An Employer's Guide to

Hiring a Therapist Assistant

July 2007

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Introduction

The therapist assistant (TA) is a relatively new occupation in Canada, but has a steadily increasing role in the delivery of health care services. The TA is qualified to assist Physiotherapists (PT), Occupational Therapists (OT), and Speech-Language Pathologists (SLP) in the provision of therapy services under the direction and supervision of a therapist. In British Columbia, there are three therapist assistant training programs at publicly funded education institutions, one of which has a speech component. There is also a private education institution, CDI College, that offers a therapist assistant program. All programs are technical in nature, and include content directly related to pediatrics. Programs also include practicum components with placements in pediatric settings available.

A portion of the current therapist support personnel work force has not received any formal rehabilitation education. This group is generally referred to as 'therapist aides', and their knowledge of pediatric rehabilitation will be entirely dependant on the on-the-job training they have been provided. A more detailed description of the public institution therapist assistant education programs available in BC can be found in the document "Researching the Role of Therapist Assistants in Pediatric Settings in BC": (http://www.therapybc.ca/pdf/ RehabilitationAssistantProjectFinalReport.pdf).

Roles of the Therapist Assistant

A therapist may designate a therapist assistant to perform specific therapy service components; however, the therapist continues to have the ongoing responsibility for the provision of the service. A therapist assistant can only perform tasks and procedures under the direction and supervision of a therapist. These duties may not be directly related to patient care (e.g. - equipment inventory), or when appropriate require the therapist assistant to independently perform direct patient care (e.g. - Passive Range of Motion). Regardless of the activity, it is the supervising therapist's responsibility to ensure the therapist assistant is competent to perform the task. Therapist assistants are not able to carry out any sort of direct intervention with a client unless a supervising therapist has performed an assessment and developed an intervention plan for that client.

If the supervising therapist is no longer working (e.g. - maternity leave, vacation) then another supervising therapist must be found before the therapist assistant can continue implementing an intervention plan. **All assigned tasks and activities must conform to the supervising therapist's respective regulatory body guidelines on the use of support personnel.**

Levels of Supervision

There are essentially two types of supervision involved in the assigning of tasks to therapist assistants, indirect and direct. Direct supervision is when the supervising therapist is in the same physical area as the therapy assistant, and is able to observe and direct their actions during the delivery of service. Indirect supervision is when the supervising therapist is not in the same physical area as the therapist assistant, but is aware of the program being carried out by the TA and is available for immediate consultation via phone, pager, messaging, or other form of immediate communication.

The level of supervision required is dependant on several factors. For example, the level of competence of the therapist assistant with a particular activity or task will help dictate what level of supervision the therapist must provide. Other such factors include a child's medical status, the preference of the child/family, and the degree of clinical judgment required to appropriately perform the activity. Therapist professional regulatory body guidelines provide detailed recommendations regarding what factors therapists should consider when deciding the appropriate level of supervision. Physiotherapy and Occupational Therapy professional body guidelines can be found via the following web links and all three professions (PT, OT, and SLP) have their guidelines available in the Appendices.

Physiotherapy: Appendix A
(http://www.cptbc.org/practicestandards.asp , select practice standard #3)

Occupational Therapy: Appendix B
(http://www.cotbc.org/documents/AssignServiceComponents mar04.pdf)

Speech-Language Pathology: Appendix C
http://www.caslpa.ca/english/profession/supportive_personnel_guidelines.asp

Tasks and Activities Therapist Assistants are able to Perform

A helpful document regarding this topic is "Sample Tasks and Activities Performed by Therapist Assistants in Pediatric Settings" (www.therapybc.ca, Public & Media, July 2007). In general therapist assistants can perform basic duties such as preparing and cleaning of treatment areas and equipment, and more advanced activities such as implementing an intervention plan developed by a supervising therapist. Therapist assistants are not to perform activities such as assessment and evaluation, intervention planning, or interpreting referrals.

Suggestions to Facilitate the Use of Therapist Assistants at your facility

The appropriate use of therapist assistants has the potential to increase access to therapy services for families in BC in a cost-effective manner. This section of the document provides employers with suggestions on how to efficiently and effectively incorporate the use of therapist assistants into your facility.

1. Establish a Therapist Assistant Job Description

The therapist assistant occupation is still relatively new in our healthcare system, particularly in pediatrics. TA's are also not utilized to a great extent in our public education system. Thus, one of the more frequently cited roadblocks many employer's face is a lack of an appropriate job description for this occupation. Appendix D provides examples of therapist assistant job descriptions.

2. Establish system for determining TA competency

It is the responsibility of the supervising therapist to determine whether or not a therapist assistant is competent to perform a particular assigned task or activity. Therapists are often concerned and tentative to implement new initiatives such as utilizing a therapist assistant because they feel it will require more of their already limited time. Establishing a system for determining therapist assistant's competency will simplify the work required by the supervising therapist.

The following is an example:

First, select a task or activity that will be performed by therapist assistants at your facility. This example uses the task "Organization/preparation of treatment area" from the document 'Sample Tasks and Activities Performed by Therapist Assistants in Pediatric Settings' (www.therapybc.ca). Next, determine the characteristics that a therapist assistant would have to demonstrate during this task in order to be considered to have a high level of competency. This example shows the characteristics likely to be demonstrated by a therapist assistant with a lower level of competency, or one with a high level:

Task	**Competency**	
	Novice	**Proficient**
Organize/Prepare Treatment Area	- Needs assistance and cueing to perform task - Set-up incomplete - May need to ask location of equipment/supplies	- independent and complete set-up of treatment area

In the above example, the therapist assistant demonstrating a novice skill level would require a certain level of direct supervision to ensure the task is completed appropriately. A therapist assistant performing at a proficient level of competency would be able to perform the assigned task at an indirect supervision level.

Here is another example:

Task	Competency	
	Novice	**Proficient**
Perform Passive ROM	- Aware of Contraindications/ Precautions - Aware of how to perform passive ROM - Needs cueing to correct hand positioning/body mechanics - Requires cueing to adequately perform activity	- Demonstrates proper body mechanics and hand positioning - Can recognize and correct for compensatory movements - Able to progress/adapt passive ROM exercises within parameters established by therapist

The therapist assistant performing at a novice level would again need to have some level of direct supervision to ensure the activity is safely performed. A therapist assistant performing at a proficient level would be able to perform the assigned task with the supervising therapist employing indirect supervision. If indirect supervision is to be utilized, an important assumption in the above example is that the patient is medically stable, and does not have any physical, mental, social, or emotional circumstances that require the use of continuous clinical judgment while performing the passive ROM. A child who is medically fragile, demonstrates significantly fluctuating tone, or has other characteristics requiring continuous clinical judgment should not have the passive ROM activity assigned to a therapist assistant. See Appendix E for more examples.

Once the therapist assistant's level of competence with a particular task has been established, this can be recorded in an employee binder. Therefore, whenever a therapist would like to assign an activity the therapist can refer to the binder for a quick reference as to the level of supervision required for that particular activity when assigned to that particular therapist assistant. A system of continuing education and skill level re-evaluation should also be developed to help therapist assistants maintain and improve their competency (i.e. – skill re-evaluation every 6 months, inservices provided by therapists to help improve TA skill level).

As the therapist assistant's skill level continues to improve, there will be more tasks and activities that can be assigned utilizing indirect supervision. This will result in more time available for the supervising therapist to perform other intervention activities.

3. Establish policy regarding transfer of function and other communication guidelines

Effective communication is vital for the successful use of therapist assistants in pediatric settings. The facility should clearly identify expected communication policy surrounding both direct and non-direct patient care tasks that may be assigned therapist assistants. The following guidelines are examples:

A. Therapist to therapist assistant when TA is independently seeing a child/family:

Written communication should occur in this case, particularly when the therapist assistant will be working with the child/family on a regular basis. Information provided by the supervising therapist should include relevant patient data, risk considerations, parameters for the assigned activity, and the short term goals related to the assigned activity. This would be considered a 'transfer of function', and an example of a form that could be utilized for this purpose can be found in Appendix F. An alternative to using a form is simply to have the supervising therapist chart the required information in the patient file.

B. Therapist to therapist assistant when TA is acting as an extra set of hands:

Verbal communication would be appropriate in this case, and written messages would be optional.

C. Therapist to therapist assistant for assigned tasks and activities that are non-child/family related (i.e. – cleaning equipment):

Verbal communication and other more informal modes of correspondence such as e-mail would be appropriate in this case. No child/family information should be transmitted in an informal mode of communication such as e-mail, post-it notes, etc.

4. Establish TA documentation requirements

The therapist assistant should follow the documentation guidelines of the facility/institution they are working. The professional regulatory bodies of the respective therapy disciplines do provide guidelines in this area:

Physiotherapy (PT) - The supervising PT must record the assigned task in the clinical record, and any changes in the treatment plan. The College of Physical Therapists of British Columbia (http://www.cptbc.org/practicestandards.asp , select practice standard No. 3) does not indicate the therapist assistant can or can not record their direct interactions in the patient record.

Occupational Therapy (OT) - According the College of Occupational Therapists of BC (http://www.cotbc.org/documents/AssignServiceComponents mar04.pdf), the occupational therapist assistant may record their direct interactions with clients as directed by the supervising OT.

- The supervising OT must document:
  - Consent has been obtained
  - The assignment, monitoring, and completion of OT service components
  - Includes that any support personnel notes present were reviewed when revising OT services

Speech-Language Pathology (SLP) - The BC Association of Speech-Language Pathologists and Audiologists (http://www.bcaslpa.bc.ca) states assistants may document progress, and report this information to the supervising SLP. However, assistants may not sign any formal documents unless countersigned by the supervising SLP (BCASLPA, 2001).

5. Establish disciplinary procedure

Therapist assistants do not have a regulatory body governing their practice, thus the facility at which they are employed should have a detailed procedure available to follow in the event disciplinary action is required.

6. Establish a Code of Ethics for Therapist Assistants

A code of ethics for therapist assistants to follow is available provided they are members of the support personnel category of a therapy (i.e. – PT, OT, SLP) professional association. Membership in such professional associations is voluntary, but should be encouraged. Information regarding the Canadian Physiotherapy Association (CPA) membership options for support personnel such as therapist assistants can be found here: http://www.physiotherapy.ca/public.asp?WCE=C=11|K=223058|RefreshT=223058|RefreshS=Container|RefreshD=|A=Body

The Canadian Association of Occupational Therapists (CAOT) has information on support personnel membership here: http://www.caot.ca/default.asp?pageid=1488

The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) have information on support personnel membership located here: http://www.caslpa.ca/english/profession/supportive_personnel_index.asp

Appendix G provides an example of a code of ethics, taken from the Canadian Association of Speech-Language Pathologists and Audiologists supportive personnel guidelines (http://www.caslpa.ca/PDF/SLPs%20Supportive%20Personnel.pdf).

Union and Wage Scale Information

In general, therapist assistants are represented in the collective agreement between Health Employers' Association of BC and a collective of unions referred to as the "Facilities Subsector Bargaining Association." This includes the Hospital Employees' Union (HEU), BC Government Employees' Union (BCGEU), and some other smaller unions. Therapist assistants working in hospital or long term care facilities have higher pay rates than their colleagues working in community-based healthcare.

Hospital Employees' Union (HEU)

HEU members working in acute care hospitals and long-term care homes have the Health Facilities collective agreement (http://www.heu.org/collective_agreement1) to direct wage schedules. Therapist assistants are included in the wage grid of the collective agreement. This would apply to therapist assistants working at facilities such as BC Children's Hospital and the Sunnyhill Health Center for Children. Starting wage for a therapist assistant working in such a facility is approximately $19.00 per hour.

HEU has a community health agencies collective agreement that applies to many of the Child Development Centers and other rehabilitation facilities operating in BC (http://www.heu.org/%7EDOCUMENTS/CollectiveAgreements/comm2001_04.pdf). Starting wage for a therapist assistant working in a community based facility is approximately $16.00 per hour.

Health Sciences Association of BC (HSA)

HSA represents several Child Development Centers in BC through their Community Social Services Employers Association (CSSEA): http://www.hsabc.org/webuploads/files/member_services/collective_agreements/css/css_cl_2003-2006.pdf

There is currently no job listing for therapist assistants in this HSA collective agreement. If a facility represented by this agreement would like to hire a therapist assistant, the employer would need to liaise with a HSA representative to determine the appropriate wage grid. HSA would likely communicate with the other healthcare unions such as HEU to help develop such details.

British Columbia Government Employees' Union (BCGEU)

The BCGEU also represents healthcare workers that may work in pediatric rehabilitation positions. The job title 'Therapist Assistant' can not be found in their collective agreements; however, the job title 'Therapy Aide' is included. Thus therapist assistants would likely fall into this category until the occupation is able to distinguish itself in the next BCGEU collective agreement. Starting wages are similar to those already discussed in the HEU section.

CUPE

CUPE represents support staff in BC School Districts. This would include occupations such as therapist assistants. The majority of School Districts in BC are not currently utilizing therapist assistants, so in most cases a job description would have to be created. The employer and union representation would collaborate in this process. Starting wage for a therapist assistant represented by CUPE in an education setting would be approximately $20.00 per hour.

References

BCASLPA (2001) *Guidelines for the Use of Supportive Personnel* British Columbia Association of Speech-Language Pathologists and Audiologists

College of Occupational Therapists of British Columbia (2004) *Assigning of Service Components to Unregulated Support Personnel.* Retrieved September 10, 2006 from http://www.cotbc.org/resources.php

College of Physical Therapists of British Columbia (2006) *Practice Standard: Assignment of Task to a Physical Therapist Support Worker.* Retrieved September 10, 2006 from http://www.cptbc.org/practicestandards.asp

Appendix A

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

PRACTICE STANDARD

Number 3	**Effective:**	September 1, 2006
	Replaces:	January 19, 2003
		December 1996

ASSIGNMENT OF TASK TO A PHYSICAL THERAPIST SUPPORT WORKER

Assignment of Task: Transfer of a component of a physical therapy treatment plan to a physical therapist support worker (PTSW).

Physical Therapist Support Worker: an individual who works under the direction and supervision of a physical therapist.

Supervision: the means by which the physical therapist monitors the performance of the PTSW.

An individual who does not work under the direction and supervision of the physical therapist is not considered a PTSW.

1. The physical therapist must obtain informed consent from each patient for the involvement of a PTSW in the delivery of their physical therapy treatment plan. PTSW must be made aware that patient consent can be revoked at any time.

2. The physical therapist must explain to each patient the relationship between the physical therapist and the PTSW for the purpose of clarifying the difference in roles and responsibilities as they relate to patient assessment and treatment.

3. The physical therapist must ensure the PTSW is competent to carry out the assigned tasks.

4. The physical therapist is responsible for the physical therapy care assigned to the PTSW.

5. The assigned task must be recorded in the clinical record in accordance with Clinical Practice Statement No. 1 on Clinical Records.

6. To determine the appropriate level of supervision a physical therapist must exercise clinical judgment. The following factors should be considered:
   - Patient preference, practice setting, complexity of the assigned task and environment, competencies of the PTSW, acuity of the patient's condition, degree of judgment and decision making required to carry out the task, level of risk associated with the task, and patient's cognitive status.

7. Assigned tasks must be within the physical therapist's level of competence and be within the physical therapy scope of practice.

8. The physical therapist must ensure that the PTSW has been instructed in standard infection control measures (www.bccdc.org/content.php?item=194).

9. The physical therapist must ensure that the PTSW is aware of patient confidentiality standards (www.oipcbc.org/legislation/PIPA/PIPA(2006).pdf and www.oipcbc.org/legislation/FIPPA/FIPPA-ACT(18May2006).pdf and College Bylaw 60 on Registrant Records).

10. The physical therapist must be available for consultation.

11. The physical therapist must instruct the PTSW to recognize any adverse treatment reactions, cease treatment and immediately report to the supervising physical therapist.

12. The physical therapist must reassess the patient at timely intervals.

13. The physical therapist must make any changes to the treatment plan and record the changes in the clinical record.

14. Physical therapists must not assign any physical therapy task which has an evaluation component that immediately influences the treatment program. A physical therapist must not assign the following tasks to PTSW:
    - Interpretation of referrals, diagnosis, or prognosis
    - Performance of assessment/evaluative procedures
    - Interpretation of assessment findings
    - Discussion of physical therapy diagnosis or treatment rationale with anyone other than the physical therapist
    - Planning or initiating physical therapy treatment goals or programs
    - Tasks requiring a physical therapist's clinical judgment
    - Modification of treatment beyond established limits
    - Completion of documentation that is the physical therapist's responsibility
    - Electrotherapy (except neuromuscular stimulation or TENS)
    - Teaching of the assigned task to another person
    - Discharge planning

Additional Resources:

For information on informed consent see the *Health Care (Consent) and Care Facility (Admission) Act* at www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm and the *Infant's Act* at www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm.

For more information on confidentiality and disclosure see the *Personal Information Protection Act (PIPA)*at www.oipcbc.org/legislation/PIPA/PIPA(2006).pdf and the *Freedom of Information and Protection of Privacy Act* (*FOIPPA*) at www.oipcbc.org/legislation/FIPPA/FIPPA-ACT(18May2006).pdf on the Office of the Information and Privacy Commissioner for BC website at www.oipcbc.org. PIPA Hotline: 250 356 1851.

For information on Standard Precautions see the World Health Organization website at www.wpro.who.int/sars/docs/practicalguidelines/dec2004/chapter3.pdf.

For information on infection control visit the BC Centre for Disease Control website at: www.bccdc.org/content.php?item=194 or the Public Health Agency of Canada website at www.phac-aspc.gc.ca/dpg_e.html#infection.

College of Physical Therapists of BC. Clinical Practice Statement. Clinical Records. College of Physical Therapists of BC; 2000.

College of Physiotherapists of Ontario. Standards for Professional Practice, Physiotherapists Working with Support Personnel, 2005.

Saskatchewan College of Physical Therapists, Position Statement, Physical Therapist Assistants in Saskatchewan, 1997.

College of Physical Therapists of Alberta, Position Statement, Supervision and Delegation, 2005.

College of Physical Therapists of BC, Clinical Practice Statement, 3A and 3B Transfer of Function, 2003.

National Guidelines for Support Workers in Physiotherapy Practice in Canada, Canadian Alliance of Physiotherapy Regulators, 2000.

Competency Profile Essential Competencies of Physiotherapist Support Workers in Canada. Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association, July 2002.

Appendix B

College of Occupational Therapists of British Columbia

Practice Guideline

March 2004

Assigning of Service Components to Unregulated Support Personnel

COTBC Practice Guidelines are published by the College to assist occupational therapists in meeting the Essential Competencies of Practice (ACOTRO 2003) through:

- increasing registrant knowledge of responsibilities;
- describing expectations for practice;
- defining safe, ethical competent practice; and
- guiding critical thinking for everyday practice.

COTBC

College of Occupational Therapists of British Columbia

Store at Tab #5 of your Registrant Information & Resources Binder

Refer to Essential Competencies of Practice: #7.2.1; 7.3.1; 7.3.2; 7.3.3

College Bylaws: Part 5 – Professional Misconduct, section 68 (1-n)

Statement of Purpose

Occupational therapy support personnel have been working with occupational therapists in the field for over 50 years. A growing demand for occupational therapy services has been the result of increased awareness by other professionals and the public of the services occupational therapists provide. In an ongoing effort to deliver quality, accessible and cost effective, services within a timely manner, support personnel continue to assist occupational therapists to meet the needs of a greater number of clients.

The College endorses the appropriate use of support personnel in the delivery of occupational therapy services and believes this use facilitates access to occupational therapy services. In order to protect the public interest, occupational therapists must demonstrate accountability for the assigning process, including the decision to assign and the monitoring and supervision of the support personnel to whom the task is assigned. In order to maintain public confidence, occupational therapists must ensure that the assignment will result in a quality outcome and client safety.

This document serves as a guideline for the decision-making occupational therapists engage in when assigning components of their service to support personnel in order to ensure safe, ethical and effective service delivery.

This document is not intended to define roles and titles of support personnel, which vary with different services throughout the province.

Definition of Assignment

The process by which an occupational therapist designates another service provider, other than an occupational therapist, to deliver specific occupational therapy service components. The recipient of the service components is a client of the occupational therapist. The occupational therapist transfers responsibility for the performing of the service component to the support personnel while retaining accountability for the outcome of the overall program/care plan. This responsibility remains the same regardless of the support personnel to whom the service is assigned.

For the purpose of this guideline, the definition of "assignment" is broad and considered synonymous with terms such as "delegation", "transfer of function" and other terms that may be used within a particular practice setting with support personnel in the delivery of client services. Although various terms may be used in policy development in different practice settings, it remains the occupational therapists responsibility to assign appropriately.

Key Responsibilities

The occupational therapist has the responsibility to demonstrate appropriate assignment and monitoring, and to document the process. Occupational therapists assigning a component of occupational therapy service ensure that:

Refer to definition of "consultation" on page 7.

The client

- understands and consents to the provision of the service by the unregulated support personnel; and
- receives care that is not compromised by the assignment.

The support personnel

- acknowledges accountability to the occupational therapist in completing the task;
- understands his/her roles and responsibilities;
- receives appropriate training to carry out the procedures of the occupational therapy intervention;
- is competent to provide the service safely and effectively;
- receives appropriate and timely supervision;
- understands how and when to contact the supervising occupational therapist, particularly in an emergency situation;
- is monitored and evaluated by the occupational therapist on a regular basis and as required to ensure expected outcomes are obtained;
- changes or modifies the task only within limits established by the occupational therapist; and
- may record his/her direct interactions with the client as directed by occupational therapist.

The occupational therapist's documentation

- includes evidence that appropriate consent has been obtained;
- includes the assignment, monitoring, and completion of occupational therapy service components;
- includes on the formal record, when support personnel notes are present, that these notes were reviewed in revising occupational therapy services; and
- is kept in accordance with College bylaws and other guidelines on the essential competencies of practice.

Practice Expectations

Steps in assigning

- Assessment of the client's care needs
- Assessment of the practice setting and environment
- Assessment of support personnel competence to deliver assigned tasks
- Assignment of the component to competent support personnel
- Establishment of appropriate supervision and communication plan
- Ongoing evaluation of the service to ensure it is safe, ethical, effective and appropriate
- Appropriate termination of assigned component
- Documentation of the assigning process throughout

Categories of components that are not assigned

Components that are not assigned include:

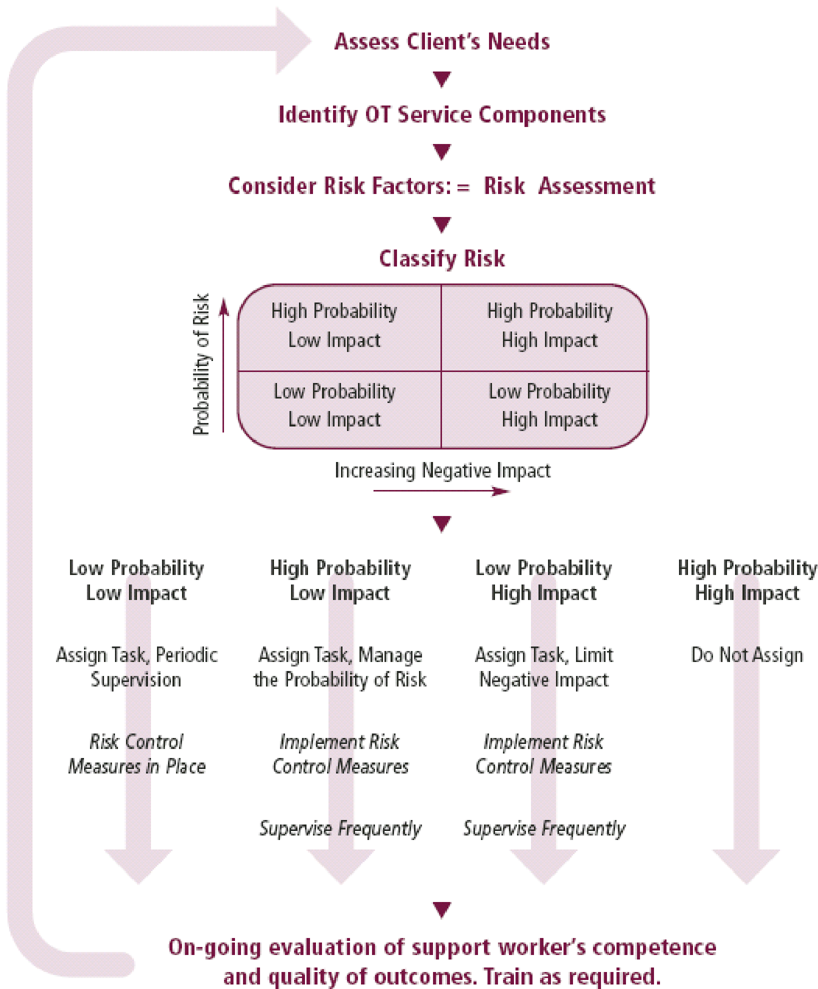
- interpretation of a referral;
- initial assessments and reassessments;
- administration of standardized diagnostic tests;
- interpretation of assessment findings;
- intervention planning, and determination of goals, and objectives;
- selection of treatment strategies or procedures;
- modification of an intervention beyond established limits;
- decisions regarding interventions where continuous clinical judgment is necessary to closely monitor and guide client progress;
- determination of caseload;
- personal counseling of clients, parents, primary caregivers, spouses, and significant others;
- decisions about the initiation or termination of intervention;
- referral of a client to other professionals or agencies; and
- discharge planning.

Critical thinking

Assigning components is not always straightforward. The process requires that the occupational therapist apply continuous clinical judgment based on clinical knowledge and risk management principles (risk assessment and risk control).

Critical Thinking Decision Tool

The following decision loop (tool) provides a guideline:



Risk Factors:

CLIENT FACTORS: (Stability and complexity of condition including physical, mental & social; predictability of change of condition; client's ability to direct care and give informed consent; economic; cultural)

COMPONENT FACTORS: (Risk of harm from doing / not doing the intervention; complexity; amount of knowledge and skill required; client-specificity; site specificity; need for ongoing clinical judgment)

ENVIRONMENT FACTORS: (Of practice setting; physical barriers / hazards; predictability of changes)

PRACTICE FACTORS: (Adequate time to supervise and document process; availability of support personnel; support for the assigning process within the practice setting; availability and stability of resources)

Supervision planning

The main purpose of supervision is to ensure that the component is delivered in a safe, ethical and effective manner. This requires:

- ongoing monitoring of the competence of the support personnel; and
- concurrent ongoing evaluation of the outcomes of the intervention.

Supervision planning includes outlining the methods and frequency of supervision. The occupational therapist ensures the support personnel understand the plan for reporting and methods of communicating.

Monitoring support personnel competence is ongoing by means of regular contact with the support personnel and along with observation of interventions and/or client-personnel interactions may involve a combination of methods such as:

- review of support personnel's notes;
- case reviews;
- input from the client, family, caregiver and other team members; and
- informal or formal meetings face-to-face, by email, fax or telephone calls.

Evaluation of the assigned service by the occupational therapist includes consideration of:

- ability of the support personnel to carry out the component as instructed;
- attainment of service/or program outcomes;
- client and other stakeholder satisfaction with services; and
- cost efficiency of service provision.

Results of the evaluation are documented by the occupational therapist. This includes any variances in the completion of the assigned service from the instructions provided by the therapist. Any changes, modifications or withdrawal of the assigned tasks are to be directed by the occupational therapist.

It is critical that the occupational therapist exercise professional judgment in determining the number of support personnel that can be supervised to ensure effective safe and appropriate care is provided.

If the occupational therapist is aware that the support personnel has been assigned components from other professionals in addition to the occupational therapist, then communication mechanisms and supervisory responsibilities may need to be clarified for the assigned OT tasks.

Documentation/Client Records

An occupational therapist keeps records as set by the College. More specifically, this involves: recording the information that identifies the support personnel who is to perform a service component (e.g. job title, employing agency); the component(s) assigned; and the supervision process, including the critical thinking involved in decision-making.

The support personnel to whom the occupational therapy service component was assigned may record his/her direct interactions with the client .The occupational therapist records on the formal record that these notes were reviewed in determining future service planning for the client.

Definitions

Definitions taken from Guidelines for the Supervision of Assigned Occupational Therapy Service Components (CAOT, 2003).

consultation

The process of providing expert advice, education and/or training or facilitating problem-solving regarding a specific issue with another service provider, on a time limited basis. The consultant occupational therapist is not assigning occupational therapy service components and does not have continuing responsibility for supervising the quality of the ongoing service of the provider.

occupational therapy service component

Any task related to the delivery of the occupational therapy service.

occupational therapy support personnel/workers

Any service providers who are not qualified occupational therapists but are knowledgeable in the field of occupational therapy through experience, education and/or training and directly involved in the provision of occupational therapy services under the supervision of an occupational therapist..

qualified occupational therapist

An individual who is registered or certified by a provincial regulatory body as an occupational therapist or in the absence of a territorial regulatory body, meets the requirements for individual membership in CAOT.

supervision

A process in which two or more people participate in a joint effort to promote, establish, maintain or increase a level of performance and service. One person is identified as having ultimate responsibility for the quality of service.

References

Alberta Association of Registered Occupational Therapists. (2002) *Draft Position Statement on the Delegation of Occupational Therapy Services to Support Personnel.* Unpublished Position Statement. Edmonton, AB: author

Canadian Association of Occupational Therapists. (2003). *Guidelines for the Supervision of Assigned Occupational Therapy Service Components.* Ottawa, ON: author. Retrieved online at http://www.caot.ca/default.asp?ChangeID=1&pageID=579

College of Occupational Therapists of Ontario (1996) *Practice Guideline: Assigning of Service Components to Non-Registrants.* Toronto, ON: author

www.cotbc.org

Appendix C

9912 Lougheed Highwa
Burnaby, BC, V3J 1N

BRITISH COLUMBIA ASSOCIATION OF SPEECH LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Position Paper: Guidelines For The Use Of Support Personnel (Speech/Language or Audiology Assistants)

Following are guidelines for the use of Supportive Personnel (Speech/Language Assistants (SLA]/Audiology Assistants [AA]) prepared by British Columbia Association of Speech and Language Pathologists and Audiologists. BCASLPA does not mandate the use of supportive personnel. We believe that the responsible use of unregulated supportive personnel who are trained to carry out specific duties under the careful and consistent direction and supervision of a registered Speech Language Pathologist or Audiologist (hereinafter referred to as SLP or AUD and referred to in the male gender) can enhance the services provided to selected communicatively disordered individuals.

Many of the general and specific guidelines in this document will be more specific to SLAs than to AAs. Supportive Personnel for Audiologists in B.C. can be broadly categorized into 3 basic categories. Public Health Audiometric Technicians, Licensed Hearing Instrument Specialists, and nurses or medical technicians in doctors' offices. Substantial regulation is provided in the first two categories. Public Health Audiometric Technicians are regulated in their duties through a uniform province-wide job description. They also must function under the general supervision of a public health audiologist. Licenses Hearing Instrument Dispensers are licensed by and function under the general auspices of the Board of Hearing Aid Dealers and Consultants. They are also regulated through various provisions in the Hearing Aid Act. In a more general sense, if they are a member of the Hearing Instrument Specialist Society of BC (HISSBC), they must adhere to the HISSBC code of ethics. Supportive personnel in many Ear, Nose and Throat Specialists' offices will also perform audiometric and tympanometric screenings, as necessary. This latter group of supportive personnel is not formally regulated and the best of our knowledge, established guidelines for these personnel do not exist. However, their duties and responsibilities are supervised by a member of the College of Physicians and Surgeons, and to date, BCASLPA has not been aware of any formal complaints regarding supportive personnel in doctors' offices. However, guidelines for the role of such supportive personnel should nevertheless be addressed once the College of Audiologists and Speech/Language Pathologists is formed.

The following document uses feminine pronoun and adjective forms for the sake of clarity and brevity.

GENERAL GUIDELINES

The supervising SLP/AUD has the final responsibility for client/patient/student management including all services provided or omitted.

Since the SLP/AUD is responsible for all professional services provided to patients/clients/students, the member must determine the manner in which she carries out her supervisory role. These guidelines are provided to assist members in this process.

BCASLPA recognizes that variations in work settings and conditions may necessitate modifications in ways supervision is provided to assistants. It is important however that departures from these guidelines for supervision do not result in any risk to the client.

An SLA or AA should be hired to support the work carried out by the SLP/AUD and never replace the SLP/AUD. Since supervision hours may increase an SLPs or AUDs work responsibilities, an adjustment to her caseload may be necessary when making the decision to hire an SLA or AA.

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The SLP/AUD make the final determination as to which patients/clients/students are appropriate for the SLA/AA to support. The SLP/AUD should never feel pressure from employers to have an SLA/AA provide service to patients/clients/students she does not deem appropriate.

SPECIFIC GUIDELINES

The SLP/AUD must determine whether the patient's/client's/student's needs or communication disorder precludes the provision of services from anyone other than a qualified, registered SLP/AUD.

BCASLPA does not mandate the use of supportive personnel in the provision of professional services. The SLP/AUD must determine when his skills are time will be put to better use through the use of supportive personnel. The member must likewise determine when it is not in the best interest of the consumer to use supportive personnel.

The decision as to whether certain tasks, procedures or activities can be performed adequately by persons other than the SLP/AUD must be made by the supervising SLP/AUD. An SLP should never feel obliged to use a SLA/AA if there is any question that quality of service may be compromised.

1. Personnel who assist the speech/language pathologist or audiologist in the delivery of clinical services to clients/patients/students must work under the direction of the speech/language pathologist or audiologist.

   SLPs/AUDs should normally work in the same physical setting as the SLA/AA.

   A written rationale should be available and arrangements made for any exceptions.

   If the supervising SLP/AUD leaves the employment setting for any reason (i.e., maternity leave, prolonged illness, change of employment, etc.) the SLP/AUD must notify the employer that the SLA/AA will no longer be working under supervision and that it is essential for the employer to arrange for another SLP/AA to provide supervision.

   BCASLPA recommends that whenever possible the supervising SLP/AUD has no less than two years experience in the profession prior to undertaking a supervisory role. BCASLPA understands that this is not always possible but believes that this is a goal to which members and employers should aspire.

   Supervision skills should be developed and updated through educational courses and continuing education opportunities.

   It is not permissible for SLP/AUDs to receive payment from or otherwise be in the employment of SLAs/AAs whom they supervise.

2. The work to be performed by the SLA/AA is assigned by the SLP/AUD.

   The supervisory SLP/AUD must be sufficient face-to-face contact with the patients/clients/students assigned to the SLA/AA that adequate planning for the effective delivery of support services can occur. As stated in the general guidelines this may necessitate a reduction of caseload assigned to the supervising SLP/AUD.

   There must be regular contact between the SLP/AUD and SLA/AA for program planning discussion and the monitoring of progress.

   Work assignments must be commensurate with the skills of the SLA/AA. The scope of the procedures to be carried out by the SLA/AA must be clearly stipulated and understood by SLP/AUD, employer, client (or parent) and staff personnel. This would include indicators when further assistance from the supervising SLP/AUD is required.

The performance of the duties assigned to the SLA/AA and the progress of patients/clients/students will be monitored through such means as will allow the member to assume professional responsibility for all services rendered.

In accordance with accepted standards of practice in the profession of speech/language pathology as outlined by the Canadian and American professional associations of audiology and speech language pathology and in accordance with BCASLPAs preferred practice guidelines as they are developed,

THE FOLLOWING TASKS MAY BE ASSIGNED TO A SPEECH/LANGUAGE ASSISTANT:

a) Deliver direct support programs to patients, clients, students selected by, and specifically supervised by the SLP.

b) Follow documented treatment/remediations plans or protocols developed by the supervising SLP.

c) Document patient/client/student progress toward meeting established objectives as stated in the treatment/remediation support plan, and report this information to the supervising SLP.

d) Assist the supervising SLP during screening, assessment process if requested and specifically trained by the SLP.

e) Assist with informal documentation, prepare materials and assist with other programs.

f) Participate with the supervising SLP in in-service training and public relations programs.

THE FOLLOWING TASKS ARE OUTSIDE THE SCOPE OF A SPEECH/LANGUAGE ASSISTANT:

The Speech/Language Assistant may NOT:

a) Perform standardized or non-standardized speech and language tests, formal or informal evaluations, interpret test results, or conduct speech/language screening procedures.

b) Participate in parent conferences, case conferences or any interdisciplinary team meetings without the presence of the supervising SLP.

c) Provide patient/client/student counselling.

d) Communicate with the patient/client/student, family or others regarding any aspect of the patient's/client's/student's status or service without the specific consent of the supervising SLP.

e) Write, develop, or modify a patient's/client's/student's individualized treatment/remediation/support plan in any way.

f) Assist with patients/clients/students without following the individualized treatment/remediation/support plan prepared by the supervising SLP or without access to supervision.

g) Sign any formal documents unless countersigned by the supervising SLP.

h) Schedule patients/clients/students for service.

i) Discharge patients/clients/students from service.

j) Disclose clinical or confidential information either orally or in writing to anyone not specifically

designated by the supervising member.

k) Make referrals for additional services.

l) Represent herself as an SLP or in any way advertise that she can provide specific speech and language therapy services.
Where possible the SLP/AUD who will have supervisory responsibilities should participate in the selection of the SLA/AA.

While the SLP/AUD may not have final decision making responsibility for hiring of SLAs/AAs, she should be involved in development of guidelines of specific job responsibilities of SLAs/AAs and should be integrally involved in the interviewing process.

The SLP/AUD should have involvement in regular performance reviews of the SLA's/AA's job performance.

3. To the best of her ability the SLP/AUD ensures that the unregulated service provider has the setting.

4. The supervising SLP/AUD performs her supervisory activities in an accountable manner.

5. The consumer is informed when supplementary services are provided by a Speech/Language or Audiology Assistant in addition to those provided by a Speech/Language Pathologist.

REFERENCES

1. College of Audiologists and Speech Language Pathologists of Ontario "Guidelines for the Use of Supportive Personnel", June, 1997

2. Consortium Organizations (ASHA, CEC, DCCD, CASE, DEC, CLSHCSEA), "Report of the Consortium of Organizations of the Preparation and Use of Speech-Language Paraprofessionals in Early Intervention and Education Settings", January, 1997

3. Guidelines for the Use of Support Personnel in Speech-Language Pathology (Speech, Language Hearing Association of Alberta)

4. Past documents of other Speech and Language associations.

Submitted by BCASLPA Ad Hoc Committee on Supportive Personnel, approved by BCASLPA Provincial Council September 18, 1999

Approved by BCASLPA Provincial Council as a Position Paper, April 2001

Appendix D

Job Description Sample A

Modified from Calgary Health Region

Working Title:	Therapist Assistant – Rehabilitation Services
Classification Title:	THERAPIST ASSISTANT
Department/Program:	Rehabilitation Services
Supervisor:	Head of Rehabilitation Services

A Position Summary:

This is a support position for rehabilitation services. The incumbent provides direct and indirect patient care activities under the direction of a Physical Therapist, Occupational Therapist, Speech Language Pathologist and/or Recreation Therapist. The job also entails non patient care activities to support the efficiency of rehabilitation services.

B Key Responsibilities:

PERFORMS PATIENT CARE ACTIVITES UNDER THE DIRECTION OF A LICENCED THERAPIST (60 – 80%)

Assists or conducts following patient care activities as per service area requirements:

- Basic ADL's (dressing, undressing, bathing, grooming, use of adaptive equipment)
- Cognitive / perceptual training
- Verbal Communication/ oral functioning
- Fabrication of Splints
- Sewing
- Mobility (e.g. transfers, ambulation)
- Equipment and adaptations (e.g. mobility aids, wheelchair, dressing, kitchen aids)
- Therapeutic modalities (e.g. TENS, NMES)
- Individualized activity/ exercises (e.g. ROM, stretches, strengthening, ADL's- self care)
- Chest physio (e.g. Deep Breathing and Coughing, manual vibrations, percussions) as directed
- Groups (discussion, activity based, educational and training)
- Community Outings
- And:
- Recognizes signs and symptoms requiring change in treatment (e.g., side effects, signs of distress)
- Is aware of contraindications and treatment precautions
- Is aware of basic anatomy, physiology, medical or psychiatric condition
- Prepares patient and treatment activities and tools
- Provides appropriate patient treatment interactions (e.g. ensure patient safety, provide cueing, maintain confidentiality, basic observations of clients response and behaviour)
- Discusses treatment procedure to be performed with child/family (e.g. obtains consent, explains role to child/family, explains plan for session)

NON PATIENT CARE DUTIES (20-40%)

- Is responsible for equipment pickup/ drop-off (CPM, W/C, Walker, ADL Equip., seating system etc.)
- Accesses information re: patients (Charts, TDS, Team members)
- Attends team meetings
- Completes inventory/ maintenance checks (e.g. splinting supplies, equipment and supplies)
- Is responsible for Department Maintenance/ Safety
    - Orders Equipment
    - Stocks/restocks inventory
    - Prepares Rx area
    - Completes routine regular safety checks
    - Ensures WHMIS
    - Prepares pt. care stock items
    - Cleans the treatment areas and equipment
- Stocks child/family education handouts
- Prepares/ sews stock supplies and adaptive items
- Reports maintenance/safety issues
- Assists therapists with organization and cleaning of the therapy work areas.

- Completes monthly workload measurement statistics.
- Attends staff meetings and inservices.

D Qualifications: (Minimum Required)

Formal Education

- Graduate of a recognized Therapist Assistant Diploma program;
- Current CPR certification required.

Prior Experience

One to three years therapist assistant experience preferred. Experience working with children.

Knowledge, Skills, Abilities

- CPR Basic certification
- Effective communication and interpersonal skills
- Attention to details
- Ability to work collaboratively with a variety of colleagues
- Ability to take direction from multiple sources and to set appropriate work priorities

F Working Conditions: (Physical and mental/visual)

Special Job Characteristics
Unique Physical and Mental Demands

- Good physical strength.
- Excellent body mechanics and endurance required as lifting and moving of patients and equipment is required.
- Initiative, good imagination, sensitivity, and patience are required.
- Good communication skills are necessary for communication with both patients and staff.
- Must be able to work within a flexible schedule. Shifts may change dependent upon patient needs.

Unique Working Conditions

- May work indoors or outdoors as weather and patient condition permits.
- May be required to work evenings and weekends.
- May be exposed to and/or work with chemical solutions for cleaning equipment.

Special Equipment and Work Aids Used

- A wide variety of materials pertaining to rehabilitation.

G Complexity and Independent Judgment:

Complexity of Duties

- Must exercise good judgment when responding to changes in patient's condition.
- Must be able to follow directions (both written and verbal).

Sample Speech-Language Pathologist Assistant Job Description

Modified from BC School District No.8

Job Title: Speech-Language Pathologist Assistant

Job Summary: An employee who, under the direction of the Principal and under the supervision of a Speech-Language Pathologist, provides Speech Therapy support for students with special needs.

Job Requirements:

1. Therapist Assistant Diploma in Speech-Language Pathology (SLPA) or two years or two thousand (2000) hours experience and practice in a school system communication disorders program (SLP services) working under the supervision of a certified Speech and Language Pathologist.
2. Ability to communicate appropriately with other staff members, students, parents, and the public.
3. Excellent communication (oral and written) and interpersonal skills.
4. Ability to function and contribute as a team member, maintaining a professional attitude and confidentiality in working relationships with all school personnel, students, parents, and the public.
5. Ability to be flexible, and work with minimal supervision with good organizational skills.
6. Computer and augmentative technology skills required.
7. Ability to take directions and suggestions from supervisor or designate.
8. Ability to establish and maintain good working relationship with school personnel, parents, and students.
9. Ability to meet physical demands (i.e. moving equipment)
10. Valid BC Driver's License (class 5) may be required.
11. Must have understanding and knowledge of safe work practices.
12. Perform other job related duties as may be assigned.

Job Conditions:

Work may be physically, emotionally, and mentally demanding, depending on the assignment.

Appendix E

Sample Form to Establish Therapist Assistant Competency

Task/Activity	Competency Level: Novice	Competency Level: Proficient
Group Activities	Aware of purpose and plan of group. Assists in conducting the class with a therapist.	Within parameters established by supervising therapist, able to independently lead a group.
Paperwork Completion (i.e. Equipment loan form)	Requires cueing/assistance to locate required form and appropriately fill out	Independently able to locate and appropriately complete form according to facility protocol
Monitoring of Child's Exercise Program	- Requires cueing/reminding regarding child's limitations relevant to treatment. - Inadequate or inappropriate encouragement or motivation techniques.	- Within parameters established by therapist, modifies session appropriately when required due to child's performance/response. - Appropriately engages, motivates, and encourages child.

Appendix F

Penticton Regional Hospital

Rehabilitation Services: Physical Therapy

Rehabilitation Assistant Treatment Plan

Name:
N#:
Room:
Therapist(s):

Diagnosis: Acute / ALC	Precautions / Considerations:
Anticipated D/C Location: ☐ TBA ☐ Rehab ☐ Assisted Living ☐ Facility (EC/IC) ☐ Home (Alone/Family/HS)	

Goal:	Initial/ Date
Treatment:	
Goal:	Initial/ Date
Treatment:	
Goal:	Initial/ Date

Treatment:	
Goal:	**Initial/ Date**
Treatment:	

LEGEND: ✓ - treated, R - refused, N/A_- pt. not available

Month: ________________

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
PM																															

Month: ________________

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AM																															
PM																															

Month: ________________

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
PM																															

RA Initial / Date	Goal	Observations	Date Reviewed / Revised

Appendix G

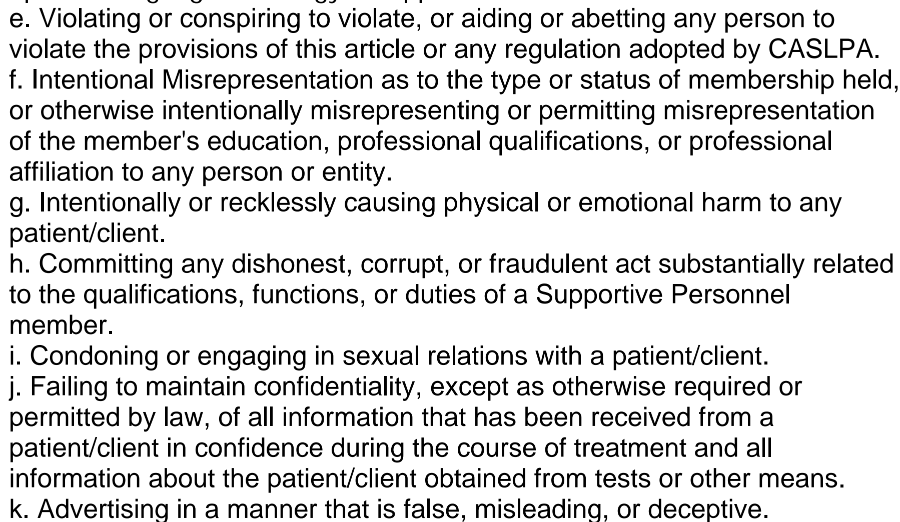
Code of Ethics for Supportive Personnel – Taken from the CASLPA

A. Duties and Responsibilities to the Patients and the Public
Supportive Personnel...
1. Shall meet national membership requirements.
2. Shall engage in only those aspects of practice that are within their own competence, considering their level of education, training, and experience, and within the competence of the supervising Speech-Language Pathologist or audiologist.
3. Shall not provide public or private services to clientele without a supervising Speech-Language Pathologist or an audiologist (direct or indirect).
4. Shall not discriminate in the delivery of services on the basis of race, ethnicity, gender, age, religion, nationality, sexual orientation, or disability. However, area of practice may be limited by age or disorder/specialty.
5. Shall not misrepresent, in any fashion, services rendered.
6. Shall maintain adequate records of services rendered and shall allow access to these records when appropriately authorized.
7. Shall not reveal, without authorization, any professional or personal information about the patient/client served unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.
8. Shall not accept compensation other than salary for services rendered.
9. Supportive Personnel whose services are adversely affected by substance abuse or other health-related conditions shall withdraw from the affected areas of practice where appropriate, seek professional assistance.

B. Duties and Responsibilities to the Supportive Personnel Profession
Supportive Personnel...
1. Shall not intentionally misrepresent their credentials, competence, education, training, or experience.
2. Shall continue their professional development throughout their careers.
3. Shall not disparage the skill, knowledge, or service of co-workers.

C. Legal Responsibilities
1. Every Supportive Personnel member must abide by the Code of Ethics for Supportive Personnel. Each member may be subject to disciplinary review and procedures as outlined in CASLPA policies.
2. CASLPA may deny an application for a Supportive Personnel member in speech-language pathology/audiology or take disciplinary action against that member for any of the following:
a. Engaging in unprofessional conduct, which includes, but is not limited to, the following:
i. Incompetence or gross negligence in performing speech-language pathology or audiology Supportive Personnel functions, education, clinical work, or fieldwork.
ii. Procuring a license, certificate, or registration by fraud or misrepresentation.
b. Making or giving any false statement or information in connection with the member's application for Supportive Personnel membership.
c. Being convicted of a misdemeanour or felony substantially related to the qualifications, functions, and duties of Supportive Personnel, in which event a copy of the record of conviction shall be conclusive evidence thereof.

d. Impersonating a Speech-Language Pathologist, an audiologist or other Supportive Personnel, or permitting or allowing another person to use the member's registration for the purpose of practicing or holding themselves out as a Supportive Personnel member in speech-language pathology or audiology.



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e. Violating or conspiring to violate, or aiding or abetting any person to violate the provisions of this article or any regulation adopted by CASLPA.

f. Intentional Misrepresentation as to the type or status of membership held, or otherwise intentionally misrepresenting or permitting misrepresentation of the member's education, professional qualifications, or professional affiliation to any person or entity.

g. Intentionally or recklessly causing physical or emotional harm to any patient/client.

h. Committing any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a Supportive Personnel member.

i. Condoning or engaging in sexual relations with a patient/client.

j. Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient/client in confidence during the course of treatment and all information about the patient/client obtained from tests or other means.

k. Advertising in a manner that is false, misleading, or deceptive.