

(Approved by the Executive Board of the Educational Audiology Association February 28, 1997)

I. Introduction

The consensus panel recognizes that federal and state health care and education reform initiatives, changing U.S. demographics, and the broadening scope of practice of audiologists (ASHA, 1996; Educational Testing Service, 1995; AAA, 1993) have affected the delivery of audiology services. Audiologists are using support personnel in audiology service delivery systems to ensure both the accessibility and the highest quality of audiology care while addressing productivity and cost-benefit concerns. In an analysis of state licensure laws (Larson, S., & Lynch, C., 1995), ASHA found that in the 45 states that regulate one or both professions of audiology and speech-language pathology, 30 recognize support personnel. Not all of these states actually regulate support personnel; 22 states have promulgated rules regulating support personnel in all work settings and 5 were in process of creating these rules. This position statement and guidelines do not supersede federal legislation and regulation requirements, any existing state licensure laws, or affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

II Position Statement

It is the position of the following organizations represented on the Consensus Panel on Support Personnel in Audiology (Academy of Dispensing Audiologists, American Academy of Audiology, Educational Audiology Association, Military Audiology Association, and National Hearing Conservation Association) that support personnel may assist audiologists in delivery of services.

The roles and tasks of audiology support personnel will be assigned only by supervising audiologists. Supervising audiologists will provide appropriate training that is competency-based and specific to job performance.

Supervision will be comprehensive, periodic, and documented. The supervising audiologist maintains the legal and ethical responsibilities for all assigned audiology activities provided by support personnel. The needs of the consumer of audiology services and protection of that consumer will always be paramount (ASHA, 1996; ASHA, 1994, AAA, 1996--97; NHCA, 1995). Audiologists are uniquely educated and specialize in the diagnosis and rehabilitation of hearing and related disorders. As such, audiologists are the appropriate, qualified professionals to hire, supervise, and train audiology support personnel.

III. Guidelines

A. Definitions

SUPPORT PERSONNEL: People who, after appropriate training, perform tasks that are prescribed, directed, and supervised by an audiologist.

SUPERVISING AUDIOLOGIST: An audiologist who has attained license (where applicable) or certification credentials and who has been practicing for at least one year after meeting these requirements.

B. Qualifications for Support Personnel

1. Have a high school degree or equivalent
2. Have communication and interpersonal skills necessary for the tasks assigned.
3. Have a basic understanding of the needs of the population being served.
4. Have met training requirements and have competency-based skills necessary to the performance of specific assigned tasks.
5. Have any additional qualifications established by the supervising audiologist to meet the specific needs of the audiology program and the population being served.

C. Training

Training for support personnel should be well-defined and specific to the assigned task(s). The supervising audiologist will ensure that the scope and intensity of training encompass all of the activities assigned to the support personnel. Training should be competency-based and provided through a variety of formal and informal instructional methods. Audiologists should provide support personnel with information on roles and functions.

Continuing opportunities should be provided to ensure that practices are current and that skills are maintained. The supervising audiologist will maintain written documentation of training activities.

D. Role

Audiology support personnel may engage in only those tasks that are planned, delegated, and supervised by the audiologist. The specific roles of audiology support personnel will be influenced by the particular needs of the audiologist and must be determined by the audiologist responsible for the support personnel's training and supervision.

Audiology support personnel will not engage independently in the following activities. This list provides examples and is not intended to be all-inclusive.

- Interpreting observations or data into diagnostic statements of clinical management strategies or procedures.
- Determining case selection.
- Perform habilitative or rehabilitative tasks that require in process clinical judgments.
- Transmitting clinical information, either verbally or in writing, to anyone without the approval of the supervising audiologist.
- Composing clinical reports except for progress notes to be reviewed by the audiologist and held in the patient's/client's records.
- Referring a patient/client to other professionals or agencies.
- Referring to him- or herself either orally or in writing with a title other than one determined by the supervising audiologist.
- Signing any formal documents (e.g., treatment plans, reimbursement forms, or reports).
- Discharging a patient/client from services.
- Communicating with the patient/client, family, or others regarding any aspect of patient/client status or service without the specific consent of the supervising audiologist.

E. Supervision

Supervising audiologists will have the primary role in all administrative actions related to audiology support personnel, such as hiring, training, determining competency, and conducting performance evaluations. In addition, the supervising audiologist maintains final approval of all directives given by administrators and other professionals regarding audiology tasks.

Supervising audiologists will assign specific tasks to the support person. Such tasks must not 1) require the exercise of professional judgment, 2) entail interpretation of results (with the exception of hearing screening), or 3) encompass the development or modification of treatment plans.

The amount and type of supervision required should be based on skills and experience of the support person, the needs of patients/clients served, the service-delivery setting, the tasks assigned, and other factors. For example, more intense supervision will be required during orientation of a new support person; initiation of a new program, task, or equipment; or a change in patient/client status.

The number of support personnel supervised by a given audiologist must be consistent with the delivery of appropriate, quality service. It is the responsibility of the individual supervisor to protect the interests of patients/clients in a manner consistent with state licensure requirements, where applicable, and the Code of Ethics of that audiologist's respective professional organization.

References

- American Academy of Audiology. (1993, Jan.-Feb.). Audiology: Scope of practice. *Audiology Today*, 5(1), pp. 16-17.
- American Speech-Language-Hearing Association. (1994, March). Code of ethics. *Asha*, 36 (Suppl. 13), pp. 1-2.
- American Speech-Language-Hearing Association. (1996, Spring). Scope of practice in audiology. *Asha*, 38 (Suppl. 16), pp. 12-14.
- American Academy of Audiology. (1996). Code of ethics. McLean, VA: Author. Educational Testing Service. (1995). *The practice of audiology: A study of clinical activities and knowledge areas for the certified audiologist*. Rockville, MD: American Speech-Language-Hearing Association.
- Larson, S., & Lynch, D. (1995). Report: State regulation of audiology and speech-language pathology support personnel. Rockville, MD: American Speech-Language-Hearing Association. Unpublished manuscript.
- National Hearing Conservation Association. (1995). Code of ethics. Milwaukee, WI: Author.