



Alberta College of
Speech-Language Pathologists
and Audiologists

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Clinical Supervision of Educational Aides and Assistants by Speech-Language Pathologists (SLPs)

September 2014

Attention Administrators and Staff:

This FAQ has been developed by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) to address some commonly asked questions regarding clinical supervision of support personnel¹ by SLPs in educational settings and to dispel some common myths regarding supervisory responsibilities and accountabilities.

According to ACSLPA's [*Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)*](#), **clinical supervision** refers to a dynamic and evolving process involving the oversight of another's work (e.g., support personnel, speech-language pathology students, or another therapist). Regardless of the relationship, the purpose of clinical supervision is to help ensure the delivery of competent, safe, and ethical speech-language services. The SLP is identified as having ultimate responsibility for the quality of service.

ACSLPA is mandated under provincial legislation to protect and serve the public by regulating, supporting, and ensuring the competent, safe, and ethical practice of SLPs and audiologists.

According to ACSLPA's Code of Ethics and Standards of Practice, the SLP is accountable for speech-language service delivery, including assignment of service activities and clinical supervision of support personnel in carrying out these activities.

It is important to note that the responsibilities of supervising SLPs do not vary based on the specific job title or training of the support personnel involved.

SLPs working in educational settings frequently work with support personnel who have a wide range of training and experience (ranging from formally trained speech-language therapist assistants to on-the-job trained educational assistants and teacher's aides).

While the FAQ highlights key points for consideration by administrators and staff, details regarding application can be found within the guideline itself at the following link:

[*Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)*](#)
(<http://tinyurl.com/ms7875t>).

Inquiries can also be addressed to Susan Rafaat, Director of Professional Practice at director2@acslpa.ab.ca.

¹ Support Personnel are defined as individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by an SLP registered with ACSLPA. Individuals functioning as support personnel may have a variety of working titles. SLP students in training are not considered to be support personnel.

Frequently Asked Questions

1. What is Clinical Supervision?

There are commonly two types of clinical supervision provided:

- **Direct clinical supervision:** The supervising SLP is physically present within the environment or virtually present via real time videoconferencing. The SLP is able to observe support personnel carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.
- **Indirect clinical supervision:** The supervising SLP is not physically or virtually present when an assigned activity is being carried out. The SLP monitors and evaluates support personnel's performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the support person, clients, family, caregivers, team members, and/or employers.

It is important to note that clinical supervision of support personnel by an SLP differs from accountability for overall job performance, which rests with the support personnel's manager/employer. Please refer to page 11 of the [Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)](#) for additional information regarding *Clarity of Supervisory Role*.

2. When is clinical supervision of support personnel required?

Whenever support personnel are implementing a therapeutic program **addressing specific goals assigned by or under the direction of an SLP**, the therapist must provide clinical supervision and monitoring in accordance with the requirements of the regulatory college.

It is important to note that regardless of the support personnel's specific title, training, or role (e.g., speech-language assistant, educational assistant, rehabilitation aide, etc.) **whenever** they are assigned to provide therapeutic interventions addressing specific communication or feeding/swallowing goals, the SLP is accountable and responsible for the clinical supervision and service provision.

As 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 becoming more commonplace, clinical supervision of support personnel involved in the implementation of these strategies will also be required in order to ensure safe, competent service.

If clinical supervision is not possible, then the provision of clinical services by support personnel should be discontinued (refer to page 11 of [Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)](#)).

3. How much clinical supervision is required?

The amount and type of clinical supervision required will depend upon:

- the type of tasks and activities assigned;
- the experience of the SLP with clinical supervision of support personnel in general, and with the specific support personnel involved;
- the competency of the support personnel; and
- the needs of the clients involved.

Contextual factors including teacher or family needs (e.g., the experience of the teacher, the family's understanding and comfort level with working with support personnel) and the particular requirements of the learning environment may also come into play.

For direct client care, an element of direct clinical supervision is always required:

- **Regardless of the support personnel's performance, a minimum of 10% of the total client caseload contacts should be directly supervised by the SLP.**
- **In addition to direct clinical supervision, indirect clinical supervision should take place a minimum of once every five sessions.**

Please refer to page 9 of the complete [Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)](#) for details.

4. Given the wide range of educational backgrounds that support personnel may bring to their position, what role should the SLP play in training of support personnel?

The SLP is responsible for either:

- a) providing 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, or
- b) alerting his/her own employer of the training required (as well as the employer of the support personnel if a personnel sharing agreement is in effect).

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 service.

In most cases, at least some on-the-job training by the SLP will be required before newly hired support personnel can be assigned activities.

Scheduling time for in-servicing/formal training of support personnel by supervising SLPs can be particularly beneficial in situations when support personnel have limited or no formal educational background in speech-language pathology.

5. What actions should be taken in the event of concerns related to support personnel performance?

It is important to note that while the SLP 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 SLP's professional judgment, support personnel's performance with a particular activity falls below an acceptable level, the SLP should endeavour to retrain the support personnel in that activity. If concerns persist, the SLP should alert his/her own employer to the situation. The SLP should be prepared to assist his/her employer and/or the support personnel's employer in determining a further plan of action.

Please refer to page 9 of the [*Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)*](#) *When Concerns Arise* for a more detailed outline of recommended practices.

6. Do these guidelines actually apply to SLPs working in educational settings?

These guidelines apply to **all SLPs regardless of their work environment or employment setting**. This FAQ is specifically addressing educational environments.

7. Where can I get more detailed information regarding the requirements of the SLP, as well as considerations for support personnel and employers?

Click here to access ACSLPA's [*Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)*](#) (<http://tinyurl.com/ms7875t>).

You can also contact the College at any time via director2@acslpa.ab.ca.

Tips To Ensure Successful Collaboration

Following are some suggestions for both SLPs and school personnel to ensure successful collaboration that ultimately addresses the communication and/or swallowing needs of the client:

- At the beginning of the school year, at the initiation of an intervention program **anytime** during the school year, or when there are staffing changes, set up a meeting with school administration, SLP, teacher, and support personnel to discuss how assignment of speech-language activities and clinical supervision of support personnel will be managed. Share the ACSLPA [*Speech-Language Pathologists' Guidelines for Working with Support Personnel \(2011\)*](#) with all parties as a jumping-off point for discussion.
- Schedule regular meetings with all relevant parties, as required, to keep the lines of communication open and to address any questions that may arise.
- Clearly outline the roles and responsibilities of each individual involved in client/student care. Specifically document roles and responsibilities related to therapeutic interventions and provide a copy to all team members, including administrators and parents.
- Review ACSLPA's [*Supervision Tips: Supplement to Working with Support Personnel Guidelines \(2012\)*](#) (<http://tinyurl.com/kejog58>) for suggestions to promote successful communication between clinical supervisors and support personnel.