped or videotaped sessions or case presentations.

Screening: Screening is a process where a member applies certain measures that are designed to identify patients who may have a hearing, balance, communication, swallowing or similar disorder[s], for the sole purpose of determining the patient's need for a speech-language pathology assessment, an audiological assessment, or both. This does not include:

- Inadvertently noticing possible hearing, balance, communication, swallowing or similar disorder[s], or
- Considering information that is shared about an individual's possible hearing, balance, communication, swallowing or similar disorder[s], for the purpose of providing general

educational information and/or recommending a referral for a speech-language pathology screening or assessment, an audiological screening or assessment, or both.”

Support Personnel: This refers to individuals who work under an audiologist’s supervision to assist an audiologist in the provision of audiology-related services.

Treatment: This is an audiologic intervention for which the clinical objective is to improve auditory-communicative and/or vestibular function.

REFERENCES

[Alberta College of Speech-Language Pathologists and Audiologists \(2011\). Audiologists’ Guidelines for Working With Support Personnel.](#)

[American Academy of Audiology \(1997\). Position Statement and Guidelines of the Consensus Panel on Support Personnel in Audiology.](#)

[American Speech-Language-Hearing Association. \(2014\). Support Personnel \[Issues in Ethics\].](#)

[American Speech-Language-Hearing Association. \(2011\). Audiology support personnel: preparation, supervision, and ethical considerations \[Guidelines, Position Statement\].](#)

[Canadian Association of Speech-Language Pathologists and Audiologists. \(2010\). Supportive personnel guidelines: Working with audiologists.](#)

[College of Audiologists and Speech-Language Pathologists of Ontario, Use of Support Personnel by Speech-Language Pathologists.](#)