Alberta College of Speech-Language Pathologists and Audiologists

Summer 2010

Clinical Conundrum

Addressing questions related to ethical and clinical practice issues in speech-language pathology and audiology

The question below was submitted by a group of speech-language pathologists (SLPs) who provide services to remote school districts using support personnel.

Question: What will an SLP need to consider in terms of his/her responsibility and accountability for client's treatment plan in a remote site where frequent face-to-face contact or direction of the plan is not always feasible?

Response: Both ACSLPA's *Code of Ethics (2009)* and the Preferred Practice Guideline (PPG) entitled *Speech-Language Pathologists' Use of Support Personnel to Augment Speech-Language Pathology Service Delivery (2006)* are nice starting points when considering the question outlined above.

ACSLPA's *Code of Ethics (2009)* states*, "In providing services to clients and the public, members are responsible for all professional services they provide, including that of the support personnel under their supervision".* The *PPG on Use of Support Personnel (2006)* further elaborates, *"The SLP has the ultimate responsibility for speech-language pathology service delivery. This includes assignment/delegation of service activities and supervision of support personnel in carrying out the activities".* The document goes on to state that *"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".*

This means that regardless of the title of the support person (e.g. speech-language assistant, educational assistant, etc.) or their level of training, if the "content" of the job involves the

implementation of speech-language intervention goals, the SLP is ultimately accountable for the programming. Supervision of the support personnel responsible for implementation cannot be delegated to other professionals.

Understandably, the additional challenge of distance and accessibility to services will necessitate a thoughtful, organized, and clearly articulated plan in order to fulfill the SLP's clinical obligations.

Several issues emerge in this scenario. Often, in situations where the SLP is providing service to a remote school district, the support personnel are hired and employed by the school district. The SLP is typically employed by a different agency (e.g., health services, private practice) and has a contractual relationship with the school district to provide services. In these types of situations, ACSLPA encourages the use of written agreements that describe the proposed sharing of personnel and delineating the SLP's, the employing agency, and the support person's roles and responsibilities. Ideally, discussion should occur between all relevant parties (i.e., SLP, SLP employer, support personnel employer) **prior** to the selection and hiring of support personnel. This ensures a shared understanding of the requirements of the job, and the competencies that will be required to ensure the successful implementation of therapy activities.

The PPG also acknowledges that, regardless of the background (training and experience) that a support person brings to their role, a minimum level of on-the-job training by the SLP will be required.

Scheduling appropriate in-service training for aides and assistants and working with employers to ensure attendance by support personnel is critical. Laying out these types of expectations in written form can

go a long way to improving communication and ensuring that the appropriate levels of training and support are provided.

The *PPG on Use of Support Personnel (2006)* also outlines expectations of SLPs related to ***direct*** and ***indirect supervision*** of support personnel. Ideally, a minimum of 10% of all client contacts should be **directly** supervised by the SLP (the revised PPG is considering flexible options that would allow for 10% of the aggregate number of sessions across clients versus 10% of each client's sessions), and a minimum of one of every five sessions should be **indirectly** supervised.

When dealing with clients and support personnel in remote locations, direct, live in-person supervision may occur on an infrequent basis. Real-time videoconferencing is an option that can be considered. This allows the SLP to observe the support person carry out the assigned/delegated activity and they can then provide immediate feedback, redirection and modeling as necessary. Indirect supervision can involve contact between the supervising SLP and support person via phone, email, fax, etc. The SLP can monitor and evaluate the support person's performance of assigned/delegated activities by reviewing audio/video recordings and written records, through discussions with the support person, as well as through discussion with clients, families and other team members.

If, despite everyone's best efforts, the minimum recommended amount of direct supervision is not possible, the reasons for this should be clearly documented in the client's file. The SLP should also ensure that he/she remains available by phone and/or email as required, and that he/she schedules indirect contact with support personnel at pre-determined junctures throughout the year.

Ongoing open communication amongst all parties involved, and documentation of the therapy plan and progress are critical elements to ensure the success of the therapeutic relationship.

We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to slp@acslpa.ca for SLP related issues and audiology@acslpa.ca for audiology related issues.