Evaluation of the Report on the Role and Use of Support Personnel in the Rehabilitation Disciplines (Hagler et al., 1993)

CASLPA Ad Hoc Committee on the Role and Use of Support Personnel

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Process

The CASLPA Ad Hoc Committee on the Role and Use of Supportive Personnel was established in December 1993 to respond to the report on the *Role and Use of Support Personnel in the Rehabilitation Disciplines* (Hagler, Madill, Warren, Loomis, Elliott, & Pain, 1993). This report detailed an interdisciplinary research project funded through the National Health Research and Development Program (NHRDP) of Health Canada. The committee consisted of six speech-language pathologists and one audiologist drawn from the Toronto, Hamilton, and Ottawa areas, and included representation from clinicians working for acute, rehabilitation and chronic care hospitals, long term care institutions, school boards, private practice, university training programs, a community agency, and a provincial regulatory body. Although committee members were drawn solely from urban locations in Ontario, extensive consultation with CASLPA national councillors, provincial associations and clinicians in other jurisdictions was done to ensure that regional concerns were considered and addressed.

In May, 1994 a draft evaluation of the Hagler et al. report was disseminated to the CASLPA membership through the national councillors, and to the Canadian Association of Occupational Therapists and Canadian Physiotherapy Association. Comments and responses to the draft document were solicited. This paper represents the final position of the Ad Hoc Committee on the Role and Use of Supportive Personnel, following extensive consultation with the CASLPA membership.

Background

In 1988, the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR) published the Federal/Provincial Report on Rehabilitation Personnel (ACHHR, 1988) in which it was recommended that the supply and cost of services in the disciplines of audiology, speech-language pathology, occupational therapy and physiotherapy be considered carefully as part of the revision and development of current and future national health policies. Both a chronic shortage of health care professionals in the rehabilitation disciplines and a need for cost-effective expansion of health care services were acknowledged. The expanded use of support personnel was viewed as a potential solution to these problems, but ACHHR identified a need to assess and define specific training requirements, service functions and supervisory conditions for support personnel prior to expanding their utilization in rehabilitation. In 1991, the National Health Research and Development Program (NHRDP) of Health Canada funded an interdisciplinary research project at the University of Alberta to investigate the training, use and supervision of support personnel and to explore future options in these domains.

The objectives of the research project were to:

1. Collect national staffing and employment information on rehabilitation support personnel;
2. Describe the current training, use and supervision of rehabilitation support personnel;
3. Determine the optimal training, use, supervision and service delivery of rehabilitation support personnel for the future.

The *Role and Use of Support Personnel in the Rehabilitation Disciplines* (Hagler et al., 1993) reported the results of this research project, conducted by means of a survey of institutions employing support personnel. Recommendations included the specification of appropriate job duties for support personnel working in each of the four disciplines, a proposal for a one-year generic college-level training program with both academic and clinical components, and minimum supervision standards for each discipline. The fact that Hagler and his colleagues conducted their study for the primary purpose of providing information to federal government policy and decision makers compelled CASLPA to review and respond to the substance and conclusions of their report; the Ad Hoc Committee on the Role and Use of Support Personnel was charged with this mandate. The Committee critically reviewed the design of the study and identified questions which should be addressed when considering the application of the report's recommendations to the present delivery of speech-language pathology and audiology services in Canada. It is hoped that this evaluation will be useful to health and education planners and employers in furthering their understanding of the potential benefits of support personnel within the present service delivery and employment framework, that it will support professional speech-language pathologists and audiologists across the country in maintaining their commitment to providing quality services to clients with communication impairments, and that it will ultimately contribute to wise and proactive decision making with regard to the formal training and utilization of supportive personnel.

Evaluation of the Hagler et al. Report

The study conducted by Hagler and his colleagues was the first in Canada which attempted to examine the issue of support personnel utilization in a comprehensive way. As such, it broke new ground and provided government policy makers and professionals with invaluable information. However, some concerns regarding both the design and interpretation of the research exist and are outlined below.

Hagler et al.'s study was commissioned in 1988 when a lack of available rehabilitation services was of great concern. The ACHHR attributed the inadequate supply of rehabilitation professionals to two factors: a chronic shortage in the number of professionals and a continual expansion of service requirements (based on demographic trends). These concerns were valid in 1988, but their validity in the economic climate of the mid-1990s is questioned. While it is true that service requirements have continued to expand, and that this trend is likely to continue well into the 21st century, there have been severe cutbacks to the funding of health care services across Canada. Today's emphasis is on the provision of quality service at minimal cost and the provision of more for less; as a result we are no longer faced with a shortage of health care professionals. Therefore, the underlying premise for Hagler et al.'s study has questionable application today. It is our strong opinion that support personnel should not be seen primarily as a cheaper and alternative labour force, but as a means of enhancing quality service provision.

A second assumption made by the ACHHR in commissioning the University of Alberta research study was that support personnel were a cheaper means of providing rehabilitation services. Almost seven years later, our experience has taught us that this can be the case but is not necessarily so. A number of common practices threaten this assumption. Firstly, salary levels in most institutions are established based on years of training rather than on job responsibilities. Hagler et al.'s report recommends a college-level training program for support personnel. In Ontario, Georgian College in Orillia offers a one year post-diploma program for communicative disorders assistants. Applicants to this program must have a minimum of two years post-secondary education, and many are accepted with full baccalaureate degrees. Our investigations revealed that starting salaries for these individuals are often competitive, or in some cases even higher, than those given to master's level-trained speech-language pathologists or audiologists. If the development of support personnel as a work force is indeed intended to result in cost savings, there are obvious and significant implications for their training and salaries. Our committee submits that the costs of training support personnel at the post-diploma level are incompatible with a resulting net cost benefit to the health care system.

We have grave concerns that employers perceive support personnel as a cheaper alternative to professional services. It is paramount to recognize that the cost of employing a support person includes the costs of providing appropriate supervision by a professional clinician. We are aware of cases where professionals have lost their jobs and been 'replaced' by support personnel with no supervision, a practice which is entirely unacceptable. By definition, support personnel are trained to assist, and be supervised by, a health care professional; the use of support personnel without appropriate supervision is not only unethical, but is in fact illegal in provinces where health professions are licensed or regulated (e.g., Ontario). We wholeheartedly endorse the use of support personnel in both speech-language pathology and audiology, but only in such cases where these individuals are employed to enhance the services provided by fully qualified professionals. In this regard, we agree with the position of the American Speech-Language-Hearing Association (ASHA) that "support personnel can be used to increase the frequency, efficiency

and availability of services (while maintaining the quality of services provided); can assist the fully qualified professional with generalization of learned skills to multiple settings; and can assist with habilitation and restorative programs" (ASHA, 1994, p.3). It should also be recognized that initial costs are likely to increase when hiring support personnel, due to the need for a greater degree of professional supervision while the support person becomes oriented to the job and caseload. We recommend the guidelines in Table 1 (Hagler and MacFarlane, 1994) for determining the appropriate degree of professional supervision. Experience gained through clinical practica, as currently used in the Georgian College program in Ontario, will never be, and should never be interpreted as being sufficient to replace the need for initial job orientation or for both initial and ongoing clinical supervision of support personnel.

The University of Alberta research project was conducted in three phases. Initially, a survey was sent to administrators to obtain a census of staffing patterns. From this survey, a geographic and discipline representative sample of facilities employing support personnel was selected to complete a more detailed written questionnaire on existing utilization practices. A further subsection of this group was selected for interview regarding their preferences for the future training, use, and supervision of support workers. Several weaknesses in this approach to sampling are apparent, which weaken the recommendations arising from the research project. Firstly, as Hagler et al. acknowledge, facilities which were not employing support personnel were not included in the second and third phases of the project. We feel that the reasons for not employing support personnel are of equal or greater importance than those for employing such individuals; this information is missing. Secondly, as acknowledged by the authors, the phase III sample sizes for the disciplines of speech-language pathology and audiology were extremely small. Specifically, only 30 speech-language pathologists and 9 audiologists were interviewed. We submit that this sample was not large enough to provide nationally representative opinions. Thirdly, the definition of support worker in the fields of speech-language pathology and audiology was broad. Hearing aid dispensers were included as audiology support personnel. In view of the fact that these individuals are a recognized profession in some provinces and must adhere to strict regulations, the appropriateness of their inclusion is questioned. Furthermore, the speech-language pathology support worker sample included a large proportion of teacher's aides and special needs aides; while these individuals assist speech-language pathologists for some portion of their work, their primary responsibility is to assist the classroom teacher. We submit that they cannot be considered in the same category as speech-language pathology assistants. The fact that the speech-language pathology respondents were drawn primarily from schools or community agencies also limits the potential application of the findings to the full range of employment settings. This issue requires further investigation; there are probably some employment settings (e.g., acute care hospitals) where the use of support personnel is inappropriate. Finally, it should be pointed out that the only college-level training program for communicative disorders support personnel (at Georgian College, Orillia, Ontario) was in its infancy at the time of the study. It is therefore, highly unlikely that the majority of the respondents in phase III of the study (who were scattered representationally across Canada) would have had any experience with college-trained support personnel. Their expressed preference for a two-year college-level training program (which the authors themselves considered excessive and recommended reducing to one year) cannot possibly have been based on objective experience.

Several concerns about the interpretation of information gathered in Hagler et al.'s study are raised. In the area of training, Hagler and his colleagues recommended a one-year college-level program, suggested curriculum for each discipline, and suggested the possibility of a generic core

Table 1. Guidelines for Supervision of Support Personnel by Task

Task Level	A	B	C	D
Task Description	Tasks with extensive patient contact that are highly complex or highly technical or require high levels of interpersonal interaction.	Tasks with extensive patient contact that are minimally complex, minimally technical and require minimal interpersonal interaction.	Tasks without extensive patient contact that are highly complex or highly technical or require high levels of interpersonal interaction.	Tasks without extensive patient contact that are minimally complex, minimally technical and require minimal interpersonal interaction.
Supervision Amount*	10% to 80%	10% to 60%	10% to 40%	10% to 20%
Supervision Type	Direct ONLY	Direct (5% minimum) or combination of direct and indirect	Direct (5% minimum) or combination of direct and indirect	Indirect only or combination of direct and indirect

* Ranges indicate that initial supervision would need to be of a greater degree and intensity (maximum), but as the support worker's level of training, expertise and familiarity with certain activities and types of client/student increases, the amount and the ratio of direct to indirect supervision may decrease (minimum). Table adapted from Hagler and MacFarlane (1994).

curriculum shared by all four rehabilitation disciplines. While a national standard with regard to training would be of unquestionable benefit, it would be naive to assume that college training would eliminate the need for (and costs of) on-the-job training. A study commissioned by the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA, 1991) examined the comparative benefits of college and on-the-job training and found that within one year of employment any differences between these two groups had disappeared. The curriculum recommendations proposed by Hagler et al. should also be regarded with caution. Although a common curriculum across the country is desirable, it should be noted that there are regional differences in the scopes of practice for professional speech-language pathologists and audiologists. As a consequence, delineation of appropriate job responsibilities for support personnel is a contentious issue, and curriculum in any given province or jurisdiction would need to take this into account. Also, the job functions identified by Hagler et al. as being generic to all four disciplines (program support activities) appear to be more clerical in nature. Therefore, the need for college training to perform these functions is questioned. We consider the nature of speech-language pathology and, particularly, audiology to be sufficiently different from occupational therapy and physiotherapy to render generic training at the college diploma level inappropriate unless discipline-specific streams or electives are provided in the curriculum.

Hagler et al.'s recommendations to employers regarding the need for supervision are considered excellent. It is regrettable that they were not given greater prominence because the decision to provide supervision of support personnel is open to the greatest abuse. It is absolutely essential for the employer to ensure adequate and appropriate clinical supervision of support personnel. This should never be overlooked, nor taken lightly, and may in some cases negate the anticipated cost benefit of hiring support personnel. Unfortunately, support personnel do not fall under the auspices of professional regulatory bodies in most provinces and there is no mechanism for aggressive enforcement of supervision recommendations. It is also unreasonable to expect that, as Hagler suggests, the support worker's employment could be terminated if the supervising clinician were to leave; many support personnel positions are unionized and therefore protected. In such situations it is paramount that the employer arrange for an alternative source of supervision by a professional clinician; supervision by a professional from a related discipline is not acceptable under these circumstances. It cannot be emphasized strongly enough that the client's well-being is the responsibility of the supervising professional at all times. Again, ASHA's position is informative: "speech-language pathologists and audiologists must inform consumers when services are provided by support personnel. Professionals may delegate certain clinical tasks to support personnel, but they cannot delegate the legal and ethical responsibility for all services provided or omitted" (ASHA, 1994, p.4). In response to this issue, it is considered important to develop a role statement for professionals who supervise support personnel, outlining their responsibilities as ethical professionals. Clinicians could use such a role statement to encourage their employers to provide for adequate supervision. Furthermore, Hagler et al.'s recommendation that supervisors receive formal training in supervision and have a minimum of two year's professional experience prior to beginning supervision activities is essential. In remote regions where new graduates are frequently hired as sole charge clinicians, this issue is of particular importance. However, the authors' proposal that a single clinician could feasibly supervise up to four support personnel in a single location at a time is considered excessive; a maximum of two is recommended.

A feasibility study was conducted as the fourth and final phase of Hagler et al.'s research. In this phase of the study, community colleges were canvassed to determine whether or not they would be able to provide a one year training program including a clinical component. We disagree strongly with the author's interpretation of the results, particularly as they apply to the disciplines of speech-language pathology and audiology. Hagler et al. report that most of the responding colleges felt that supervision for clinical practica would be available in their area. However, closer examination reveals that only 26% and 29% felt that supervision would be available for speech-language pathology and audiology, respectively. There are problems with the recommendation that clinical training be included in the college preparation of support personnel. There is already a serious shortage of clinical training sites for master's candidates. In Ontario it is now also required that newly graduated professionals receive supervision throughout their first year of practice. Furthermore, all the colleges that we have spoken to, who offer or are considering offering a program for communicative disorders assistants, are located in small towns or rural areas where there are relatively few clinicians available to supervise. Therefore, it is suggested that clinical practica are not a feasible option for communication disorders trainees.

In conclusion, Paul Hagler and his associates have made a valuable contribution to our knowledge and thinking on the issue of support personnel in speech-language pathology and audiology. The use of communication disorders assistants (either trained in college or on the job) is supported as a means of enhancing the services we provide to our clients. The development of standards with regard to the training, use, and supervision of support personnel as well as to establish title, salary, and portability throughout Canada is

supported. CASLPA is urged to pursue active involvement in the development and delivery of college training programs for support personnel and to work in conjunction with the professional associations and regulatory bodies to develop standards with regard to the delegation of tasks to support personnel and the supervision of support personnel. Finally, CASLPA is encouraged to continue communication with governments and to facilitate public awareness initiatives to ensure that the services provided to Canadians with communication impairments are cost-effective and continue to be of the highest quality.

Recommendations to CASLPA

The following specific recommendations are made to CASLPA regarding future initiatives that should be undertaken with respect to the use of support personnel in the delivery of speech-language and audiology services in Canada:

1. We strongly recommend that CASLPA adopt the position statement, *CASLPA Position Paper on Support Personnel in Speech-Language Pathology and Audiology* (this issue) developed by the Ad Hoc Committee on Support Personnel, and thereby, endorse the supervised use of support personnel in both speech-language pathology and audiology, as a means of enhancing the services provided by fully qualified professionals. CASLPA should strongly denounce the use of support personnel without adequate supervision by speech-language pathologists or audiologists.

2. We urge CASLPA to pursue active involvement in the development and delivery of college training programs for support personnel, and to work in conjunction with the professional associations and regulatory bodies to develop standards with regard to the delegation of tasks to support personnel and the supervision of support personnel. Continued responsibility for the issue of support personnel should remain in a CASLPA vice-president's portfolio. We also recommend that CASLPA appoint liaisons to each college training program and provide financial support for these liaisons to attend board meetings and other relevant activities. Where possible, the provincial associations should be approached to share the expenses and benefits of these relationships. These liaisons should be charged with the responsibility of encouraging colleges to conduct careful market research with regard to the employment of future graduates both prior to establishing new training programs and on a repeated basis as an evaluation of the demand for such programs.

3. We encourage CASLPA to continue communication with governments and to facilitate public awareness initiatives on the issue of support personnel. As well, collaboration with the provincial associations or regulatory bodies in this regard is strongly encouraged. In particular, employers and consumers need to be better informed regarding the need for supervision of support personnel.

4. We recommend that CASLPA continue to discuss the issue of support personnel with the provincial associations and regulatory bodies in order to pursue collaborative development of nationally accepted standards with regard to the utilization and supervision of support personnel. The CASLPA position paper could be used as a starting point for such discussions.

5. We encourage CASLPA to continue to offer associate membership in the national association to support personnel who meet the national standards when they are developed, as suggested in recommendation 4. We feel that this will foster a positive professional relationship between speech-language pathologists/audiologists and support personnel, and that such a collaboration will ultimately work to the benefit of the client with communication impairments.

6. We suggest that CASLPA obtain and maintain current information regarding the use of support personnel by its membership. This could be achieved by the addition of the following questions to the annual registration renewal form: (a) Are communication disorders support personnel employed in your workplace? b) Do you directly supervise a communication disorders support person? If yes, please specify the number of support personnel you supervise, and the time involved? This information should be used to facilitate a network of CASLPA members who work with support personnel.

7. We recommend that CASLPA facilitate and encourage the development of continuing education programs in supervision for its membership. Such education could include formal courses, workshops, or independent study. Continuing education credits should be offered for completion of these programs.

8. We recommend that CASLPA maintain a resource list of current references, educational opportunities and position statements with regard to the use and supervision of support personnel which would be available to interested members. A reference list developed by the Committee (Steele et al., 1995) has been made available to CASLPA for this purpose.

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