



Guidelines

Working with Support Personnel

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Purpose

The Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick (RCASLPNB) protects the public by regulating the professional practice of audiologists and speech-language pathologists in New Brunswick. RCASLPNB exists to ensure that the public receives competent, safe, and ethical audiology and speech-language pathology services.

This guideline addresses the responsibilities of the registered audiologist and speech-language pathologist (i.e.: registrant) when support personnel (SP) assist with service delivery. Registrants are permitted to exercise reasonable professional judgment in applying this guideline.

Exemptions

These Guidelines do not apply to persons receiving recommendations from a registrant, such as caregivers, substitute decision makers, or other professionals and communication partners. In these instances, the registrant is legally and ethically responsible for the consultative services provided and must determine that the recommendations and advice provided are appropriate and feasible for the patient/client and the persons receiving the advice.

Who Are Support Personnel?

Support personnel are individuals who, following academic or on-the-job training, assist the audiologist or speech-language pathologist by performing specific activities assigned to them. These tasks must fall within the limits of the SP's demonstrated competencies and be assigned with consideration for the complexity of the activity and associated risk to the patient/client.

They work under the clinical supervision of a registered audiologist or speech-language pathologist irrespective of the work setting. SP may hold a variety of working titles.

Refer to [Table 1](#) for a list of common support personnel job titles. The job titles are listed, but not exclusive to the examples below. The responsibilities of the supervising audiologist or speech-language pathologist do not vary based on the specific job title of support personnel.

Table 1: Support Personnel – Commonly Used Job Titles:

Audiology Assistant	Audiometric Technician	Communication Disorders Assistant	Communications Health Assistant
Hearing Aid Technician	Rehabilitation Assistant	Speech and Hearing Assistant	Speech-Language Assistant
Speech-Language Pathology Assistant	Speech-Therapy Assistant	Support Personnel	Therapist Assistant

Protected Titles

Support personnel are prohibited from using protected titles and abbreviations, either alone or in combination with other words, as they are not registrants of RCASLPNB. They are also not allowed to advertise in a manner that implies that they are an audiologist or speech-language pathologist.

Conflicts Of Interest



A registrant must refrain from entering into an employment agreement whereby they clinically supervise the person who employs them (whether in a paid or volunteer capacity). Standard of Practice 4.3, indicator L

A conflict of interest arises when an audiologist or speech-language pathologist is required to clinically supervise support personnel who also hold the authority to terminate or alter the registrant's employment or contract. In such situations, the clinician may be unable to provide objective supervision, as their ability to evaluate the support personnel could be influenced by the subordinate power dynamic. This situation compromises patient/client care. To protect patient/client safety and ensure professional integrity, this type of employment arrangement is not permitted.

Steps To Working with Support Personnel



STEP 1: Affirm Prerequisites



The RCASLPNB registrant should ask the following questions before assigning clinical - based activities to support personnel.

QUESTION	CONSIDERATION
Are there patients/clients who would benefit from services delivered by support personnel?	In some cases, certain tasks, such as implementing a home program, may be more suitably assigned to a parent, caregiver, or substitute decision-maker based on the nature of the activity.
Is the Support Personnel the most appropriate individual to carry out the specific clinical activity?	

Once it is determined that patients/clients would benefit from the involvement of support personnel, the audiologist or speech-language pathologist must carefully assess whether the support personnel possess the necessary skills and competencies to carry out the assigned tasks competently, safely, and effectively.

STEP 2: Understanding the Skill Set of the Support Personnel

Understanding the Skill Set of the support personnel



The supervising audiologist or speech-language pathologist should provide sufficient on-the-job training and orientation to support personnel as it relates to the clinical and employment context. ^{Standard}

of Practice 4.3, indicator B

Support personnel vary widely in their training and experience, ranging from formally educated therapy assistants and individuals with extensive practical experience, to those trained on the job, or those with **minimal or no prior experience** (see Table 2). In cases where formal education is lacking, it is the responsibility of the audiologist or speech-language pathologist to provide appropriate and sufficient training specific to the assigned tasks, to ensure the delivery of competent, safe, and ethical care.

Table 2: Support Personnel Knowledge, Skills, and Competence

Factor	Scale		
	Least Qualified		Most Qualified
SP Knowledge, Skills, and Competence	Limited or minimal on-the-job training	Some on-the-job training	Demonstrated or basic competency Therapy assistant diploma/bachelor's degree in communication disorders
	No past experience/minimal experience	Some past experience/less extensive experience	Recent/extensive experience
	Never conducted activity	Occasionally conducted activity	Frequently demonstrated skill
	Emerging or entry level competency	Demonstrated or basic competency	Demonstrated advanced competency
Training Needs	Basic training related to assigned activities &/or specific training on a new task required	Possible review of basic training &/or specific	Periodic refresher training &/or specific training on a new task required

		training on a new task required	
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Support Personnel Training Support Personnel

RCASLPNB does not regulate support personnel. Support personnel who train other support personnel with respect to direct client care without the direct supervision of an audiologist or speech-language pathologist put themselves at risk of violating the *Audiology and Speech-Language Pathology Act* by practicing as an audiologist or speech-language pathologist. The supervising audiologist or speech-language pathologist is legally and ethically responsible for all tasks assigned to the support personnel.

STEP 3: Determining the Activity Fit

Determining the Activity Fit

Support personnel may be involved in a variety of **patient/client service activities** and **administrative and support tasks** under the direction and supervision of the audiologist or speech-language pathologist.



The supervising registrant will optimize both patient or client safety and outcomes by considering the following when assigning clinical activities to support personnel:

- i. the competence of the SP,
- ii. the patient/client's individual needs, and
- iii. factors unique to the practice environment.

Standard of Practice 4.3, indicator C

All of these factors may influence the audiologist's or speech-language pathologist's decision to assign an activity. The safety and best interests of patients/clients must always remain the top priority. The audiologist or speech-language pathologist is responsible for carefully assessing the potential risks associated with service provision. These risks may include threats to patient/client safety, selection of an inappropriate intervention, or the

improper administration of an intervention. [Table 3](#) illustrates how these factors contribute to the overall level of risk.

Table 3: Determining the Activity Fit

ASSESSING ACTIVITY RISK					
					
	Low/Minimal Risk		High/Significant Risk		
Nature of the Activity - How complex is it? - Are there protocols or procedures in place? - How predictable are the outcomes? - Is the context complicated by the environment, involvement of others or limited supports?	Routine - performed often with well-defined context	Routine - mostly predictable context	Routine -but with more difficult or multifaceted context	Complex, well-defined context	Complex context
Likelihood of Adverse Event What risks are associated with the activity (consider the patient/client, SP, others)?	Significant time can elapse before errors have an impact	Some time before impact or errors are evident	Short time before impact or errors are evident	Impact may be evidenced prior to next monitoring opportunity	Errors have immediate/rapid impact
Patient/Client Factors - What is the severity, stability & complexity of the patient/client's condition? - What is the risk of deterioration or injury? - What is the degree of potential impact of the activity? - What is the patient/client's motivation or emotional state?	Stable Commonly encountered condition/issues	Stable Somewhat complex but familiar condition/issues	Fluctuating More complex or less familiar condition/issues	High degrees of fluctuation Complex and less familiar condition	Unstable Complex and unfamiliar
Anticipated Rate of change - How rapidly is the condition progressing or changing? - Are frequent modifications to the plan of care required?	Slow progress or decline with infrequent need for changes to strategies or plan of care	Moderate and predictable progress or decline with predictable need for changes in strategies or plan of care	Continuous progress or decline anticipated with regular need for review of strategies and plan of care	Continuous progress or decline with need for frequent modification to strategies and plan of care	Rapid progress or decline with modifications required during the course of each intervention
SP Competence & Confidence - Does the SP have current skill, knowledge & competence with the activity? - How frequently has the SP performed this activity recently? - Is the SP familiar with the required technology/equipment for this activity?	Able to anticipate outcomes and recognize the needs of the client quickly based on past experience Acts as a coach and mentor to peers	Competent across contexts; flexible when working within the parameters of the activity Recent and frequent experience	Self-sufficient and consciously aware of outcomes and required modifications Has experience and demonstrates competency in the given context	Basic competency and beginning understanding of potential adaptations Limited experience demonstrated in specific contexts	New to the activity and client population Requires frequent instruction or redirection from the therapist
Relationship with SP	Very established	More established	Established	Less established	Not established

Table adapted with permission from: Alberta Health Services (2016) Assignment, Monitoring and Evaluation of Therapy Assistants.

Clinical Interpretation

When considering whether to assign a task, the audiologist or speech-language pathologist must recognize that activities involving clinical interpretation must not be delegated to support personnel.

Activities that involve clinical interpretation include the following:

Interpretation of assessment findings

Initial discussion of clinical findings, treatment rationale, or prognosis with patients/clients

Determination of treatment goals and procedures, including the independent planning, development, or modification of treatment plans

Completion and sign-off on formal clinical reports

Selection of patients/clients for referral to other professionals or agencies

Discharging patients/clients from service

Approval of clinical content in public education materials

Patient/Client Service Activities

Examples of patient/client service activities that can be assigned to SP are provided in [Table 4](#). These examples are illustrative only and not intended to be exhaustive.

Table 4: Examples of Support Personnel Patient/Client Service Activities

Speech-Language	Audiology
Administration of screening tools (including hearing screenings) and use of information-gathering techniques, following established protocols and algorithms provided by the supervising audiologist or SLP.	
Assistance with public education events and activities.	
• Assistance with patient/client assessment (such as data collection related to informal probes, observations in natural settings, etc.). • Intervention with individuals on a 1:1 basis or in groups as prescribed in a treatment plan. • Facilitation of communication and related skills in natural settings.	• Pure tone air conduction screenings using established protocols and algorithms provided by the supervising audiologist. • Assistance with assessments, including preparing patients/clients for various types of testing. Assistance with hearing aid fittings as directed. • Troubleshooting of hearing aids, FM systems, and wireless accessories. • Re-tubing earmolds and performing earmold modifications as directed by the supervising audiologist.



High Safety Risk & Adverse Event Activities

Tasks *Not* to Be Assigned to Support Personnel

Description / Category	Examples / Details
General High-Risk / Not Permitted for SP	○ Having initial contact with patients/clients without direction or approval from the supervising registrant. ○ Prioritizing, selecting, triaging, or admitting patients/clients for service. ○ Conducting assessments/evaluations or interpreting data or case history information. ○ Developing, altering, or communicating treatment plans, or explaining assessment results. ○ Communicating test or assessment results—or interpretations—to patients/clients, families, or professionals. ○ Carrying out treatment planning or modifying intervention plans. ○ Interpreting patient/client performance or progress or discussing prognosis. ○ Counselling or consulting with patients/clients, families, or others regarding status, results, or services. ○ Participating in case conferences or interdisciplinary meetings without the supervising registrant present. ○ Referring patients/clients for additional services. ○ Discharging patients/clients from services. ○ Disclosing confidential information without proper consent (unless required by law). ○ Writing clinical reports. ○ Signing clinical documents on behalf of a supervising registrant.
Speech-Language Pathology – Not Permitted for SP	○ Screening for swallowing disorders. ○ Diagnosing communication or swallowing disorders.

Description / Category	Examples / Details
	○ Explaining treatment rationale to patients/clients. ○ Performing high-risk procedures requiring advanced clinical insight or technical skill (e.g., vocal tract prosthesis shaping/fitting, vocal tract imaging, or oropharyngeal swallow therapy with bolus material). ○ Demonstrating swallowing strategies or precautions to patients/clients, families, or staff.
Audiology – Not Permitted for SP	○ Using diagnostic audiology procedures without the knowledge and direction of the supervising audiologist. ○ Diagnosing hearing disorders. ○ Fitting, prescribing, or selecting hearing aids or assistive listening devices. ○ Modifying the electro-acoustic characteristics or performance of a hearing aid. ○ Performing Ear Mold Impressions.

Obtaining Informed Consent

Having determined that the activity is appropriate for assignment, the audiologist or speech-language pathologist needs to communicate with the patient/client, family/caregiver, or substitute decision maker and obtain their informed consent. In some cases, the supervising audiologist or speech-language pathologist may prepare the communication, and the SP may **deliver it orally or in written form** on the supervisor's behalf.



The registrant provides pertinent information to the patient or client regarding the support personnel's role and responsibilities and obtains patient or client consent to receive services from the support personnel. Standard of Practice 4.3, indicator A

STEP 4: Assigning the Activities

Assigning the Activity

The audiologist or speech-language pathologist is now prepared to assign the activity to the SP. For the SP involved in client service activities that are specific to a particular patient/client, the audiologist or speech-language pathologist should:

- Review the patient/client's goals, objectives, and efficacy of the treatment with the SP.
- Confirm understanding of all instructions provided in written and/or verbal form.
- **Confirm or provide training** needed for the SP to safely and effectively carry out the assigned activity/activities.
- **Ensure the SP understands the limits** of their role with respect to this patient/client, or any other information necessary to ensure the safety of the patient/client and the SP.
- Determine the model of supervision to be used, based on the type and complexity of the goals and objectives, and the audiologist's or speech-language pathologist's familiarity with the SP's skills and abilities (refer to [Step 5](#) entitled *Providing Clinical Supervision* for further details).



[The intervention/Care Plan Template](#) has been shared by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) ([Appendix B](#)) to assist the audiologist and speech-language pathologist with documenting the assignment of activities. Alternatively, Alberta Health Services have shared their [Supervisory Plan document](#) ([Appendix C](#)).

Note: For routine tasks or repetitive components of service delivery where SP are regularly involved (i.e., hearing screenings, language screenings, specific tasks, or procedures), a standard written protocol or job description that includes the duties of the SP and a statement regarding the amount of supervision required (see below) will suffice. Deviation from the protocol would warrant additional documentation.

STEP 5: Providing Clinical Supervision:

Providing Clinical Supervision



The registrant will determine the amount of both direct supervision and indirect supervision required for support personnel under one's direction and supervision. The registrant should have sound rationale to support these decisions and should be able to articulate this rationale as required. Standard of Practice 4.3, indicator E

Amount and Type of Supervision

The purpose of supervision is to ensure **competent, safe, and ethical delivery** of audiology and speech-language pathology services and involves both direct and indirect supervision.



Direct supervision means that the supervising audiologist or speech-language pathologist is physically present within the environment or virtually present via real-time videoconferencing. The audiologist or speech-language pathologist observes the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.



Indirect supervision means that the supervising audiologist or speech-language pathologist is not physically or virtually present when an assigned activity is being carried out. The audiologist or speech-language pathologist monitors and evaluates the SP's performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the SP, patients/clients, family, caregivers, substitute decision makers, team members, and/or employers.



The registrant will monitor the services provided by the support personnel on a regular basis, including patient or client outcomes, modify or reassign services as needed. Standard of Practice 4.3, indicator G

Amount and Type of Supervision

In determining the **amount and type of supervision**—both direct and indirect—required for a support personnel (SP) activity, the audiologist or speech-language pathologist should consider the factors outlined in [Table 3](#), including:

- The nature of the activity;
- The likelihood of an adverse event;
- The patient/client’s conditions and needs;
- Anticipated rate of change in the patient/client’s status;
- The SP’s knowledge, skills and competence; and
- The relationship between the supervising professional and the SP.

In addition, it is important to consider the differing disorder types and severity levels of the patients/clients on the SP’s caseload, ensuring that supervision covers the breadth and depth of that caseload.

Table 5: Supervision Guide

ACTIVITY FIT					
UNDERSTANDING RISK	Low/minimal risk				High/significant risk
SUPERVISION PROVIDED:					
Adapted from Alberta Health Services (2016) Assignment, Monitoring and Evaluation of Therapy Assistants					
FREQUENCY AND TYPE	Infrequent Mostly indirect	Intermittent Direct and indirect	Regular Direct and indirect	Frequent Direct & indirect with easy access to therapist	Continuous Mostly direct with immediate access to direct supervision



Appendix A: Assignment Rubric: Factors, Understanding Risk and Supervision Guide highlights the various factors that the audiologist or speech-language pathologist needs to consider ([Table 4](#)) and includes the Supervision Guide ([Table 5](#)).

Additional Considerations in Supervision



The registrant will be available for consultation to the support personnel through some mode of communication or develop a plan for supervision coverage when not available. Standard of Practice 4.3, indicator H

Whenever support personnel (SP) are engaged in patient/client service activities, the **audiologist or speech-language pathologist who assigned the activities** must be **readily available for consultation** through an appropriate mode of communication.

If the supervising professional is **unavailable**, a clear process must be in place to identify an **alternate audiologist or speech-language pathologist** for the SP.

The SP must **understand how and when to contact** the supervising or alternate professional to request advice.



The registrant will inform employers and patients or clients in a timely manner of the need to discontinue services provided by the support personnel when the audiologist or speech-language pathologist is not available to provide required clinical supervision, and a coverage plan or replacement supervisor is not available (e.g., extended absence, resignation). Standard of Practice 4.3, indicator I

In the event of an unforeseen circumstance requiring supervisory input, and the supervising audiologist or speech-language pathologist is not available, the SP needs to discontinue intervention until such time as the supervising audiologist or speech-language pathologist can be contacted.

Typically, the audiologist or speech-language pathologist assigning an activity is responsible for the clinical supervision of the SP performing the activity. In situations where more than one audiologist or speech-language pathologist is involved in patient/client care and assigning activities to the SP, there must be clarity regarding who is responsible for supervision for each component of assigned care.

When working with **audiology or speech-language pathology students**, the students may engage with SP as part of their learning, including **assigning activities and providing supervision** under guidance. It remains the audiologist's or speech-language pathologist's responsibility to provide clinical supervision in these instances. There may also be occasions where SP act as mentors for other SP in training. The audiologist or speech-language pathologist needs to provide supervisory oversight to both the mentor and mentee when patient/client care is involved.

Supervision of Support Personnel



The roles and services provided by the SP may need to be evaluated by the audiologist or speech-language pathologist. A **Support Personnel Performance Form** (adapted from ASHA) is provided to assist the audiologist or speech-language pathologist with this endeavour that evaluates administrative skills, interpersonal skills, conduct in the work setting and technical skills.

Supervision Concerns

When, in the **professional judgment** of the audiologist or speech-language pathologist, a support personnel's (SP) performance on a particular activity falls **below an acceptable standard**, the following steps should be taken:

Provide or ensure retraining

- The audiologist or speech-language pathologist should provide retraining or confirm that retraining has occurred.
- Retraining may involve **increased direct supervision** and **modeling of the activity** by the supervisor.
- Document the retraining process, including methods used and the **outcome** (success or failure).

Adjust activities if needed

If retraining cannot sufficiently restore performance without **compromising service quality or quantity**, the audiologist or speech-language pathologist should **reassign or modify the SP's activities**.

Ongoing performance concerns

- If concerns persist, the audiologist or speech-language pathologist should **notify the appropriate employer(s) or manager(s)**, providing supporting documentation as applicable.
- Responses from the employer/manager should be documented, and a **mutually agreeable plan of action** should be developed.
- The audiologist or speech-language pathologist should be prepared to **assist the employer/manager** in determining next steps, including further supervision, reassignment, or additional training.



The registrant will inform the appropriate employer/manager/agency if there are support personnel performance or safety concerns. Standard of Practice 4.3, indicator K

Working with Employers

Ideally, the audiologist or speech-language pathologist should participate in the hiring/selection of SP with their employer, as they can consider the service tasks and activities that could appropriately be assigned to SP. The audiologist or speech-language pathologist can also determine if the skills and abilities of SP are appropriate to the overall goal of augmenting audiology/speech-language pathology service delivery. Depending on the work environment however, a SP may be hired without input from the audiologist or speech-language pathologist. Regardless, the expectation will be for the SP to assist with patient/client service activities and administrative and support activities that facilitate the provision of services for patients/clients.

The audiologist or speech-language pathologist may need to engage with their employer or the employer who hires SP in relation to the following topics:

Foundational Requirements in the Workplace when Working with SP

In accordance with the RCASLPNB *Code of Ethics and Standards of Practice*, the audiologist or speech-language pathologist has the ultimate responsibility for audiology/speech-language pathology service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the audiologist or speech-language pathologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the audiologist's/speech-language pathologist's instructions.



Commitment to ongoing clinical supervision of SP provided by a registrant of RCASLPNB



Understanding of the appropriate role of SP in audiology and/or speech-language pathology service delivery, including benefits and restrictions.



Provision of sufficient resources and empowerment of the audiologist or speech-language pathologist to decide when and how to involve the SP.



Allocation of sufficient time to adequately train and supervise SP, including explanation of tasks and the provision of any necessary written instructions.



Clearly delineated processes regarding the documentation of SP performance (i.e., session feedback, documentation of any re-training provided and the outcome of that re-training on performance, etc.).



Encouragement and support regarding ongoing learning opportunities and self-reflection of the SP.



For SP involved in the delivery of speech-language services, recognition of the cyclical nature of speech-language assessment and treatment, and the need to assign non-direct activities to SP (e.g., broad based language stimulation, theme-based material development, participation in training and development opportunities) during periods of less or limited direct intervention (e.g., during annual assessment and reassessment periods).

Clarity of Roles and the Need for Supervision of SP

Successful partnerships between SP, the audiologist or speech-language pathologist and their employers, begins with clarity of the roles of both the SP and the audiologist or speech-language pathologist. As noted previously in accordance with *RCASLPNB Code of Ethics and Standards of Practice*, the audiologist or speech-language pathologist has the ultimate responsibility for service delivery.

Supervision Plan Should Include	Be Aware Of
 Work Time Supervision Determine the portion of the SP's work time that must be supervised, considering factors such as: ○ SP competence and confidence ○ Task complexity ○ Patient/Client condition ○ Impact on service ○ Level of risk ○ Timeframe Based on these factors, determine the minimum direct and/or indirect clinical supervision of the SP.  Task Delineation Clearly outline the tasks and activities assigned to the SP.	 Site/Service Procedures Be familiar with any site- or service-specific procedures for supervision and documentation, including processes for handling: ○ Inappropriate conduct ○ Unprofessional behavior ○ Poor task performance  Performance Reviews Ensure that policies are in place to complete regular performance reviews with each SP. Depending on the roles and responsibilities within the workplace, this review may be the responsibility of the supervising audiologist or speech-language pathologist, or of a manager/designate. Ultimately, overall accountability for job performance rests with the manager/employer.

If the Supervising Audiologist or Speech-Language Pathologist Leaves the Work Setting

Change in Availability	Exceptions	Requirement
 If the supervising audiologist or speech-language pathologist leaves for any reason (e.g., maternity leave, illness, change of employment), the assignment of client service activities to the SP will cease.	 Immediate Replacement Another registered audiologist or speech-language pathologist assumes supervisory responsibility immediately.  Short Transition Plan A documented plan exists to manage a brief transition period between supervising professionals.	 Maintain Supervision Direct and/or indirect clinical supervision of the SP must be maintained at all times.

Supervision When the Audiologist or Speech-Language Pathologist and the Support Personnel Have Different Employers:

This is a unique situation where the audiologist or speech-language pathologist is requested by their employer to clinically supervise SP from another agency. A written agreement with the employer of the audiologist or speech-language pathologist is recommended that outlines the proposed sharing of personnel and should delineate the audiologist's or speech-language pathologist's responsibilities. In some cases, it may be appropriate for the audiologist or speech-language pathologist to facilitate this agreement as delegated by their employer.

A plan or policy should also be developed on how to address ongoing concerns with SP's job performance. Ultimate accountability for the SP's job performance rests with the SP's employer/manager but in accordance with the RCASLPNB *Code of Ethics* and *Standards of Practice*, the audiologist or speech-language pathologist has the ultimate responsibility for speech-language service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the audiologist or speech-language pathologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the audiologist's or speech-language pathologist's instructions.

In these situations, RCASLPNB recommends that the audiologist or speech-language pathologist provide all instructions and feedback regarding clinical performance to SP in written form and that they maintain a copy for their own records.

The Number of SP That Can be Supervised by the Audiologist or Speech-Language Pathologist

When assigning service activities to SP, the employer and the audiologist or speech-language pathologist should consider how many SP can be appropriately supervised by one registrant. The maximum number of SP supervised by one audiologist or speech-language pathologist varies in relation to several factors including, but not limited to the following:

- Type and number of service activities assigned to the SP
- Skills and abilities of the SP.
- Experience supervising or experience with the practice/population?
- Audiologist's/speech-language pathologist's responsibility for provision of direct service.
- Full-time equivalents (FTE) of the audiologist or speech-language pathologist and the SP
- Proportion of the SP's work time for which the audiologist or speech-language pathologist is designated as supervisor.
- Work locations and travel requirements of the audiologist or speech-language pathologist and the SP.
- Time required by the audiologist or speech-language pathologist to provide adequate supervision as related to the above.

RCASLPNB recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the **RCASLPNB Registrar** (registrar@rcaslpnb.ca).

Glossary of Terms

Administrative and Support Activities	Service activities that facilitate the provision of services to patients/clients (e.g., materials preparation, activity set up and clean up, collating clinic data, scheduling, etc.)
Assignment	The process by which the audiologist or speech-language pathologist designates a SP to carry out specific activities related to audiology service delivery. While specific client service activities may be assigned to SP, the audiologist or SLP remains accountable for the overall intervention plan.
Audiologist	A person whose name is entered in the RCASLPNB register as an audiologist and holds a valid registration to practice. Audiologists have a responsibility to ensure that before performing any activity, that they are competent to perform the activity.
Client Service Activities	Audiology or speech-language pathology service activities that are undertaken to address the specific needs of individual patients/clients (e.g., intervention activities)
Employer	Any administrator (e.g., manager, supervisor) from an agency employing the audiologist or speech-language pathologist, the SP, or both parties.
Intervention/Care Plan	A detailed written description of the goals, objectives, and techniques designated by the audiologist or speech-language pathologist and guiding the intervention required to address a particular patient/client's speech-language/hearing needs. The plan guides the audiologist or speech-language pathologist and SP; it is intended to ensure optimal outcomes for patients/clients during their course of care.
Patient or Client	Patient or client refers to a recipient of audiology or speech-language pathology services, and may be an individual, substitute decision-maker, care partner, group, community or population. A substitute decision-maker refers to a designated person authorized to make decisions on behalf of a patient or client who is unable to make important decisions about their own medical or personal care.
Speech-Language Pathologist	A person whose name is entered in the RCASLPNB register as a speech-language pathologist and holds a valid registration to practice. Speech-language pathologists have a responsibility to ensure that before performing any activity, that they are competent to perform the activity.

Supervision – Clinical	A dynamic and evolving process involving the oversight of another’s work (e.g., SP, audiology or speech-language pathology students). Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, and ethical audiology services. The audiologist or speech-language pathologist is identified as having ultimate responsibility for the quality of the service.
Supervision – Direct	Direct supervision refers to the supervising audiologist or speech-language pathologist being physically present within the environment or virtually present via real-time videoconferencing. The audiologist or speech-language pathologist observes the supervisee carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.
Supervision – Indirect	Indirect supervision refers to the supervising audiologist or speech-language pathologist not being physically or virtually present when an assigned activity is being carried out. The audiologist or speech-language pathologist monitors and evaluates the supervisee’s performance of assigned activities by reviewing audio/ video recordings, written records, and/or through discussions with the supervisee, patients or clients, care partner, team members, and/or employers.
Support Personnel (SP)	Individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by an audiologist or speech-language pathologist registered with RCASLPNB. Individuals functioning as SP may have a variety of working titles. Audiology/speech-language pathology students in training are not considered to be SP.

Resources

Speech and Audiology Canada: *Communication Health Assistant Guidelines*.
<https://www.sac-oac.ca/practice-resources/resource-library/communication-health-assistant-guidelines/>

References/Acknowledgments

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RCASLPNB acknowledges and thanks Alberta Health Services for permission to adopt Tables 3 and 5 and Appendix C from their 2016 document, Assignment, Monitoring and Evaluation of Therapy Assistant. Contact: practice.consultation@albertahealthservices.ca

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Appendix A: Assignment Rubric: Factors to Consider, Understanding Risk and Supervision Guide

FACTORS TO CONSIDER					
Nature of the Activity • How complex is it? • Are there protocols or procedures in place? • How predictable are the outcomes? • Is the context complicated by the environment, involvement of others or limited supports? Likelihood of Adverse Event • What are the risks associated with the activity (consider the patient/client, SP, others)? Patient/Client • What is the severity, stability & complexity of the patient/client’s condition? • What is the risk of deterioration or injury? • What is the degree of potential impact of the activity? • What is the patient/client’s motivation or emotional state?	Routine activity performed often with well-defined context	Routine activity with well-defined context	Routine activity within more difficult or multifaceted context	Complex activity with well-defined context	Complex activity within difficult or multifaceted context
	Minimal to no risk	Minimal risk	Mild potential for risk	Moderate potential for risk	High potential for risk
	Significant time can elapse before errors have an impact	Some time before impact of errors are evident	Short time before impact or errors are evident	Impact may be evidenced prior to next monitoring opportunity	Errors have immediate/rapid impact
	Stable	Stable	Fluctuating	High degrees of fluctuation	Unstable
	Commonly encountered condition/issues	Somewhat complex but familiar condition/issues	More complex or less familiar condition/issues	Complex and less familiar condition	Complex and unfamiliar
Anticipated Rate of Change • Is the patient/client’s condition progressing or declining rapidly? • Do strategies or plan of care require frequent modifications?	Slow progress or decline with infrequent need for changes to strategies or plan of care	Moderate and predictable progress or decline with predictable need for changes in strategies or plan of care	Continuous progress or decline anticipated with regular need for review of strategies and plan of care	Continuous progress or decline with need for frequent modification to strategies and plan of care	Rapid progress or decline with modifications required during the course of each intervention
SP Competence & Confidence • Does the SP have current skill, knowledge & competence with the activity? • How frequently has the SP performed this activity recently? • Is the SP familiar with the required technology/equipment for this activity?	Able to anticipate outcomes and recognize the needs of the patient/client quickly based on past experience Acts as a coach and mentor to peers	Competent across contexts; flexible when working within the parameters of the activity Recent and frequent experience	Self-sufficient and consciously aware of outcomes and required modifications Has experience and demonstrates competency in the given context	Basic competency and beginning understanding of potential adaptations Limited experience with competence demonstrated in specific contexts	New to the activity and patient/client population Requires frequent instruction or redirection from the therapist
Relationship with SP	Very established	More established	Established	Less Established	Not established
OVERALL RISK	None/Minor Major				
SUPERVISION GUIDE					
Adapted from Alberta Health Services (2016) Assignment, Monitoring and Evaluation of Therapy Assistants					
FREQUENCY AND TYPE	Infrequent Mostly indirect	Intermittent Direct and indirect	Regular Direct and indirect	Frequent Direct & indirect with easy access to therapist	Continuous Mostly direct with immediate access to direct supervision

Adapted with permission from Alberta Health Services - Calgary Zone, Community Speech-Language Service (2008).

Appendix B: Intervention/Care Plan Template

Patient/Client: _____ Date: _____

Revision Dates: _____

Client Information:																	
Client:				SP:													
Client Goal/Objective:																	
Intervention Method:																	
Intervention Frequency with Patient/Client:		audiologist or SLP		Insert number		SP		Insert number									
Skill to Monitor:																	
Monitoring Strategies:																	
Monitoring Schedule:																	
Supervision Plan with SP:																	
Communication mode (Choose all that apply):		In person		☐		Phone		☐		Video conference		☐		Paper/chart		☐	
Frequency:		Direct		Insert number		Indirect		Insert number									
Comments:																	

Appendix C: Supervisory Plan

Date: _____

Supervisor: _____

Support Personnel: _____

Patients/Clients: ☐ children ☐ adults ☐ mixed ☐ other (specify) _____

Speech Language Pathology

☐ stimulability ☐ articulation ☐ phonology ☐ receptive language ☐ motor speech
☐ intelligibility ☐ other ☐ N/A ☐ expressive language

Audiology

☐ Screening ☐ _____ ☐ _____ ☐ _____ ☐ N/A

SCHEDULING

Who will contact the patient/client for scheduling? ☐ SP ☐ Supervisor ☐ Other

NOTES:

Staff Needs & Non-Clinical Activities: what, when, how often, set-up

☐ Attend team meetings and team building activities
☐ Prepare materials as requested by the team
☐ Put together home programs
☐ Transcribe language samples and narratives
☐ Assist with group programs
☐ Participate in group programs
☐ Scheduling (intervention, groups)

☐ Hearing screenings
☐ Routine cleaning
☐ Routine toy washing
☐ Other: _____

Clinical Observations: needs, preferences, scheduling

AREAS:

PLAN:

Supervision Consultations: Regular schedule? As needed? Upon request?

PLAN:

SP Needs & Expectations: type of feedback preferred, preferences for the supervision process, communication

Is there anything that you would like your supervisor to know?

Skill Level & Supervision

SP Experience, Skill, Confidence:

Level of Supervision required:

Other:

Review Supervisory Plan:

(date)

Signature of Support Personnel

Signature Supervisor

Adapted with permission from Alberta Health Services - Calgary Zone, Community Speech-Language Service (2008)

Appendix D: Support Personnel Performance (Page 1 of 2)

Name of Support Personnel: _____ Date: _____

Please use the following 5-point rating scale to respond to each item or use N/A if the item does not apply.

SD = Strongly Disagree / D = Disagree / N = Neither agree nor disagree / A = Agree / SA = Strongly Agree

Administrative Duties	Rating
Assists with clerical tasks and departmental operations (e.g. preparing materials, scheduling activities, keeping records)	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Assists with in-service training	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Performs checks, maintenance, and calibration of equipment	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Supports audiologist or speech-language pathologist (SLP) in research projects and public relations activities	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Collects data for quality improvement	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Prepares and maintains patient/client charts, records, data	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Interpersonal Skills	Rating
Uses appropriate forms of address with patient/client, family, caregivers, and professionals (e.g. Dr., Mr., Mrs., Ms.)	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Greets patient/client, family and caregiver and identifies self as assigned title	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Restates information/concerns to supervising audiologist or SLP as expressed by patient/client, family and caregivers as appropriate	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Directs patient/client, family and caregivers to supervisor for clinical information	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Communicates courteously and respectfully in all situations	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Uses language appropriate to a patient/client, family, or caregiver's education level, communication style, developmental age, communication disorder and emotional state	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Demonstrates awareness of patient/client needs and cultural values	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Conduct in the Work Setting	Rating
Recognizes own limitations	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Upholds ethical behavior and maintains confidentiality	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Demonstrates awareness of, and complies with, patient/client safety policies, infection prevention and control policies, and privacy policies as set forth by the employer or agency	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Demonstrates compliance with occupational health and safety, privacy, and all other relevant provincial legislation and provincial standards	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Responds effectively to attitudes and behaviours of the patient(s)/client(s)	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Understands the patient/client's abilities and the impact of personal/environmental factors on participation in treatment	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Identifies factors that may interfere with treatment and communicates these to the supervising audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Implements principles of person-centered care	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Identifies when additional input from the audiologist or SLP is required and seeks it appropriately.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Identifies the need to refer questions from clients, caregivers, and colleagues to the audiologist or SLP in a timely manner.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A

Appendix D (cont'd) (Page 2 of 2)

Clinical Activities	Rating
Selects, prepares, and presents materials to the patient(s)/client(s) consistent with the intervention plans delegated by the audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Presents stimuli appropriately and records responses accurately.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Demonstrates accurate response discrimination (i.e., ability to discriminate between correct and incorrect responses)	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Uses required equipment, materials, and/or programs effectively	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Completes clinical record-keeping and data entry	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Accurately administers screening instruments and calculates and reports screening procedures results to audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Provides instructions that are clear, concise, and appropriate to the patient/client's developmental age, level of understanding, language use and communication style	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Follows treatment protocol as developed and prescribed by audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Provides appropriate feedback to patients/clients as to accuracy of their responses	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Identifies and describes relevant patient/client responses to audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Identifies and describes relevant patient/client, family, and caregiver behaviors to audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Uses appropriate stimuli, cues/prompts with the patient/client to elicit target behaviors as defined in the treatment protocol	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Provides culturally appropriate behavioral reinforcement consistent with the patient/client's developmental age and communication disorder	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Accurately reviews and summarizes patient/client performance	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Uses treatment materials that are appropriate to the developmental age and communication disorder of the patient/client and the culture of the patient/client/family.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Starts and ends the treatment session on time	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Accurately records target behaviors as prescribed by audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Accurately calculates chronological age of the patient/client	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Uses professional terminology correctly in communication with audiologist or SLP	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Correctly calculates and determines percentages, frequencies, and averages.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Maintains legible records, log notes, and written communication	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Appropriately paces treatment session to ensure maximum patient/client response Implements designated treatment objectives/goals in specific appropriate sequence	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Overall Impressions	Rating
Overall the SP is effective.	☐ SD ☐ D ☐ N ☐ A ☐ SA ☐ N/A
Comments:	