Sample Tasks and Activities

Performed By

Therapist Assistants in Pediatric Settings

July 2007

Introduction

Physiotherapists (PT) and Occupational Therapists (OT) are regulated healthcare professions, and the types of tasks and activities they may assign to therapist assistants are controlled by their respective provincial regulatory bodies. Speech-Language Pathologists (SLP) are not currently a regulated profession in BC; however, their provincial association provides guidelines regarding the assignment of tasks to SLP assistants. The guidelines provided to the three professions are very effective at outlining supervision guidelines and the types of tasks that can NOT be assigned to assistants; however, the guidelines are fairly general in nature regarding appropriate activities therapist assistants may be able to perform. This document attempts to provide the reader with specific tasks and activities that may be assigned to therapist assistants working in pediatric settings. These suggested pediatric tasks and activities also conform to the guidelines developed by the PT and OT professional regulatory Colleges, and the SLP provincial association. The purpose is to increase awareness of the types of tasks competent therapist assistants are trained to perform in an effort to facilitate the use of this occupation in pediatric settings.

"Researching the Role of Therapy Assistants to Support the Delivery of Pediatric Therapy Services in British Columbia" was commissioned by the office of the Provincial Pediatric Therapy Consultant. In addition to this document, "Sample Tasks and Activities Performed by Therapist Assistants in Pediatric Rehabilitation Settings," there are two additional companion documents as a result of this project: "Frequently Asked Questions Regarding the Use of Therapist Assistants in Pediatric Settings," and "An Employer's Guide to Hiring a Therapist Assistant." All of these documents are intended to support the effective utilization of therapist assistants in BC pediatric rehabilitation settings. These documents can be found at: http://www.therapybc.ca/pptc_updates.htm.

Prior to discussing sample tasks and activities performed by therapist assistants, this paper will first discuss the issues of competence, child status, and consent.

Competence

There are several factors that must be in place before a task or activity can be assigned to a therapist assistant, and one such factor is competence. The ability of a therapist assistant to perform a certain task can vary from a novice level where assistance and cueing from the supervising therapist is constantly required, to an expert level where the therapist assistant has the skill to independently perform many tasks and appropriately modify activities within parameters set by the supervising therapist. The level of competence of the therapist assistant with a particular activity or task will dictate whether it can be assigned, and what level of supervision the therapist must provide. The paper "An Employer's Guide to Hiring a Therapist Assistant" provides a sample checklist that may be used to simplify the process of establishing competence.

Child Status

This is a unique and very important area to consider in pediatric settings. The communication abilities of the pediatric client are frequently limited, and the family plays a key role in rehabilitation. In addition, there are often behaviors exhibited by a child that require the interpretation of an experienced pediatric therapist before continuing with an intervention. Other factors that contribute to the status of a child include medical conditions, normal age-related development, family situation, and community support. This often results in clinicians utilizing their clinical judgment skills when providing intervention. The extent of continuous clinical judgment that must be utilized during a particular task or activity will again dictate what type of task can be assigned and the level of supervision required.

Consent

Consent to receive intervention from a therapist assistant for a particular task or activity must be obtained by the supervising therapist from the child's parent/guardian before any service is delivered by a therapist assistant. This consent should be documented.

Sample Tasks and Activities

This list of sample tasks and activities that therapist assistants may perform in pediatric settings has been compiled through several resources: therapist assistant job descriptions, discussions with pediatric therapists supervising therapist assistants, and the literature (see reference list). The assembled tasks and activities were then cross-referenced with the professional regulatory body guidelines to ensure compliancy. Potential duties have been organized into non-direct tasks not involving child/family contact, and direct activities involving contact with the child/family.

Non-Direct Child/Family Care Tasks:

Treatment Set-up

- Organization/preparation of treatment area
- Preparation and cleaning of equipment, tools, devices to be utilized in treatment session
- Removal of any potential hazards so area is safe
- Clean-up of area once session completed

Equipment/Tools

- Modification/fitting of ambulatory/positioning aids such as standing frames, crutches, walkers, strollers, power and manual wheelchairs
- Splint finishing
- Sewing of items requiring fabrication, modification, or adaptation
- Performing inventory, equipment ordering as per therapist's instructions
- Assisting with equipment loan programs
- Assisting with the process for equipment purchasing

Recording and Reporting

- Appropriate communication and documentation with supervising therapist re: patient progress/status
- Appropriate communication both written and verbally with other agency healthcare disciplines involved in care of client re: patient schedule and status
- Charting of appropriate information according to agency/employer policy and procedure
- Compiling and photocopying handouts and information sheets for home programs, as directed by supervising therapist
- Maintenance of statistics according to agency/employer policy and procedure

Clerical/Administrative

- Appointment scheduling
- Photocopying resources and information
- Filing
- Participate in appropriate staff and committee meetings
- Follow-up phone calls, surveys
- Other appropriate clerical/administrative functions as designated by the agency

Direct Child/Family Care Activities:

General

- Ensuring safety at all times
- Awareness of indications, contraindications, and precautions relevant to the intervention
- Recognizing signs and symptoms that require treatment modification
- Awareness and practice of confidentiality
- Providing encouragement of child during intervention
- Providing a second person to assist the therapist in activities such as motor skills, managing equipment, transfers, positioning and handling to improve safety during intervention

Equipment/Adaptive Aids

- Adjustment of ambulatory aids
- Sewing and adjusting for fit and client comfort of custom or stock items
- As per therapists instruction, provision of adaptive aids and instruction in their use
- As per therapists instruction, orthotic adaptations and instructions in use

Gross Motor Skills/Mobility

- Transfers, including use of mechanical lifts when applicable
- As per therapist's instruction, positioning techniques to encourage gross motor skill development (i.e. – rolling from supine to prone, ½ kneel to standing)
- As per therapist's instruction, positioning techniques to encourage postural and balance reaction development
- Instruction on safe stair use
- Balance exercises
- Appropriate use of ambulatory aids (i.e. – wheelchairs, forearm crutches), and knowledge of the various levels of weight-bearing status (i.e.- Partial weight-bearing)
- Performance of passive and active-assisted ROM
- Ability to instruct open and closed chain resisted exercises
- Run gross motor skill groups as set out by therapist

- Assisting with vestibular and suspended activities

Fine Motor Skills

- Teaching of grasp and grip according to therapist instructions
- Teaching of dressing skills, and other Activities of Daily Living (ADLs)
- Techniques to improve scissor skills, pen/pencil use as per therapist instruction
- Run fine motor skill groups as set out by therapist

Cognitive/Visual Perceptual

- Teaching of cognitive and visual perceptual skills as delegated by therapist
- Run groups in these areas as set out by therapist

Social and Life Skills

- Supervising and implementing treatment plans developed by therapist to improve social skills/life skills
- Assisting with groups to address social and life skills

Sensory Processing

-Carrying out a sensory based program developed by the supervising therapist.

Communication

- Preparation and activity planning for therapy sessions based on SLP goals
- Facilitating treatment activities based on SLP goals (articulation and language)
- Data collection during group therapy sessions
- Direct intervention with appropriate children, under the direction of the SLP

Tasks/Activities NOT to be assigned

The College of Physical Therapists of BC (CPTBC), the College of Occupational Therapists of BC (COTBC), and the BC Association of Speech-Language Pathologists and Audiologists (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 child or the child's family is also not to be assigned therapist assistants.

A therapist assistant can NOT initiate any sort of intervention with a child unless a supervising therapist has performed an assessment on the child and developed an intervention plan. The supervising therapist assessing a child should also determine a plan for re-evaluation.

Full details regarding supervision requirements and tasks not to be assigned can be found in the Appendices, or via the following links:

CPTBC : Appendix A

http://www.cptbc.org/word/PracticeStandards/No03AssignmentOfTaskToAPhysicalTherapistSupportWorker.doc

COTBC: Appendix B

http://www.cotbc.org/documents/AssignServiceComponents_mar04.pdf

BCASLPA: Appendix C

No online format of guidelines. Contact information at http://www.bcaslpa.bc.ca

The CPTBC states the following tasks are NOT to be assigned:

- 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

The supervising PT must ensure the therapist assistant is competent to carry out assigned tasks, and the PT must be available for consultation. Assigned tasks must be recorded in the clinical record.

The COTBC states the following tasks are NOT to be assigned:

- 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

In addition the supervising OT must ensure the therapist assistant is competent to provide the service safely and effectively, and receives timely and appropriate supervision. Therapist assistant interaction with the client is to be recorded as directed by the supervising OT.

The BCASLPA states the following tasks are NOT to be assigned:

- 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

The BCASLPA also suggests supervising SLP's work in the same physical setting as the assistant, and supervision consists of regular contact for program discussion. Due to the variability in the education and training of Speech-Language Pathologist Assistants it is recommended the supervising SLP and the employer develop a job description detailing tasks and levels of difficulty.

References

APTA (1997) *Utilization of Physical Therapist Assistants in the Provision of Pediatric Physical Therapy*

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

Zaslow, L. (1994) *PT: Magazine of Physical Therapy*. Is the PTA an Untapped Resource in Pediatric PT? Vol. 2(3), pp. 52-4

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.

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:

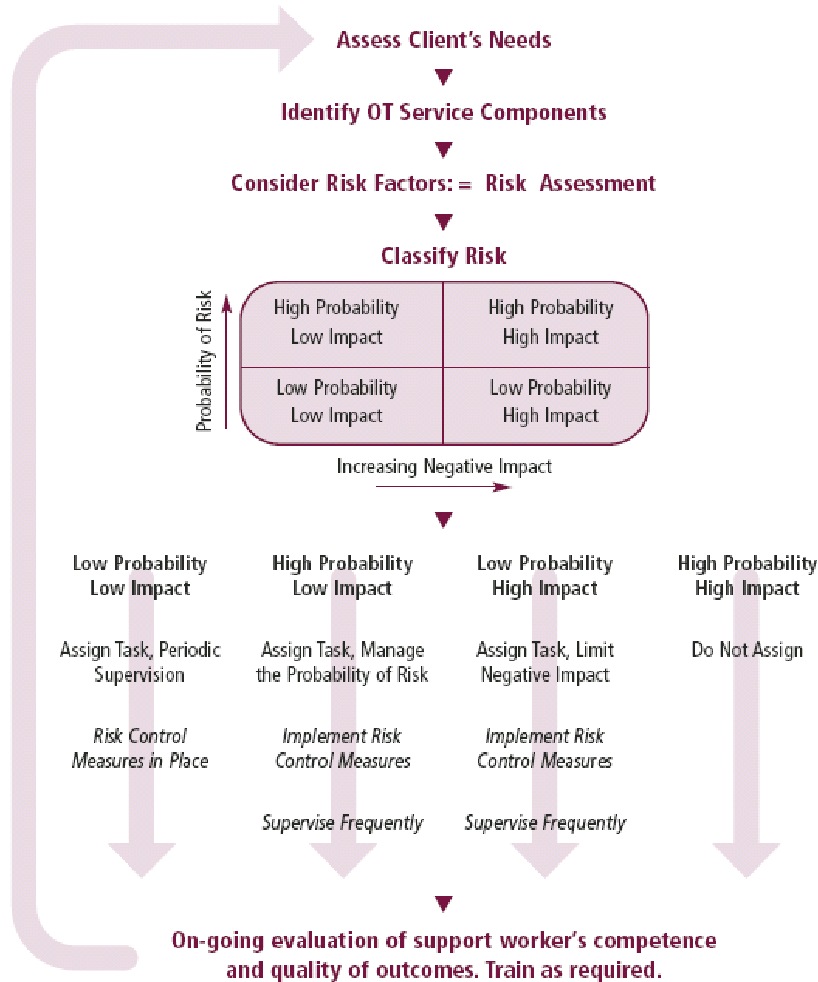
- interpretation of a referral;
- initial assessments and reassessments;
- administration of standardized diagnostic tests;
- interpretation of assessment findings;
- intervention planning, and determination of goals, and objectives;
- selection of treatment strategies or procedures;
- modification of 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

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Burnaby, BC, V3J 1N3

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.

Phone: 604-420-2222 *Toll Free:* 1-877-BCASLPA *Fax:* 604-420-4896 *Web:* www.bcaslpa.bc.ca

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

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