



Alberta College of
Speech-Language Pathologists
and Audiologists

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Audiologists' Guideline for Working with Support Personnel

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Audiologists' Guideline for Working with Support Personnel

An ACSLPA Guideline is a statement that provides information, directions and recommendations designed to assist clinicians in providing best practice based on available evidence. While regulated members are strongly encouraged to practice in compliance with guidelines, they are required to comply with the “must” statements within a guideline.

Introduction

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

All audiologists in Alberta must be registered with ACSLPA and be active members in good standing in order to work or volunteer and use the title of ***“audiologist”***¹ or the initials ***“Aud”*** or ***“R.Aud”***. ACSLPA does not regulate ***“support personnel”*** working under supervision of registered audiologists.

Individuals who are not registered members of ACSLPA are prohibited from using the above protected title and abbreviations by virtue of section 128(1) and (5) of the *Health Professions Act* (HPA). Section 128(5)(a) of the HPA states: *“No person other than a regulated member shall use a title, abbreviation or initials set out in section 2 of a schedule to this Act alone or in combination with other words in a manner that states or implies that the person is a regulated member of the college to which section 2 of the schedule refers.”*

Hence, in order to avoid confusion, the College recommends that, where possible, any titles or abbreviations used to describe audiology support personnel are separate and distinct from the titles listed above. Some examples of appropriate, commonly used titles for supportive personnel include: audiology assistant, audiometric technician, speech and hearing assistant, or support personnel (SP).

ACSLPA believes that unregulated support personnel (hereafter referred to as SP) trained to carry out specific functions under the direction of a registered audiologist can augment the services provided to the hearing impaired and Deaf populations, and to the general public. ACSLPA does not mandate SP involvement in the provision of professional services. Ultimately, the audiologist is responsible for determining when it is **not** in the best interests of the ***“client(s)”*** to involve SP to augment client service activities.

In accordance with the ACSLPA *Code of Ethics*, the audiologist has the ultimate responsibility for ***“audiology service delivery.”*** This includes ***“assignment”*** of service activities and ***“clinical supervision”*** of SP in carrying out these activities. The accountability of the audiologist 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 instructions.

¹The first time a term defined in the glossary appears in this document it is italicized and bolded within quotation marks.

The legal requirements for the supervision of **“restricted activities”** delegated to SP by audiologists are outlined in the *Speech-Language Pathologists and Audiologists Profession Regulation*. Additional information regarding restricted activities is available in the *Government Organization Act*, schedule 7.1, entitled *Health Services Restricted Activities*.

A. Purpose

This guideline specifically addresses the responsibilities of registered audiologists when working with SP. In keeping with ACSLPA’s role as both as a professional regulatory body and a member service organization, this document has been written to address the needs of ACSLPA’s member audiologists and the public they serve. The College does, however, strongly recommend the development of partnerships between audiologists, support personnel and their **“employer(s).”** It is essential that these groups work together if the efficiency and effectiveness of overall audiology service delivery is to be improved, and not jeopardized, by the use of SP. This guideline informs all groups of the methods of practice supported by the College.

In Alberta, a variety of SP assist audiologists. ACSLPA supports the development of a workforce of audiology SP with post-secondary education. However, it is important to note that the responsibilities of supervising audiologists do not vary based on the specific job title (e.g., technician, assistant) or training (e.g., post-secondary training program or on-the-job training) of any individual SP.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. In these situations, the audiologist should carefully consider any departures from these guidelines, justifications, and safeguards necessary to ensure quality and safety. Should questions arise, concerned individuals are encouraged to consult with College staff.

B. Considerations for Support Personnel

SP contribute to the delivery of audiology services by assisting the audiologist with **“client service activities”** and completing **“administrative and support activities”** that facilitate the provision of services to clients.

Whenever possible, the audiologist should participate in the hiring/selection of SP. This participation allows the audiologist to fulfil their obligation to consider the service tasks and activities that could appropriately be assigned to SP, and helps to ensure that the skills and abilities of SP are appropriate to the overall goal of augmenting audiology service delivery.

1. Foundational Requirements

Because very few training programs exist for audiology SP, the audiologist should consider whether personnel have the following entry level requirements prior to hiring/selection:

- A high school diploma or equivalent.
- Communication skills adequate for the duties involved.

- Ability to demonstrate an attitude of respect and sensitivity toward clients with widely varied backgrounds, abilities, socioeconomic, and educational status.

Prior to the audiologist assigning clinical activities, individual SP should exhibit knowledge and skills in the following areas:

- Understanding normal and disordered hearing processes relevant to the clinical population being served.
- Awareness of, and compliance with, client safety policies, infection prevention and control policies, and privacy policies as set forth by the employer or agency.
- Awareness of, and compliance with, occupational health and safety legislation, privacy legislation, and any additional legislation and provincial standards that may exist.
- Responding effectively to attitudes and behaviours of the client(s).
- Identifying factors that may interfere with client treatment and discussing these with the supervising audiologist.
- Understanding and implementing principles of person centered care.
- Appropriately identifying the need for, and seeking, additional input from the audiologist, as required.
- Identifying the need to refer questions from clients, caregivers, and colleagues to the audiologist in a timely manner.
- Selecting, preparing, and presenting materials to the client(s) consistent with the **“audiology care plan”** delegated by the audiologist.
- Appropriate presentation of stimuli and recording of responses.
- Response discrimination (i.e., ability to discriminate between correct and incorrect responses).
- Use of any necessary equipment, materials, and/or programs.
- Completing clinical record keeping and data entry.

Additional foundational requirements that should be in place prior to assigning any administrative or support activities to SP include:

- Understanding the appropriate role of SP;
- Understanding the ethical considerations applicable to their actions;
- Understanding the importance of confidentiality in all dealings with clients;
- Relating to and interacting respectfully and positively with other service team members; and
- Managing time effectively.

2. Expectations of Support Personnel

Client service activities appropriate for SP involvement include but are not limited to the following:

- Screening: pure tone air conduction, otoacoustic emission (OAE), automated auditory brainstem response (AABR) testing, otoscopic inspection, tympanometry.
- Assisting the audiologist with testing such as play audiometry, behavioural observation and visual reinforcement audiometry (VRA).

- Preparation of clients for auditory brainstem (ABR) testing, OAE testing, and Electronystagmography (ENG)/Videonystagmography (VNG) testing.
- Ear impressions.
- Assistance with components of hearing aid fitting appointments including the following:
 - Explanation regarding care and maintenance of the hearing aid, earmold, frequency modulated (FM) systems, and/or wireless accessories.
 - How to change the battery.
 - Explanation of parts of hearing aid.
 - Use of telephone with hearing aid.
 - Ensuring that hearing aid user is able to insert and remove hearing aid and/or earmold.
 - Entering data (e.g., audiometric thresholds, serial numbers, demographic information) into audiology software and/or hearing aid analyzer.
 - Preparation or charging of components (such as FM systems, remote controls) prior to appointment.
- Electro-acoustical analysis of hearing aids/FM systems for comparison to manufacturer's specifications and/or client's required gain levels as specified by the supervising audiologist.
- Troubleshooting of hearing aids, FM systems, and wireless accessories.
- Cleaning and checking of hearing aids.
- Minor repairs to hearing aids.
- Re-tubing earmolds and modifications to earmolds as directed by the supervising audiologist.
- Ordering hearing aids as requested by the supervising audiologist.
- Completion of forms related to the ordering of new hearing aids.
- Completion of forms for hearing aid repairs.
- Notes on client file regarding client contact.
- Observation and communication with the audiologist regarding a client's behaviour, health status, and ability to perform clinical activities.
- Communication with the client, family, or other team members for the purposes of reporting clinical observations and providing updates as documented and discussed previously with the audiologist (any pertinent questions to be referred back to the audiologist, whose responsibility it is to respond in a timely manner).
- Information sharing with family members participating in sessions led by the SP.
- Assistance with public education events and activities.
- Assistance with student training and student field placements by "**mentoring**" SP in training, as directed by the audiologist.

SP may also play a role in various administrative and support activities (please refer to the glossary for a definition of this term).

The following activities should **not** be assigned to SP:

- Interpretation of a referral, diagnosis, prognosis, screening, or assessment findings.
- Administration of diagnostic tests.
- Independent manipulation of hearing aid and/or FM settings.
- Determination of caseload.
- Independent determination or modification of the audiology care plan.
- Decisions about the initiation, duration, or termination of audiology care.
- Restricted activities except as permitted pursuant to the *Health Professions Act* and the *Speech-Language Pathologists and Audiologists Profession Regulation*.
- Independently initiating referrals of clients to other professionals or agencies.
- Signing of formal reports.

C. Roles and Responsibilities of the Audiologist

1. Foundational Requirements

To ensure the successful involvement of SP in the workplace, foundational elements for the audiologist should include, but are not limited to the following:

- Understanding of current recommended practices in the supervision of SP. *(It is recommended that the audiologist regularly update their understanding of recommended practices in the supervision of SP through relevant formal coursework, workshops, mentoring arrangements, peer support, and/or self-study.)*
- Completion of a minimum of the equivalent of one year of full-time clinical practice is strongly recommended. *(An audiologist's ability to competently assume responsibility for SP in their work setting is likely to be aided when clinical experience is obtained prior to commencing supervisory duties. Supervisory competence may be fostered by arranging mentoring opportunities related to supervision, and by undertaking supervision of SP on a limited basis at first.)*
- Determination that an appropriate client population exists that would benefit from services provided by SP.
- Obtaining client or family/caregiver consent to the audiology service proposed, and to the service being provided by the SP.
- Educating other team members (e.g., teachers, other therapists), clients and/or parents/caregivers regarding the role of SP, and the role of the audiologist in overseeing service provision.
- Informing clients and/or their families or other caregivers and service team members that they may request meetings with the audiologist to discuss aspects of the client's care.

It is the audiologist's responsibility to work with their employer to find mutually agreeable solutions to any outstanding practice issues (refer to section entitled *Considerations for Employers* for additional information).

2. Clinical Obligations

The audiologist always maintains responsibility for:

- Completing and interpreting all formal assessment and diagnostic activities;
- Interpreting screenings;
- Selecting clients for service;
- Developing audiology care plans;
- Monitoring client progress and modifying care plans as necessary;
- Independent manipulation of hearing aids and/or FM systems;
- Discharging clients from service;
- Formal clinical reports;²
- Selecting clients for referral to other professionals or agencies;
- Participating in client/parent conferences, case conferences, or any formal interdisciplinary team meetings that involve decision-making; and
- Ensuring the content and accuracy of public education materials.

3. Assignment of Audiology Care Plan and Clinical Activities

When assigning clinical activities to a SP, the audiologist is responsible for the following:

- Establishing the methods and frequency of audiology care.
- Establishing the model of supervision to be used, based on the type and complexity of the goals and objectives, and the audiologist's own familiarity with the skills and abilities of the SP.
- Informing the SP of the client's goals and objectives.
- Ensuring that the SP understands all instructions provided in written and/or verbal form.
- Ensuring that the SP understands the limits of their role in the particular case.
- Advising the SP of any risks, contraindications, precautions, as well as any other information necessary to ensure the safety of the client and the SP.

4. Clinical Supervision of Support Personnel

Typically, the audiologist assigning an activity is responsible for the clinical supervision of the SP performing the activity. In some service environments, however, one audiologist may be designated to provide feedback to a SP who is performing clinical work assigned by more than one audiologist. In this situation, it is essential that mechanisms exist to ensure communication occurs between all involved audiologists. As a clinical supervisor, the audiologist will also incur some responsibility for training of SP (see *Training*, p. 11).

a. Monitoring Performance

The audiologist is responsible for the outcomes of their clients. When SP are providing care, the audiologist is responsible to monitor progress and problem-solve with the SP.

² SP may be responsible for documenting daily progress notes in the client record as required by their employer.

During supervision of assigned activities, the following should be monitored:

- Agreement (reliability) between the SP and the audiologist on correct/incorrect judgments of target behaviour.
- SP's skill in implementing clinical procedures and strategies.
- SP's accuracy in recording data.
- SP's adherence to the audiology care plan.
- SP's ability to recognize when consultation with the audiologist is required.
- SP's ability to interact effectively with the client and significant others.
- SP's ability to work within the scope of their responsibilities.

Amount and Type of Supervision

Clinical supervision may be **direct, indirect, or a combination** of these approaches.

“Direct supervision”: The supervising audiologist is physically present within the environment or virtually present via real-time videoconferencing. The audiologist is able to observe the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.

“Indirect supervision”: The supervising audiologist is not physically or virtually present when an assigned activity is being carried out. The audiologist monitors and evaluates the SP's performance of assigned activities by reviewing audio/video recordings and written records and/or through discussions with the SP as well as with clients, families, caregivers, team members, and/or employers.

If SP assist with restricted activities, the audiologist must provide supervision in accordance with the *Speech-Language Pathologists and Audiologists Profession Regulation*.

In determining the amount and type of supervision necessary, the audiologist shall use their knowledge of the context, client needs, and SP skills and experience to determine the most appropriate means of ensuring quality services.

The audiologist is responsible to provide the amount and type of supervision that, in their professional opinion is:

- Commensurate with a SP's overall abilities; and
- Commensurate with their specific abilities with the assigned activities.

The amount and type of supervision required will depend upon the following:

- Type of tasks and activities assigned.
- Experience of the audiologist with supervision of SP in general and with the specific SP involved.
- Skills, abilities, and judgment of the SP.
- Needs of any clients involved.

If the audiologist is not familiar enough with the skills of the SP, a supervisory plan should be established that allows for added supervision until confidence in skills is established. If the audiologist is assigning a case involving a new skill for the SP, it may be necessary for the audiologist to directly supervise the first

two or three sessions, and to model procedures. In such cases, direct supervision should subsequently occur with decreasing frequency until the audiologist determines that the SP is sufficiently competent in the assigned intervention activity.

For direct client care activities, an element of direct supervision is always required. The supervised sessions should be representative of the differing disorder types and severity levels found on the particular caseload. As mentioned previously, the amount and type of supervision will vary dependent on a number of factors. While it is not expected that every direct client interaction will require direct supervision, some portion of the overall direct client care activities in any given time period (i.e., weekly, bi-weekly, or monthly) will require direct supervision.

In addition to direct supervision, indirect supervision should take place on a regular basis. All direct supervisory activities, as well as indirect supervisory activities involving changes in a client's program, should be documented in the appropriate client file.

Should it not be possible to meet the above recommended minimum supervision guidelines, it is recommended that the supervising audiologist document the reasons why they are unable to do so, and that they discuss alternatives to address this issue with their manager.

When Concerns Arise

Whenever, in the audiologist's professional judgment, a SP's performance with a particular activity falls below an acceptable level, the audiologist should first endeavour to retrain the SP in that activity. This retraining may involve increasing direct supervision and modeling of the activity. The audiologist should document the retraining provided as well as the ultimate success or failure of the retraining. If the retraining required is such that the quality or quantity of audiology service delivery is jeopardized, the audiologist should change the activities assigned to the SP.

When concerns with an SP's job performance are ongoing, the audiologist should alert their own employer regarding the situation, accompanied by supporting documentation, as applicable. They should also document the employer's response. The audiologist should be prepared to assist their employer and/or the SP's employer in determining a further plan of action. A solution-focused orientation to addressing problems is recommended whereby opportunities exist to problem-solve with other supervising audiologists and/or with the audiology manager. Documentation of strategies to address concerns is also recommended.

Availability of Supervising Audiologist

Whenever SP are engaged in client service activities, the audiologist who assigned the activities should:

- Be available for consultation through some mode of communication; or
- Designate an alternate supervisory audiologist; and
- Ensure that SP understand how and when to contact the audiologist or alternate to request advice.

In the event of an unforeseen circumstance that requires supervisory input, and the supervising audiologist is not available, the SP should discontinue care until such time as the supervising audiologist can be contacted.

b. Training

The amount and type of educational background and experience each SP brings to their position can vary considerably. Background may range from no formal training (e.g., on-the-job training only), to a therapist assistant diploma from a recognized college or university program, to a bachelor's degree in communication disorders. Individuals with relevant educational background will be in a better position to assume job duties more quickly and with less training than those without a relevant educational background.

The audiologist is responsible for either providing SP with any site- and service-specific training required to understand the intent of the assigned activities and to be competent with those activities, or alerting their own employer of the training required (as well as the employer of the SP if a personnel sharing agreement is in effect). This training will vary depending on the complexity of the activities assigned, the competence of the support person, and the requirements of the audiology service. In most cases, at least some on-the-job training by the audiologist will be required before newly hired SP can be assigned activities.

As the clinical supervisor, the audiologist should also encourage and support ongoing learning opportunities and self-reflection.

D. Considerations for Employers

1. Foundational Requirements

In order to ensure the successful use of SP in the workplace, certain foundational elements are recommended to employers. These should ideally be in place prior to the implementation of any program, and should include the following:

- Commitment to audiology services provided by SP under the clinical supervision of an audiologist registered with ACSLPA.
- Understanding of the appropriate role of SP in audiology service delivery, including benefits and restrictions.
- Provision of sufficient resources and empowerment of the audiologist to decide when and how to involve SP.
- Adequate support in the form of mentorship and/or peer support, particularly for new graduates and individuals inexperienced in working with SP, prior to commencing supervisory duties.
- Allocation of sufficient time to adequately train and supervise SP, including explanation of tasks and the provision of any necessary written instructions.
- Clearly delineated process 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.

The employer and audiologist should work collaboratively to determine a mutually agreeable plan of action for each SP.

2. Clarity of Supervisory Role

The audiologist should consider how their employer has defined the audiologist's role in clinically supervising SP prior to determining how such personnel may be used to augment audiology service delivery. The audiologist should seek input into the development of a written description of responsibilities that outlines the following:

- The portion of each SP's work time that the audiologist is responsible to supervise.
- Tasks and activities the audiologist may assign.
- Any site- or service-specific procedures for supervision and documentation, including procedures for handling inappropriate conduct, unprofessional behaviour, and/or poor task performance by SP.
- The implementation of policies that ensure completion of regular performance reviews with each SP. Depending on the roles and responsibilities of the manager/supervisor, this review may be the responsibility of the supervising audiologist and/or the responsibility of an out-of-scope manager or designate. Ultimately, however, the accountability for overall job performance rests with the manager.

Should the supervising audiologist leave the work setting for any reason (e.g., maternity leave, illness, change of employment), it is understood that the assignment of client service activities to SP will cease.

The exceptions to this policy would be as follows:

- Another registered audiologist will assume supervisory responsibility immediately.
- A documented plan exists to manage a short window of transition between the availability of supervising audiologists.

In either event, the minimum guidelines for direct and indirect clinical supervision of SP should be maintained.

3. Number of Support Personnel to be Clinically Supervised

When assigning service activities to SP, the employer and the audiologist should consider how many SP can be appropriately supervised by one clinician. The maximum number of SP supervised by one audiologist varies in relation to a number of 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 level of the audiologist.
- Audiologist's responsibility for provision of direct service.
- Full-time equivalents (FTE) of the audiologist and the SP.
- Proportion of the SP's work time for which the audiologist is designated as supervisor.
- Work locations and travel requirements of the audiologist and the SP.
- Time required by the audiologist to provide adequate supervision as related to the above.

E. When the Audiologist and Support Personnel Have Different Employers

In the case where an audiologist is requested by their employer to supervise SP from another agency, the audiologist should request that their employer seek a written agreement with the employer of the SP. This agreement should outline the proposed sharing of personnel and delineate the audiologist's responsibilities. In some cases, it may be appropriate for the audiologist to facilitate this agreement as delegated by their employer.

When concerns with SP's job performance are ongoing, the audiologist should alert their own employer regarding the situation. The manager and audiologist should work together to arrive at a mutually agreeable plan as how to proceed. This may involve the audiologist, the manager, or both parties speaking with the SP's employer. As mentioned previously in this document, ultimate accountability for the SP's job performance rests with the SP's employer/manager.

In this situation, ACSLPA also recommends that the audiologist provide all instructions and feedback regarding clinical performance to SP in written form, and that they maintain a copy for their own records.

All other points delineated under *Considerations for Employers* remain applicable.

Glossary

Administrative and Support Activities	Audiology service activities that facilitate the provision of services to clients (e.g., preparing presentations, providing approved information and resources, collating clinic data, scheduling, etc.)
Assignment	The process by which an audiologist 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 remains accountable for the overall intervention plan.
Audiologist	An individual who is registered as a regulated member of ACSLPA and holds a valid practice permit.
Audiology Care Plan	A written plan of professional clinical activities that is client specific and addresses the audiology and hearing needs of the client. The plan guides the audiologist and SP; it is intended to ensure optimal outcomes for clients during their course of care.
Audiology Service Delivery	A set of service activities designed and organized by audiologists to promote awareness, maintenance, and/or improvement of hearing, balance, and communication skills. Services are provided in a variety of environments, including hospitals, private practice, home care, continuing care institutions, and schools.
Client	As per ACSLPA's <i>Code of Ethics</i> (2009), client means "an individual, family, substitute decision-maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the member's expertise."
Client Service Activities	Audiology service activities that are undertaken to address the specific needs of particular clients (e.g., intervention activities).
Employer	Any administrator (e.g., manager, supervisor) from the agency employing the audiologist, the support person, or both parties.
Mentoring	The process by which an experienced colleague provides an inexperienced individual with support and encouragement to guide her to proficiency. A mentor may be formally assigned or the relationship can occur informally through a common connection or association.

Glossary (cont'd)

Restricted Activity	Restricted activities, as defined by the Alberta Government, are procedures or services that require specific professional competencies to be performed safely; they may only be performed by individuals who are authorized by their College to perform them. Health care providers have a responsibility to ensure that before performing any activity, whether restricted or not, that they are competent to perform the activity. Restricted activities are listed in the <i>Government Organization Act</i> . The specific activities that audiologists are authorized to perform are listed in the <i>Speech-Language Pathologists and Audiologists Profession Regulation</i> .
Supervision-Clinical	A dynamic and evolving process involving the oversight of another's work (e.g., SP, audiology students, or another therapist). Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, and ethical audiology services. The audiologist is identified as having ultimate responsibility for the quality of the service.
Supervision-Direct	The supervising audiologist is physically present within the environment or virtually present via real-time videoconferencing. The audiologist is able to observe the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.
Supervision-Indirect	The supervising audiologist is not physically or virtually present when an assigned activity is being carried out. The audiologist monitors and evaluates the SP's performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the SP, clients, family, caregivers, 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 registered with ACSLPA. Individuals functioning as SP may have a variety of working titles (e.g., audiology assistant, audiometric technician, speech and hearing assistant, or support personnel (SP)). Audiology students in training are not considered to be SP.

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