

Guidelines for Working with Support Personnel Speech-Language Pathologists

The College may issue guidelines to enhance, explain, add to, or guide registrants on subject matter described in the RHPA, regulations, practice directions, code of ethics, or other College matters. Guidelines reflect “best practice” and good professional conduct.

Official College guidelines contain practice parameters which should be considered by all Manitoba speech-language pathologists in the provision of healthcare services to their clients in the practice of the professions.

In the event of inconsistency between these guidelines and legislation that governs the practice of speech-language pathology, the legislation governs.

Registrants of CASLPM are reminded to review this document in conjunction with the *Supervision Practice Direction*.

Support Personnel are employed individuals functioning as support to a speech-language pathologist may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members.

Supervising support personnel overview

CASLPM is mandated under provincial legislation to protect and serve the public by regulating, supporting, and ensuring the competent, safe, and ethical practice of speech-language pathologists (“Registrants”). The [*Regulated Health Professions Act \(RHPA\)*](#) and *CASLPM’s Supervision Practice Direction* outline the accountability of speech-language pathologists in assigning service activities and clinical supervision of support personnel to carry out the performance of a reserved act. It is important to note that the responsibilities of the supervising Registrant do not vary based on the specific job title or training of the support personnel involved. The responsibilities of the supervising Registrant applies to both reserved and non-reserved acts.

The speech-language pathologist is identified as having ultimate responsibility for the quality of service and for providing clinical supervision that ensures the delivery of competent, safe, and ethical speech-language and audiology services.

The Need for Supervision

Speech-language pathologists work with support personnel who have a wide range of training and experience ranging from formally trained (e.g., Communication Disorders Assistant) to on-the-job trained (e.g. educational assistants and teacher’s aides). Whenever support personnel are implementing a therapeutic program addressing specific goals assigned by or under the direction of a supervising registrant, the registrant must provide clinical supervision and monitoring in accordance with the requirements of the regulatory college.

Regardless of the support personnel’s specific title, training, or role whenever they are assigned to provide individual therapeutic interventions addressing specific goals, the supervising Registrant is accountable and responsible for the clinical supervision and service provision.

Speech-language pathologists are regulated health professionals under the *Regulated Health Professions Act (RHPA)* in Manitoba. Their specialized training and experience allow them to perform assessment, consultation, treatment, administration, teaching, and research. Under the *RHPA*, they are also authorized to perform specific reserved acts, “procedures or services that pose significant risk and require a high level of professional competence to be performed safely”. By comparison, while aides and assistants may have completed a formal training program, there is no legal requirement that they have this training, as many are trained “on the job”. So, while aides and assistants can perform assigned tasks, their background does not allow for the interpretation of assessment findings nor the setting and management of intervention goals. Therefore, support personnel cannot be assigned activities that involve clinical interpretation or the setting and management of intervention goals.

Speech-language pathology Support Personnel (SP) may engage in the following activities provided they are competent in these areas, and are supervised by a speech-language pathologist:

- Administering defined screening protocols, without providing interpretation.
- Assisting the speech-language pathologist during their assessments, including, but not limited to, preparing materials and collecting data.
- Assisting in providing care to patients and clients with dysphagia (e.g. assisting with feeding, practicing compensatory strategies, and/or exercises that have been first demonstrated by the speech-language pathologist).
- Following and implementing documented treatment plans or protocols developed by the Registrant for patients or clients in individual or group activities. Treatment may include the use of virtual practice when this has been identified as the service delivery model.
- Documenting patient or client performance during treatment and report this information to the supervising Registrant.
- Assisting with informal and formal documentation as directed by the supervising Registrant, including assisting patients and clients in completing a case history and other relevant forms or information.
- Assisting the supervising Registrant in communicating with patients or clients when there are language differences, and the SP is competent in the patient’s or client’s language.
- Relaying treatment processes (e.g. scheduling, treatment goals and activities, home programming, etc.) to patients or clients with support and approval of the supervising Registrant.
- Assisting with student training and practicums.

Support Personnel (SP) may not engage in

- Representing themselves as a speech-language pathologist.
- Having initial contact with patients or clients without the approval or direction of the supervising Registrant.
- Selecting patients or clients for service.

- Conducting assessments, interpreting data, or explaining assessment results to patients or clients.
- Developing or modifying a treatment plan in any way without the consent or approval of the supervising Speech-Language Pathologist.
- Assisting with procedures that pose a significant risk to a patient or client or that require a high level of clinical acumen and technical skill (e.g. vocal tract prosthesis, shaping or fitting, vocal tract imaging, oropharyngeal swallow therapy with bolus material) without appropriate training and supervision.
- Counseling the patient or client, their family or caregivers, or others regarding the patient's or client's status or service.
- Interpreting performance or progress of patients or clients or discuss prognosis.
- Making decisions about referrals for additional assessment or treatment services.
- Disclosing confidential information either orally or in writing to anyone without appropriate consent unless required by law.
- Writing reports without the knowledge and consent of the supervising Registrant.
- Participating in case conferences or interprofessional team conferences without the supervising Registrant present.
- Signing any documents in lieu of the supervising Registrant (e.g. formal reports or treatment plans).
- Discharging patients or clients from services without the knowledge and consent of the supervising Registrant.
- Reserved Acts.

<i>Reserved Act</i>	<i>Description</i>
1	Making a diagnosis of speech-language or related communication dysfunction or disorder or a swallowing dysfunction or disorder and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.
2	Receiving reports of screening or diagnostic tests that <ul style="list-style-type: none"> a) are ordered by a health care professional (other than a speech-language pathologist); and b) are for the purpose of treating or diagnosing a communication or swallowing dysfunction or disorder.
4(a)	Inserting or removing an instrument or a device in the external ear canal for the purpose of <ul style="list-style-type: none"> a) screening of hearing; or b) inserting or removing a wearable hearing instrument.

4(b)	Inserting or removing an instrument or a device beyond the point in the nasal passages where they normally narrow for the purpose of assessing and managing communication and swallowing disorders.
4(c)	Inserting or removing an instrument or a device or finger beyond the pharynx for the purpose of a) assessing and managing voice disorders and voice restoration; and b) suctioning a tracheostomy.
4(g)	Inserting or removing an instrument or a device or finger into an artificial opening in the body for the purpose of a) assessing and managing voice disorders and voice restoration; and b) suctioning a tracheostomy.
9	Topically administering a drug that is an anaesthetic for the purpose of minimizing pain or discomfort to a client when performing a procedure during assessment and management of swallowing or voice disorders.
10(b)(vii)	Applying surface electromyography for the purpose of treating swallowing disorders.

Direct vs Indirect Supervision – What’s Required

CASLPM’s *Supervision Practice Direction* covers the various scenarios of Constant, Close, and General supervision required. Where allowed, the amount of supervision may be adjusted by mutual agreement; however, the supervising Registrant is ultimately responsible for the level of supervision maintained and should have sound rationale to support these decisions, being able to articulate the rationale as required.

The following factors should be considered when determining the level of supervision needed:

- The nature of the activity,
- The likelihood of an adverse event,
- The client’s conditions and needs,
- Anticipated rate of change,
- Differing disorder types and severity levels of the clients on the SP’s caseload.
- The support personnel’s knowledge, skills, and competence.

The Role of the Regulated Member in Training Support Personnel

Providing adequate on-the-job training and orientation to support personnel as it relates to the clinical and employment context may be required by the speech-language pathologist. In such cases, the Registrant must consider the following factors:

- a. How best to provide support personnel with any site- and service-specific training required to understand the intent of the assigned activities and to be competent with those activities.
- b. When to alert their employer of the training required, if applicable.

The training required will vary depending on:

- a. the complexity of the activities assigned,
- b. the competence of the support personnel, and
- c. the requirements of the speech-language pathology or audiology service.

In most cases, at least some on-the-job training by the speech-language pathologist will be required before newly hired support personnel can be assigned activities. Scheduling time for formal training of support personnel by supervising speech-language pathologists can be particularly beneficial in situations when support personnel have limited or no formal educational background in the profession.

It is recommended that a supervisor providing supervision in CLOSE or GENERAL categories ensure some CONSTANT supervision is provided periodically. This supervision may be done in person or virtually.

Education Specific – Implementation of Universal Strategies by Support Personnel in the Classroom

The implementation of universal communication suggestions/strategies (i.e., strategies that may be available to all children in a classroom regardless of an identified therapeutic need) is often commonplace in educational settings. As these strategies address specific communication goals, clinical supervision of support personnel involved in the implementation of these strategies will be required to ensure safe, competent service. However, in these cases, only General supervision is required once adequate training has been provided.

Concerns About Clinical Supervision

It is important to note that while the speech-language pathologist is responsible to provide adequate training and supervision to support competent clinical care by support personnel, the support personnel's employer/manager is accountable for the support personnel's overall job performance.

To that end, whenever, in the speech-language pathologist's professional judgment, the support personnel's performance with a particular activity falls below an acceptable level, the supervising Registrant should endeavour to retrain the support personnel in that activity. If concerns persist, the Registrant should alert their own employer to the situation. They should be prepared to assist their employer and/or the support personnel's employer in determining a further plan of action.

Regulated members of CASLPM should document any concerns that they may have about the clinical supervision process. While they may not be responsible for decisions related to how support personnel are utilized at their workplaces, they are responsible for expressing any concerns they have and working collaboratively to find potential solutions, thereby acting in clients' best interests. If questions arise regarding the appropriate supervision of support personnel, consider sharing concerns with relevant supervisors or employers focusing on the potential risk of harm to the client.

References & Acknowledgements

CASLPM would like to extend our gratitude to [Speech-Language & Audiology Canada \(SAC\)](#) for granting us permission to reference their guidelines as part of our practice direction on supervision. We acknowledge the significant contribution SAC's expertise and resources provide in supporting the professional practice of speech-language pathologists and audiologists.

These guidelines have been adapted with gratitude from the *Clinical Supervision of Support Personnel (SP) by Speech-Language Pathologists (SLPs)* document created by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA).

[Speech-Language Pathology Assistant Guidelines](#)

[Reserved Acts for the Practice of Speech-Language Pathology](#)