

# Clinical Conundrum



**C**linical Conundrum addresses member questions related to ethical, clinical practice issues in speech-language pathology and audiology.

The question presented in this newsletter is timely, as it coincides with the release of ACSLPA's revised Preferred Practice Guideline (PPG) **Speech-Language Pathologists' Guidelines for Working with Support Personnel** and the newly developed **Audiologists' Guidelines for Working with Support Personnel**. Both of these documents are available for downloading and printing from the ACSLPA website (see Resources, Professional Practice).

**Question:** *I am an SLP who works full-time in school settings. I supervise a handful of speech-language assistants at a number of different schools. I've had an injury and it is estimated that I will be off work for 2 to 3 months. Right now, it looks as though only minimal indirect supervision will be available to the assistants while I'm away. I have every confidence in their abilities, but I'm wondering how I should handle this situation?*

**Response:** In response to this question, members are encouraged to consider both the ACSLPA *Code of Ethics* and the newly published PPGs on Working with Support Personnel.

The following excerpt is taken from the *Code of Ethics* (2009):

## Accountability

*We acknowledge and assume responsibility for our actions. We are accountable to our clients, the public, and to our profession.*

*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.*

A separate excerpt is taken from the *Working with Support Personnel* (2011) PPGs for both SLPs and audiologists:

## CONSIDERATIONS FOR EMPLOYERS

### 2. Clarity of Supervisory Role

*Should the supervising SLP or audiologist leave the work setting for any reason (e.g. maternity leave, illness, change of employment), it is understood that the assignment of client service activities to support personnel (SP) will cease.*

*The exceptions to this policy would be as follows:*

- *Another registered SLP or audiologist will assume supervisory responsibility immediately.*
- *A documented plan exists to manage a short window of transition between the availability of supervising SLPs or audiologists.*

*In either event, the minimum guidelines for direct and indirect clinical supervision of SP should be maintained.*

The SLP in this situation needs to speak directly with her manager/supervisor to inform him/her of the situation. A copy of both the *Code of Ethics* and the support personnel guidelines may be shared during this conversation. This is particularly important in situations where the manager is not an SLP or audiologist. In some employment settings, a professional practice leader or discipline specific team leader may also be available to collaboratively develop an action plan to address the supervision needs.

Clearly, the "best-case scenario" involves accessing another SLP or audiologist who can take on supervisory responsibilities for SP in the permanent employee's absence. Sometimes this may be attainable by divvying up caseload responsibilities amongst other permanent employees, but sometimes it may not. Is contracting a temporary SLP or audiologist to provide supervision a possibility?

In situations where contracting a "replacement" supervisor is not an option and colleagues are stretched thin, creativity and flexibility may need to come into play. The SP guideline allows for "a short window of transition" between the availability of supervisors. If direct supervision is not readily available, are there options available to increase the amount of indirect supervision in the form of telephone contact, email correspondence, and/or possibly videotaping sessions for later review by the supervisor? Obviously, in the event that any concerns exist with respect to SP performance, this plan may not be feasible. In this situation, direct intervention with clients should cease until direct supervision is once again available.

Clients (or parents of clients in the case of a school-aged caseload) also need to be informed regarding the state of affairs. Parents can be given the option of whether they are comfortable having their children continue to be seen by the SP in the absence of direct supervision. If they are not, intervention should cease.

In any event, plans for managing supervisory

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requirements should be clearly documented and shared with all parties involved (e.g. manager, SLP or audiologist, SP, professional practice leaders/team leaders, teachers, etc.).

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 at [director2@acslpa.ab.ca](mailto:director2@acslpa.ab.ca).