

# Standard Area 4.0

## Practice Management



### 4.4 Clinical Supervision

#### Standard

This standard specifically refers to the clinical supervision of support personnel and/or speech-language pathology and audiology students in training, and/or speech-language pathologists and audiologists who require a period of supervised practice to meet a condition on their practice permit. Support personnel, students or speech-language pathologists and audiologists requiring supervised practice are named as appropriate in each indicator, and the term “supervisees” is used when an indicator addresses all three of these groups.

A **regulated member** of ACSLPA is responsible and accountable for services delivered by personnel under their direction and supervision (i.e., **support personnel**, speech-language pathology and audiology students in training, and speech-language pathologists and audiologists who require a period of supervised practice to meet a condition on their practice permit).

#### Indicators

To demonstrate this standard, the regulated member will:

- a) Provide pertinent information to the **client** regarding the supervisee's role and responsibilities and obtain client consent to receive services from the supervisee.
- b) Provide adequate on-the-job training and orientation to supervisees as it relates to the clinical and employment context.
- c) Optimize both client safety and outcomes by considering the following when assigning clinical activities to supervisees:
  - i. the **competence** and scope of practice of the supervisee,
  - ii. resources available to provide guidance, as required (e.g., policies, procedures, availability of senior staff to answer questions),
  - iii. the client's individual needs, and
  - iv. factors unique to the practice environment.
- d) Except as permitted by indicator e), refrain from assigning activities to support personnel that involve clinical interpretation. Activities that involve clinical interpretation include the following:
  - i. Interpretation of **assessment** findings,
  - ii. Initial discussion of clinical findings, treatment rationale, or prognosis with clients,
  - iii. Determination of treatment goals and procedures, including the independent planning, development, or modification of treatment plans,
  - iv. Completion and sign-off on formal clinical reports,
  - v. Selection of clients for referral to other professionals or agencies,
  - vi. Discharging clients from service,
  - vii. Approval of clinical content in public education materials.
- e) Provide a clearly documented algorithm or flowchart, to be used by support personnel when activities that have a component of clinical interpretation are assigned to them. The regulated member will only develop algorithms or flowcharts for use by support personnel when risk to clients regarding a particular activity has been adequately assessed and it has been determined that the risk can be adequately managed through use of a documented decision-making tool. The regulated member will instruct support personnel on the use of flowchart or algorithm and will monitor their competence.
- f) Comply with applicable legislation and standards of practice regarding assignment and supervision of **restricted activities** to supervisees.
- g) Determine the amount of both direct and/or indirect supervision that is required for supervisees under one's direction and supervision. The regulated member should have sound rationale to support these decisions and should be able to articulate this rationale as required.
- h) Monitor the services provided by supervisees on a regular, consistent basis, including client outcomes, modifying and/or reassigning service delivery as determined by clients' needs.
- i) Be available for consultation to the supervisee through some mode of communication or develop a plan for supervision coverage when they are not available (e.g., the plan might include speaking to another regulated member to obtain direction, ceasing the activity, changing activities).
- j) Inform employers and clients within a reasonable timeframe of the need to discontinue services provided by the supervisee when the SLP/audiologist is not available to provide required supervision and a coverage plan or replacement supervisor is not available (e.g., extended absence, resignation).
- k) Maintains responsibility and accountability for supervisees and for the support personnel to whom the supervisees assign activities.
- l) Inform the appropriate employer/manager/agency if there are supervisee performance or safety concerns.
- m) Refrain from entering into an employment agreement whereby they clinically supervise the person who employs them (whether in a paid or volunteer capacity).

#### Expected Outcomes

Speech-language and audiology services are delivered in a safe and competent manner by supervisees whose activities are assigned, monitored, and evaluated by a regulated ACSLPA member. Clients are informed of the roles and responsibilities of the personnel providing them with speech-language and audiology services.

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## Practice Management



Alberta College of  
Speech-Language Pathologists  
and Audiologists

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**Assessment** refers to “the rehabilitation process for gathering in-depth information to identify the individual's strengths and needs related to body function, body structure, activity and participation, to understand the individual's goals and then to determine appropriate services and interventions based on these. It is initiated when there are questions about a client's needs and how best to meet these needs. It includes both formal and informal measures ranging from administering standardized assessment tools to observing a client in a specific setting or listening to family concerns.”

**Client** refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

**Competence/competent/competency** refers to “the combined knowledge, skills, attitudes and judgment required to provide professional services”.

**Regulated member** refers to “an individual who is registered with ACSLPA in any of the regulated categories of membership prescribed by ACSLPA Bylaws, the *Health Professions Act* and our Regulations.”

**Restricted activities** refer to “procedures or services that pose significant risk and require a high level of professional competence to be performed safely. Restricted activities may only be performed by persons authorized by their regulatory College to do so.”

Restricted activities for SLPs include to:

- Insert into the ear canal: air under pressure
- Insert or remove instruments or devices beyond the point in the nasal passages where they normally narrow,
- Insert or remove instruments, devices, or fingers beyond the pharynx,
- Insert or remove instruments or devices into an artificial opening into the body, and
- Administer oral diagnostic imaging contrast agents.

Restricted activities for audiologists include to:

- Insert or remove instruments or devices beyond the cartilaginous portion of the ear canal,
- Insert into the ear canal: liquid, air or gas under pressure, and
- Insert into the ear canal: a substance that subsequently solidifies.

**Supervisee** refers to “support personnel, students in speech-language pathology or audiology, or speech-language pathologists or audiologists requiring supervised practice to meet a condition on their practice permit whose clinical work is under the supervision of a regulated ACSLPA member.”

**Support personnel** refers to “individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by a speech-language pathologist or audiologist registered with ACSLPA. Individuals functioning as support personnel may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members.”