



POSITION STATEMENT

THE USE OF SUPPORT PERSONNEL BY SPEECH LANGUAGE PATHOLOGISTS

Approved: March 3rd 2017

DEFINITION: SUPPORT PERSONNEL

'Support personnel' refers to individuals who are directly assigned [clinical tasks](#) and related work and are supervised by the member to assist in the provision of speech language pathology intervention.

POSITION

Speech Language Pathologists (SLPs) are responsible for all aspects of patient care assigned to support personnel (Management Standard, [Professional Practice Standards, Self-Assessment Tool](#),). SLPs are expected to exercise discretion and judgement in assigning tasks. SLPs must supervise support personnel ([Code of Ethics, 4.2.4](#)).

This position statement does not apply where:

- The SLP provides information, strategies or support to other professionals or service providers who the SLP does not supervise (healthcare aides, teachers, early childhood educators, classroom assistants, etc.)
- The SLP provides information, strategies or support to family or caregivers
- The SLP is supervising students, including SLP graduate students

1) SLP RESPONSIBILITIES

The member must:

- a) Be an Initial or General member in good standing, without terms, conditions or limitations that preclude the supervision of support personnel
- b) Have sufficient and ongoing direct contact with patients to develop a professional relationship, evaluate and update the plan of care, and ensure effective and safe delivery of quality speech language pathology services
- c) Be available on a regular basis to review and discuss specific patients, issues and provide additional support to the support personnel when requested
- d) Ensure that informed consent has been obtained from the patient or substitute decision maker to receive services from support personnel and that the consent is documented in the patient record. The consent process should outline the support personnel's roles and responsibilities
- e) Ensure that the support personnel has the knowledge, skill and judgement to provide the intervention assigned. If the support personnel requires additional training/education, the SLP must ensure that it is provided
- f) Define his/her role as supervisor to the support personnel, patient, family and employer

- g) Discuss the roles and professional boundaries to the support personnel. This includes, but is not limited to: what may be communicated to patients and other professionals, record keeping content and responsibilities, and use of an appropriate title
- h) Be competent in the areas of clinical practice that he/she is supervising
- i) Perform a risk analysis when considering the type of tasks assigned. This would include risk to the patient, the patient's progress and risk to the support personnel
- j) Review support personnel's progress notes to ensure that they are clear, accurate, and complete. That they include the identity of the support personnel and remain within the scope of their role as support personnel

2) SLP COMPETENCIES FOR THE USE OF SUPPORT PERSONNEL

The SLP must demonstrate the knowledge, skill and judgement to:

- a) Evaluate his/her own supervisory skills
- b) Assess the support personnel's competencies regarding the assigned task
- c) Determine appropriateness of assigning tasks and areas of patient care to support personnel
- d) Monitor the support personnel's adherence to the obligations, responsibilities and boundaries associated with their position
- e) Identify and communicate constructive feedback to support personnel, including strengths and areas for growth

3) SUPPORT PERSONNEL COMPETENCIES

Support personnel must demonstrate the knowledge, skill and judgement associated with assigned tasks. Competencies may include, but are not limited to:

3 A) GENERAL

- i. Maintaining confidentiality of all patient, family and significant others' personal health information and other information disclosed during intervention
- ii. Respecting and being responsive to patients across diverse cultures ([Guide for Service Delivery Across Diverse Cultures](#))
- iii. Identifying environmental factors which may impact the planned clinical activity, e.g. distracting noise levels, and take reasonable steps to remediate them
- iv. Evaluating their own performance and identifying strengths, limitations and areas requiring development
- v. Maintaining professional relationships with patients, families and significant others that do not exceed the support personnel's role and professional boundaries ([Position Statement: Professional Relationships and Boundaries](#))
- vi. Maintaining professional relationships with the supervising SLP and other team members
- vii. Maintaining safety (patient's and their own)

3 B) SCREENING¹

- i. Following established screening protocols
- ii. Documenting responses accurately without interpretation beyond pass/fail
- iii. Determining whether the patient passes the screen or requires further assessment

¹ Please refer to CASLPO's definition of 'Screening' found in the Glossary.

3 C) MANAGEMENT

- i. Developing materials for SLP intervention
- ii. Understanding treatment objectives and staying within those objectives until the treatment program is changed by the supervising SLP
- iii. Planning and carrying out treatment sessions based on specific therapy goals established by the supervising SLP
- iv. Supporting other professionals' goals and strategies in intervention, when directed by the supervising SLP
- v. Eliciting, collecting and recording patient response data
- vi. Providing appropriate feedback to the patient regarding their responses
- vii. Planning and explaining carryover activities to others e.g., home programs
- viii. Documenting treatment sessions
- ix. Reporting on patient progress and any related issues to the supervising SLP
- x. Determining the need for additional intervention from the supervising SLP
- xi. Assisting with education/training sessions

4) ASSIGNMENT OF TASKS

Speech language pathologists are accountable for all tasks assigned to support personnel. The SLP must have the authority to modify tasks given to support personnel. The SLP must ensure that support personnel understand the patient's therapy goals and the specific therapy activities, the criteria for success and when to move on with activities. The SLP must advise support personnel of any precautions to ensure patient and support personnel safety.

4 A) TASKS THAT MAY **NOT** BE ASSIGNED TO SUPPORT PERSONNEL

These include but are not limited to the following:

- i. Any task where the risk of harm is significant
- ii. Selecting, admitting, discharging or referring patients to other services
- iii. Reviewing a patient record where clinical interpretation is required
- iv. Collecting a patient's health history where clinical interpretation is involved
- v. Assessing speech, language or communication skills and communicating assessment results
- vi. Developing or changing patient intervention plans
- vii. Supervising other support personnel
- viii. Consulting with other professionals, families or significant others regarding specific patient care

4 B) TASKS THAT THE SLP MAY ASSIGN

These include but are not limited to the following:

- i. Making or cancelling appointments
- ii. Preparing screening, assessment, therapy and education materials
- iii. Collecting patient information, as directed by the SLP
- iv. Administering and scoring communication and hearing screenings which have the sole purpose of identifying patients requiring a speech-language assessment
- v. Assisting the SLP while the SLP is conducting an assessment
- vi. Delivering specified treatment, remediation or education sessions or programs
- vii. Communicating with families, significant others and team members about the patient's performance within parameters defined by the supervising SLP which do not involve clinical interpretation.

- viii. Writing patient progress notes that reflect patient performance and behaviours as well as any other relevant information
- ix. Assisting the SLP in the training of other support personnel

5) SUPERVISION

The SLP is responsible for the patient and all aspects of patient care. Support personnel must always be under supervision by an SLP when providing SLP services. The SLP will use different methods of supervision as deemed appropriate for safe and effective patient care.

- a) All support personnel must be directly observed providing patient intervention on a regular basis; however, not necessarily with every patient. Direct observation can be in person, via secure live video or video recordings as close to the therapy session as possible.
- b) The amount and method of ongoing supervision the support personnel requires will depend on the following:
 - Complexity of the patient and presenting disorders, issues and concerns
 - Risk of harm associated with the assigned task
 - The specific competence of the support personnel
 - Experience and level of comfort of the support personnel
 - Experience and level of comfort of the SLP
- c) Supervision Methods include, but are not limited to:

Direct Observation

- Face-to face, real time observation and guidance of the support personnel interacting with the patient and/or significant others
- In-vision, real time observation and guidance of the support personnel interacting with the patient and/or significant others via secure live video and audio software
- In-vision, recorded observation of the support personnel interacting with the patient and/or significant others, as close to the therapy session as possible

Please note: If video or audio recordings are being made, all consents must be obtained and the recording must be stored and destroyed in a secure manner.

Indirect Supervision

- Formal meetings to discuss the plan of care and patient progress, in person or via technology
 - Informal discussions to review the plan of care and patient progress, in person or via technology
 - Review of audio recordings, as close to the therapy session as possible
 - Patient record review
 - Case presentations
 - Questions and answers via e-mail, phone messages
- d) Through regular observation, the SLP must review the support personnel's knowledge, skills and judgement and communicate any concerns. If assigned tasks are not performed as directed, the SLP must determine and have the authority to direct an appropriate course of action that may include further training, increased supervision or reassignment.

- e) The SLP must provide guidance to support personnel as requested and to intervene in service-related matters as required.
- f) The SLP must ensure that sufficient time is available to supervise effectively every support person for which the member has responsibility.

6) DOCUMENTATION

Support personnel may document in the patient record.

- a) The SLP will ensure that support personnel document necessary information and are informed of expectations related to record keeping.
- b) The SLP will ensure that the following information is documented in the patient record
 - Consent from the patient to receive services from support personnel
 - The identity of the support personnel providing the service
 - The assignment of [clinical tasks](#) to support personnel
 - All patient contacts including support personnel screening and treatment sessions etc.
- c) The SLP must demonstrate that they review the support personnel's documentation.
- d) The SLP must document, either in the patient record or separately, the amount and type of supervision provided.

Is the task a Controlled Act under the RHPA?

NO

Is there a risk of harm to the patient if intervention is provided by support personnel?

NO

Does the task involve assessment, independent interpretation and/or communication of results?

NO

Does the task involve the provision of clinical advice?

NO

Is the support personnel competent to perform the assigned task?

YES

Does the support personnel know of his/her accountability to the supervising SLP?

YES

Did the patient/SDM give consent for the support personnel to provide services?

YES

SLP MAY ASSIGN TASK

YES

YES

YES

YES

NO

NO

NO

SLP MAY NOT ASSIGN

7) GLOSSARY

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

Assigning: This refers to an SLP specifically directing support personnel to perform speech language pathology-related activities or service components that are not controlled acts as defined by the *Regulated Health Professions Act, 1991*.

Clinical task: Tasks that require specific training and requisite knowledge, skill and judgement and serve to screen or develop speech/language/communication/hearing/swallowing skills associated with direct patient care. This does not include information, strategies, activities or support provided to families, caregivers or professionals you do not supervise.

Consultation: a process in which an SLP draws on their knowledge, skills and judgement to provide professional recommendations or opinions. These may be related to specific individuals or patients, service delivery models, education programs, etc.

Direct Contact: This refers to "face to face" interventions provided to the patient by the SLP or support personnel. Face to face can include electronic means if it meets the following four criteria: audio, visual, in real-time and interactive.

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.

Treatment: This is an intervention for which the clinical objective is to improve speech, language, communication and /or swallowing function.

8) FREQUENTLY ASKED QUESTIONS

Question 1:

I am working as an Initial Practice Registrant (IPR) and part of my role is to supervise support personnel. Is this allowed?

Answer 1:

Yes, if you make supervision a learning goal with your mentor and your mentor agrees to the goal. Please review the [Initial Practice Period Guidelines](#)

“If the IPR is required to supervise supportive personnel during his/her IPP, the IPR must review and adhere to the following position statements regarding the use of supportive personnel and guidance must be provided by the IPR’s mentor regarding the use of supportive personnel during the IPP.”

Question 2:

I work in a busy hospital and time is always a challenge. Are support personnel allowed to complete a chart review or participate in ‘rounds’ to gather patient information?

Answer 2:

Support personnel can be assigned the activity of collecting information. The types of information will vary according to the clinical setting. They can include but are not limited to: demographic information, substitute decision makers, availability of patients, families and significant others, dates of appointments and procedures etc.

If your chart review requires clinical interpretation of other health professionals’ documentation then that task cannot be assigned to support personnel. With regard to participating in interdisciplinary ‘rounds’, the support personnel may report information you have developed on your behalf. Under your direction, the support personnel may also collect information from other team members, verbatim and without clinical interpretation.

Question 3:

Can a CDA (support personnel) obtain consent for speech language pathology services?

Answer 3:

Yes, support personnel can obtain consent from patients or their substitute decision makers (parents, adult children etc.) as long as the supervising SLP considers that they have the knowledge, skills and judgement to do so. This would include a thorough knowledge of the organization’s SLP services and under what circumstances to defer to the supervising SLP to answer a question. Refer to the [Guide: Obtaining consent for services](#)

Question 4:

I work in a hospital and one of our support personnel is a regulated health professional (registered practical nurse - RPN) who has received on the job training. As she is regulated, do I still have to supervise her?

Answer 4:

Regulated health professionals can be support personnel. If you are assigning [clinical tasks](#) and related work, then you are required to supervise the RPN in their role as support personnel.

Question 5:

I am employed by a school board where early childhood educators (ECEs) work with children who have speech and language difficulties. I have assessed the children and I am expected to provide the ECEs with programs to help develop speech and language skills. However, I do not directly supervise them. Are they still my support personnel?

Answer 5:

If you do not have the authority to supervise the ECEs, which entails setting specific goals, directly observing the ECE with the child, modifying tasks, and training, then you should not be assigning [clinical tasks](#) to the ECEs. This does not prevent you from working with them however as part of an interprofessional team. You may give the ECEs tasks to maintain and reinforce established speech/language/communication skills but not tasks that help establish new skills.

You may wish to advocate for more authority with your school board administration. Ensure they understand what CASLPO means by 'supervision' and your College requirements if you are to provide the programming they want for the students. It may be possible for you to supervise ECEs when it concerns assigning speech and language tasks.

Question 6:

All Rehab Assistants have been asked to work on Saturday and Sunday mornings. Can a CDA (support personnel) work in a hospital setting during the weekend if an SLP is not available?

Answer 6:

It will depend on the knowledge, skills and professional judgement of the CDA, and the tasks you assign. As long as they continue to provide service within their role and defer any activities that are not within their scope until the SLP's return, this should be acceptable.

Question 7:

Would it be acceptable for a CDA (support personnel) to prepare and give presentations about communication disorders in a hospital volunteer program? I would review and discuss the presentation before hand.

Answer 7:

Support Personnel can provide public education such as presenting facts on prevention of communication disorders, typical speech and language development, treatment approaches etc. Support personnel cannot provide information about an individual patient. Where appropriate, they must refer to SLP services as needed.

Question 8:

I work in a school board that employs CDAs. How many support personnel can I supervise at one time?

Answer 8:

It depends. You must allot sufficient time to provide adequate supervision to all of the support personnel (see Section 5, Supervision). If you believe that you do not have enough time, you need to discuss the issue with your employer.

Question 9:

Why do you use the term 'support personnel' and not Communication Disorders Assistants?

Answer 9:

CASLPO does not regulate support personnel, and nor does any other regulatory body in Ontario. There is no legislation regarding title for support personnel. In different settings support personnel have different titles such as: Communicative Disorders Assistants, Communication Health Assistants, Speech Language Assistants, Rehab Assistants, Stroke Rehab Assistants etc.

9) REFERENCES

Alberta College of Speech-Language Pathologists and Audiologists (2011) Speech Language Pathologists' Guidelines for Working With Support Personnel.

American Speech-Language-Hearing Association (2014) Speech Language Pathology Assistants [Issues in Ethics].

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

Speech-Language and Audiology Canada. (2014) Speech-Language Pathology Assistant Guidelines

College of Audiologists and Speech-Language Pathologists of Ontario (2013) Use of Support Personnel by Audiologists 2013

College of Physiotherapists of Ontario (2010) Professional Practice Standards: Physiotherapists Working with Physiotherapist Support Personnel