

Clinical Conundrum

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



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Question: Our department hired a therapy assistant to assist the audiologists with tasks such as prepping clients for assessment, hearing screening and some restricted activities (i.e., ear mold impressions, cerumen management). Recently, a physician asked the assistant to remove cerumen from the ear of an elderly inpatient without informing the supervising audiologist. My questions are: 1) Who is responsible for supervision of the therapy assistant?; and, if anything goes wrong, 2) Who is accountable for any adverse effects as a consequence of this or any other activity assigned to the therapy assistant?

These are both good questions! Therapy assistants or support personnel (SP) are being employed more and more frequently in public healthcare, education and occasionally in private practice settings. The SP can contribute in the delivery of effective and efficient services, across the lifespan in all rehabilitation disciplines (i.e., recreation therapy, occupational therapy, physiotherapy, speech-language pathology and audiology) and sometimes are trained to cross-cover disciplines. It is important to note that regardless of the discipline, SP are not regulated under the *Health Professions Act* in Alberta and must be supervised by a regulated rehabilitation professional.

To answer your questions, in short, the person assuming overall responsibility and accountability for an assigned activity is the regulated professional who assigned the activity. In accordance with the ACSLPA *Code of Ethics*, the audiologist/SLP has the ultimate responsibility for “audiology/speech-language pathology service delivery.” This includes “assignment” of service activities and “clinical supervision” of SP in carrying out these activities. The accountability of the audiologist/SLP is related to the activities that she/he has assigned to the SP. The SP is then accountable for her/his performance of the activity as per the audiologist’s/SLP’s instructions.

Once the SP has been trained and the supervising therapist is confident the SP is competent to perform a task within their scope, the SP will act autonomously (given the appropriate amount of supervision and monitoring). The SP should also be able to recognize potential risks and seek clarification or guidance when necessary.

What happens when a physician or another professional asks the SP for assistance?

Of course, the SP must first determine if the task is acceptable (dependent on their ability, level of training or expertise) and whether it can be performed with minimal risk to themselves and others. Again, whether the activity is within or outside of the scope of practice of an audiology or SLP SP (i.e., assisting with a transfer of a patient from wheelchair to bed), the responsibility for supervision falls to whomever is requesting assistance or assigning the activity. To be clear, the responsibility would NOT fall to the professional who typically supervises the individual SP.

Healthcare management and professional staff are often asked to be creative with clinical assignments which certainly may cause some confusion regarding responsibilities and accountabilities. It is important to note that while an employer may request that employees supervise others, the regulated professional must always adhere to their college’s Code of Ethics, Standards and best practice guidelines in order to provide safe and effective services.

The best-case scenario is that all staff involved with SP be knowledgeable and agree upon expectations regarding the roles the SP plays in the context of the job environment. As suggested to employers in ACSLPA's working with support personnel guidelines for SLPs and audiologists, certain foundational elements are recommended and should ideally be in place prior to the implementation of any program. In order to provide exemplary services, employers and professionals should work collaboratively to determine a mutually agreeable plan of action for each SP.

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 **Susan Rafaat** (director2@acslpa.ab.ca) for SLP-related issues and to **Holly Gusnowsky** (director1@acslpa.ab.ca) for audiology-related issues.

