

Working with Support Personnel Guidelines for Audiologists

These guidelines provide an overview for registrants engaging in supervision of support personnel in their workplace.

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

Supervisor Responsibilities under the RHPA

CASLPM is mandated under provincial legislation to protect and serve the public by regulating, supporting, and ensuring the competent, safe, and ethical practice of audiologists (“Registrants”). The *Regulated Health Professions Act (RHPA)* and CASLPM’s *Supervision Standard of Practice and accompanying guidelines* outline the accountability of audiologists 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 apply to both reserved and non-reserved acts.

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

The Need for Supervision

Audiologists 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.

Audiologists 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.

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

Audiology Support Personnel (SP) may engage in the following activities provided they are competent in these areas, and are supervised by an audiologist:

- Assisting with hearing screening programs for all ages.
- Prioritizing incoming referrals based on established protocols.
- Screening and basic test measures such as otoscopy, immittance, oto-acoustic emissions, pure tone air and bone conduction.
- Assisting patients or clients in completing case history or other relevant forms.
- Reporting and documenting patient or client information, observations regarding behaviours, and ability to perform tasks to the supervising audiologist.
- Assisting the audiologist with testing difficult-to-test patients or clients.
- Assisting the audiologist during assessments. This may include assisting with electrophysiological assessments and vestibular testing.
- Assisting the audiologist with formal and informal documentation, preparing materials and performing clerical duties.
- Conducting electro-acoustic analysis of hearing aids and FM systems.
- Providing listening checks and troubleshooting hearing aids, FM systems, and other assistive listening devices.
- Troubleshooting issues with, conducting minor repairs for, and cleaning hearing aids.
- Demonstrating and orienting patients or clients to assistive listening and alertive devices.
- Making earmold modifications and shell modifications.
- Educating patients or clients regarding hearing protective devices (e.g. earplugs), prevention of noise-induced hearing loss, and proper ear hygiene.
- Assisting with departmental operations (e.g. scheduling appointments, preparing charts, collecting data, documentation, safety procedures including infection prevention and control, maintaining supplies and equipment, and operating audio-visual equipment).
- Maintaining, troubleshooting, and performing basic calibration checks of equipment.
- Assisting the audiologist with research projects, in-service training, and family or community education.
- Assisting the audiologist in communicating with patients or clients when there are language differences and the audiology assistant is competent in the patient's or client's language.
- Assisting the audiologist in the installation of sound field amplification systems (e.g. classrooms, meeting rooms).
- Attending case conferences with a supervising audiologist.
- Assisting with student training and practicums.

Support Personnel (SP) may not engage in in the following:

- Representing themselves as an audiologist.
- Selecting patients or clients for service.
- Having initial contact with patients or clients without approval or direction of the supervising audiologist.
- Using diagnostic procedures without the supervising audiologist knowing, interpreting data, altering treatment plans, or explaining assessment results to patients or clients or their caregivers.
- Interpreting performance, results, or progress of patients or clients, or discussing prognosis.
- Counseling the patient or client, family, or others regarding the patient's or client's status or service.
- Making referrals for additional services, except as specifically approved by the supervising audiologist.
- Writing or sending reports without the knowledge and consent of the supervising audiologist.
- Signing any documents in lieu of the supervising audiologist (e.g. treatment plans, client reimbursement forms, or formal reports).
- Disclosing confidential information either orally or in writing to anyone without appropriate consent, unless required by law.
- Participating in case conferences or interprofessional team conferences without a supervising audiologist present.
- Selecting or prescribing assistive devices.
- Modifying the electro-acoustic performance of a hearing aid.
- Removing cerumen.
- Making earmold impressions.
- Discharging patients or clients from services without the knowledge and consent of the supervising audiologist.
- Reserved Acts.

<i>Reserved Act</i>	<i>Description</i>
1	Making a diagnosis of an auditory or vestibular dysfunction 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 a) are ordered by a health care professional (other than an audiologist); and b) assist in the diagnosis and intervention plan to promote and maintain an individual's communicative, auditory or vestibular health care needs.

4(a)	Inserting or removing an instrument, device, or finger into the ear canal, up to the eardrum, for the purpose of a) Introducing impression material to make an ear impression; b) performing caloric testing during vestibular assessment; or c) performing cerumen management.
5(d)	Administering a substance into the external ear canal, up to the eardrum, by irrigation when a) Performing caloric testing during vestibular assessments; or b) performing cerumen management.
13	Putting into the external ear canal, up to the eardrum, a substance that is under pressure or subsequently solidifies when a) Performing immittance testing; b) introducing impression material while making impressions of the ear; or c) performing cerumen management.
16	Prescribing, dispensing, or fitting a wearable hearing instrument.

Direct vs Indirect Supervision – What’s Required

CASLPM’s *Supervision Standard of Practice and accompanying guidelines* 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.
- The support personnel’s knowledge, skills, and competence.
- Differing disorder types and severity levels of the clients on the audiologist’s caseload.

The Role of the Registrant 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 audiologist. In such cases, the Registrant must consider the following factors:

- 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.
- When to alert their employer of the training required, if applicable.

The training required will vary depending on:

- the complexity of the activities assigned.
- the competence of the support personnel.
- the requirements of the speech-language pathology or audiology service.

In most cases, at least some on-the-job training by the audiologist will be required before newly hired support personnel can be assigned activities. Scheduling time for formal training of support personnel by supervising audiologists 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.

Concerns About Clinical Supervision

It is important to note that while the audiologist is responsible for providing 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 audiologist'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.