



Frequently Asked Questions

Regarding the Use of Therapist Assistants in Pediatric Settings

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The therapist assistant (TA) is an emerging occupation in the delivery of pediatric rehabilitation services. Due to the relative infancy of this occupation, the majority of pediatric therapists and other stakeholders do not have extensive experience or a broad knowledge base for effectively utilizing therapist assistants.

The purpose of this document is to briefly outline several of the frequently asked questions posed by pediatric therapists and other stakeholders regarding the use of therapist assistants. Improved awareness of the therapist assistant occupation should alleviate some of the concerns of pediatric therapists and stakeholders regarding the use of support personnel. Several companion documents on the subject of TAs in pediatric settings have been written. They are “Researching the Role of Therapy Assistants to Support the Delivery of Pediatric Therapy Services in British Columbia,” “Sample Tasks and Activities Performed by Therapist Assistants in Pediatric Settings,” and “An Employer’s Guide to Hiring a Therapist Assistant.” These documents can be found at: http://www.therapybc.ca/pptc_updates.htm.

FAQ’s Regarding the Use of Therapist Assistants in Pediatric Settings

1. What type of training/education in pediatrics do therapist assistants receive?

Therapist Assistants (TAs) who have recently graduated from one of the public College/University education programs in BC (Okanagan College, Vancouver Community College, Capilano College) all have pediatric content in their curriculum. All existing programs have therapists with clinical pediatric experience on staff, and pediatric placements are usually available for students interested in practical experience in this area. The programs at Okanagan College, Vancouver Community College, and Capilano College are all 2 year Diploma programs. There is also a private education institution, CDI College, that offers a therapist assistant program.

The education received typically involves common pediatric conditions, gross and fine motor skill development, social, cognitive, visual motor, perceptual development, and basic handling techniques. Therapist Assistants also receive instruction on positioning and play activities to facilitate therapy goals established by the therapist. TA’s receive instruction on activity analysis and adaptation, augmentative communication, and assistive technology as well.

2. What is involved in the supervision of a therapist assistant?

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 still responsible for 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 Occupational Therapist and Physiotherapist professional regulatory bodies, and the BC Association of Speech-Language Pathologists and Audiologists provide detailed supervision guidelines. The following is an overview of their recommendations:

Physiotherapy (PT) - The College of Physical Therapists of BC (CPTBC - <http://www.cptbc.org>) recommends that the supervising physiotherapist assigning a task to a therapist assistant consider the following when determining the level of supervision required: Patient preference, practice setting, complexity of the assigned task and environment, competencies of the support worker, 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.

- Assigned tasks must be within the physical therapist's level of competence and be within the physical therapy scope of practice
- The supervising physiotherapist must be available for consultation.

Occupational Therapy (OT) - The College of Occupational Therapists of BC (COTBC - <http://www.cotbc.org>) describes how supervision requires ongoing monitoring of support personnel competence, and evaluation of therapy outcomes.

- Monitoring of assistants is through regular contact and observation of interventions, yet may also include review of the assistant's notes, case reviews, input from the client's family, and meetings via phone.
- COTBC has a Critical Thinking Decision Tool that aids a therapist in determining the appropriate level of supervision for an assistant performing an assigned task. The decision of whether to assign a particular task, and the degree of supervision required is indicated by the probability of risk and level of impact surrounding an OT service component.

Speech-Language Pathology (SLP) -The BC Association of Speech-Language Pathologists and Audiologists (BCASLPA - <http://www.bcaslpa.bc.ca>) recommends the supervising SLP work in the same physical setting as the assistant. A written rationale should be made for any exceptions. BCASLPA also recommends supervising SLP's have at least two years of clinical experience.

- Supervision consists of regular contact to discuss the intervention program, and the supervising SLP must have enough contact with the client to continue adequate service delivery planning.

The established guidelines would certainly suggest that supervision of a therapist assistant is possible in rural or remote settings. However, the supervising therapist who has performed the initial evaluation and developed the intervention plan would need to ensure the tasks and activities assigned to a therapist assistant are appropriate for indirect supervision. It should also be well established what scenarios require a re-evaluation by the supervising therapist (i.e. change in patient's social environment, change in patient's physical status).

3. How much time will I need to spend orienting a TA prior to assigning activities?

This depends on the tasks and activities you will be expecting the therapist assistant to perform. Although therapist assistants receive extensive training in their education programs, each will have their own unique level of expertise and experience. It is up to the supervising therapist to ensure the assistant is competent to perform any assigned task or activity. Therefore, the amount of time required to orient a therapist assistant is mainly dependant on how much instruction is needed to bring the assistant's competency in a particular task up to a level at which the supervising therapist is confident the treatment plan can be completed appropriately. Like any new employee, there will be some who are already demonstrating a good level of competence, and some who may require some on-the-job training to bring their skills up to a higher level.

Note: The facility or employer can help ease the time required in determining TA competency and in the set-up of a supervision plan by having policy and procedure in place to deal with the use of therapist assistants. Such strategies are discussed in the companion document "Employer's Guide to Hiring Therapist Assistants" (http://www.therapybc.ca/pptc_updates.htm).

4. Who is ultimately responsible for the child when a therapist assistant is involved with their care?

The supervising therapist is ultimately responsible for the patient when a therapist assistant is involved in service delivery. Professional regulatory bodies recognize that assigning of components of treatment are transferred to TAs, and have developed guidelines that must be followed by supervising therapists.

PT- The Physiotherapist is responsible for the physical therapy care assigned to the support worker (CPTBC, 2006).

OT- The supervising 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.” (COTBC, 2004)

SLP- The supervising SLP is responsible for all services provided, and decides which clients are appropriate to receive services from support personnel (BCASLPA, 2001). The supervising SLP is also responsible for developing a model of supervision.

In pediatrics in particular, the child is often receiving services from multiple therapies (i.e. OT and PT) at the same time. In cases where a therapist assistant is providing service to a child with multiple therapists, the TA will have more than one supervising therapist. For example, if an OT has assigned the therapist assistant the task of working on fine motor control with a client and a PT has assigned the task of working on trunk control activities with the same client, then the OT would be the supervising therapist for the fine motor control activities and the PT would be the supervising therapist for the trunk control activities.

5. What if the supervising therapist feels a therapist assistant is not competent to perform a task?

If the supervising therapist does not feel the TA is competent to perform the task then that task must not be assigned. The supervising therapist or facility would have to provide more training to bring the competency level of the TA up to a standard which would satisfy the supervising therapist.

6. Are Therapist Assistants a regulated healthcare occupation? Do they have a code of ethics to follow?

As with any employee, a therapist assistant will be bound to the policies and procedures of the organization/institution at which they are employed. The therapist assistant occupation does not have a regulatory body functioning to protect the public and provide disciplinary action when required.

A code of ethics for therapist assistants to follow is available if the therapist assistant has voluntarily decided to be a member of the support personnel category of a therapist association (PT, OT, or SLP).

7. What happens if a TA steps beyond their scope of practice, or is performing in an unsafe/inappropriate manner?

Due to the lack of regulation of this occupation all matters of discipline, safety, or competency issues involving a therapist assistant will have to be addressed by the facility. Issues surrounding the treatment plan or supervision plan developed by the supervising therapist are addressed by the supervising therapist's professional regulatory body.

8. What type of activities are TAs NOT able to perform?

CPTBC, COTBC, and the BCASLPA all have guidelines regarding certain tasks and activities that can NOT be assigned to a therapist assistant. In general, activities such as the interpretation of referrals and the performance of initial assessment procedures can not be assigned to therapist assistants. TAs are also not to administer standardized tests or perform intervention planning activities such as the setting of goals and objectives. The personal counseling of the client or the client's family is also not to be assigned therapist assistants.

A therapist assistant can NOT initiate any sort of intervention with a client unless a supervising therapist has performed an assessment on the client and developed an intervention plan. The supervising therapist assessing a pediatric client will often involve the family in the setting of goals and objectives, and should also determine a plan for re-evaluation. The following is an overview of the respective professional guidelines:

- PT:**
- Tasks having an evaluative component that immediately influences the treatment program
 - Interpretation of referrals
 - Interpretation of diagnosis, or prognosis
 - Performance of assessment and 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 for neuromuscular stimulation and TENS)
 - Teaching of the assigned task to another person
 - Discharge planning

- OT:**
- Interpretation of a referral
 - Initial assessment and reassessments
 - Administration of standardized diagnostic tests
 - Interpretation of assessment findings
 - Intervention planning
 - Determination of goals and objectives
 - Selection of treatment strategies
 - Modification of an intervention beyond established limits
 - Decisions regarding interventions where continuous clinical judgment is necessary
 - Determination of caseload
 - Personal counseling of clients or their significant others
 - Decisions about the initiation or termination of intervention
 - Referral of a client to other professionals or agencies
 - Discharge planning
- SLP:**
- Perform standardized or non-standardized speech and language tests, formal or informal evaluations, interpret test results, or conduct speech/language screening procedures
 - Participate in parent or case conferences, or in any interdisciplinary meetings without the presence of the supervising SLP
 - Provide parent or client counseling
 - Communicate with the patient or family regarding any aspect of the patient's status or service without the specific consent of the supervising SLP
 - Write, develop, or modify a patient's individualized treatment plan in any way
 - Assist with patient without following the individualized treatment plan prepared by the supervising SLP or without access to supervision
 - Sign any formal documents unless countersigned by supervising SLP
 - Schedule or discharge patients for service
 - Disclose clinical information to anyone not specifically designated by the supervising member
 - Make referrals for additional services
 - Represent her/his self as an SLP or in any way advertise that they can provide specific speech and language therapy services

9. What are the documentation requirements of the supervising therapist and the therapist assistant?

Documentation requirements may vary depending on the respective employer's policy and procedure surrounding documentation. In addition, each therapy discipline provides guidelines regarding the performance of documentation by therapy assistants:

PT- The supervising PT must record the assigned task in the clinical record, and any changes in the treatment plan. The therapist assistant can document according to facility/employer guidelines; however, the therapist assistant is not to perform any documentation that is the physiotherapist's responsibility.

OT- According the COTBC, 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

SLP- The BCASLPA 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).

References

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