Scope of Practice for Audiology Assistants

About this Document

This scope of practice for the audiology assistant was developed by the American Speech-Language-Hearing Association (ASHA) Ad Hoc Committee on the Audiology Assistant Scope of Practice. Members of the committee were Sharon A. Sandridge (chair), Nancy Cheadle, Susan Fulton, Kristin Gravel, Lyndsey Nalu, Judy Schafer, and Tricia Ashby-Scabis (ex officio). Sharon A. Sandridge, vice president for audiology practice, served as the monitoring vice president. The composition of the ad hoc committee included audiology assistants Sofia Pevzner and Andrea Allen, who have specific knowledge and experience working as support personnel in clinical practice in schools, health care, and/or private practice.

The document is intended to provide guidance for audiology assistants and their supervisors regarding ethical considerations related to the audiology assistant practice parameters. The document addresses how audiology assistants should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA’s policy for the use of audiology assistants.

Dedication

In loving memory of Steve Ritch (1964–2019), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of audiology assistants within ASHA’s structure. Steve was a positive light to all who knew and loved him. #ILoveUs
Executive Summary

This Audiology Assistant Scope of Practice presents a model for the training, use, and supervision of support personnel in audiology. Support personnel in audiology, or audiology assistants, perform tasks as prescribed, directed, and supervised by ASHA-certified audiology assistants. Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than audiology assistants if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed audiology assistants. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to audiology assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an audiology assistant and indicates the tasks that are the exclusive responsibilities of the audiologist. In addition, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising audiologist.

Introduction

The Audiology Assistant Scope of Practice provides information regarding the training, use, and supervision of assistants in audiology via a document that ASHA established to be applicable in a variety of work settings. Training for audiology assistants should be based on the type of tasks specified in their
Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings.

**History**

ASHA has addressed the topic of assistants (formerly referred to as “support personnel”) since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel, and in 1969, the Legislative Council (LC) approved the document titled *Guidelines on the Role, Training, and Supervision of the Communicative Aide* (ASHA, 1969). In the 1990s, ASHA established several entities—including committees, a task force, and a consensus panel—and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for speech-language pathology assistant (SLPA) programs. In 2003, ASHA established a registration process for SLPAs. Both the approval process and the registration process were discontinued by vote of the LC because of fiscal concerns. In 2004, the LC passed a position statement on the training, use, and supervision of support personnel in speech-language pathology. Since then, the number of SLPAs has increased—primarily in schools and in private practice settings. Growth has occurred in the utilization of audiology assistants, which led ASHA to create this *Scope of Practice for Audiology Assistants*.

As part of the *Scope of Practice in Audiology* (ASHA, 2018), a representative, large-scale group of job incumbents identified and validated the important tasks and critical competencies of an audiology assistant. A large-scale validation effort allows the results of a scope of practice to be quantified, and the validation inventories can reach a large, diversified sample within a short period of time. ASHA secured the services of Professional Testing, Inc., to assist with developing and administering a *Scope of Practice for Audiology Assistants*. 
This document does not supersede any legislation or regulation, including existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for developing new laws or, at the appropriate time, for revising existing licensure laws.

Statement of Purpose

The purpose of this document is to define what is within and outside the scope of responsibilities for audiology assistants who work under the supervision of properly credentialed audiologists. This document addresses the following aspects:

- parameters for education and professional development for audiology assistants
- audiology assistants’ responsibilities within and outside the scope of practice
- examples of practice settings
- information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding the services that audiology assistants perform
- information regarding the ethical and liability considerations for the supervising audiologist
- supervisory requirements for the audiologist and for the audiology assistant

Qualifications for an Audiology Assistant

Minimum Recommended Qualifications for an Audiology Assistant

An audiology assistant must complete fieldwork under the supervision of an ASHA-certified and/or licensed audiologist. Minimum qualifications for an audiology assistant include the following:
• The audiology assistant has met the minimum educational standards required by the state.
• The audiology assistant has the communication and interpersonal skills necessary for the tasks assigned.
• The audiology assistant has a basic understanding of the needs of the population being served.
• The audiology assistant has successfully completed the training requirements and competency-based skills necessary for the performance of specific, assigned tasks.
• The audiology assistant possesses additional qualifications established by the supervising audiologist to meet the specific needs of the audiology program and the population being served.
• The audiology assistant has met additional requirements established by the employment facility.

**Expectations of an Audiology Assistant**

• Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed audiologist.
• Adhere to the responsibilities for audiology assistants specified in this document, and refrain from performing tasks or activities that are the sole responsibility of the audiologist.
• Perform only those tasks prescribed by the supervising audiologist.
• Adhere to all applicable state licensure laws and rules regulating the practice of audiology, such as those requiring licensure or registration of support personnel.
• Conduct oneself ethically within the scope of practice and responsibilities for an audiology assistant.
• Actively participate with the audiologist in the supervisory process.
• Consider securing liability insurance.
• Actively pursue continuing education and professional development activities.
Responsibilities Within the Scope of Practice for an Audiology Assistant

The supervising audiologist retains full legal and ethical responsibility for the patients, clients, and students whom they serve but may delegate specific tasks to the audiology assistant. The audiology assistant may execute specific components of a plan of care developed by the audiologist. Goals and objectives listed on the plan of care and implemented by the audiology assistant are only those within the audiology assistant’s scope of responsibilities and are tasks that the supervising audiologist has determined the audiology assistant has the training and skill to perform. The audiologist must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience level of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the quality of services provided be diluted or circumvented by the use of an audiology assistant. The use of an audiology assistant is optional, and an audiologist should enlist the services of an audiology assistant only when appropriate.

Provided that the training, supervision, and planning are appropriate, the following four overarching duty areas may be delegated to an audiology assistant:

A. Provide patient care
B. Perform hearing device maintenance
C. Maintain the audiology clinic
D. Engage in professional activities and advocacy

The four duty areas and 32 tasks were identified during the Scope of Practice meeting and are illustrated in Table 1.
Table 1. Duties, tasks, and steps performed by audiology assistants

<table>
<thead>
<tr>
<th>Duty Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Provide patient care</td>
</tr>
<tr>
<td>1</td>
<td>Self-identify as audiology assistants to families, patients, clients, students, staff, and others</td>
</tr>
<tr>
<td>2</td>
<td>Comply with all relevant laws, regulations, and local policies</td>
</tr>
<tr>
<td>3</td>
<td>Use standard precautions for infection control and safety standards</td>
</tr>
<tr>
<td>4</td>
<td>Prepare patient, materials, equipment, and room based on appointment type</td>
</tr>
<tr>
<td>5</td>
<td>Assist patients/caregivers in completing case history or other relevant forms (e.g., questionnaires, outcome measures)</td>
</tr>
<tr>
<td>6</td>
<td>Assist with providing services (e.g., testing and telepractice)</td>
</tr>
<tr>
<td>7</td>
<td>Assist with fitting of hearing devices and accessories</td>
</tr>
<tr>
<td>8</td>
<td>Assist with intervention programs (e.g., auditory rehabilitation, tinnitus management, hearing loss prevention)</td>
</tr>
<tr>
<td>9</td>
<td>Perform nondiagnostic otoscopy</td>
</tr>
<tr>
<td>10</td>
<td>Conduct audiologic testing without clinical interpretation (i.e., hearing screening, pure-tone air conduction thresholds, newborn hearing screening, immittance screening, otoacoustic emission screening)</td>
</tr>
<tr>
<td>11</td>
<td>Document and report all client encounters—including interaction, services, and outcomes</td>
</tr>
<tr>
<td>12</td>
<td>Assist with educating patients, families, and caregivers (e.g., communication strategies, hearing loss prevention)</td>
</tr>
<tr>
<td>13</td>
<td>Assist with educating patients, families, and caregivers about use and care of hearing devices, assistive listening devices, and alerting devices</td>
</tr>
<tr>
<td>14</td>
<td>Advocate for patient’s needs</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Perform hearing device maintenance</td>
</tr>
<tr>
<td>1</td>
<td>Pre-program devices prior to a fitting appointment</td>
</tr>
<tr>
<td>2</td>
<td>Restore or verify previous patient settings of hearing devices</td>
</tr>
<tr>
<td>3</td>
<td>Perform electroacoustic analysis of hearing devices</td>
</tr>
<tr>
<td>4</td>
<td>Perform listening checks and visual inspection of hearing devices and accessories</td>
</tr>
<tr>
<td>5</td>
<td>Perform troubleshooting and minor repairs of hearing devices, earmolds, and accessories</td>
</tr>
<tr>
<td>6</td>
<td>Perform minor modifications to earmolds, custom hearing devices, and custom products</td>
</tr>
<tr>
<td>7</td>
<td>Clean hearing devices, earmolds, and accessories</td>
</tr>
<tr>
<td>8</td>
<td>Send hearing devices and accessories for repair</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Maintain the audiology clinic</td>
</tr>
<tr>
<td>1</td>
<td>Assist with clerical duties (e.g., stocking of materials, recordkeeping, scheduling activities)</td>
</tr>
</tbody>
</table>
2 Verify equipment function and safety routinely
3 Perform infection control
4 Maintain inventories of supplies
5 Communicate with hearing device manufacturers/suppliers
6 Order hearing devices, earmolds, and accessories

D Engage in professional activities and advocacy
1 Participate in professional organizations
2 Advocate for relevant public policies and resources at the local, state, and national levels
3 Assist with activities such as research projects, in-service training, public relations programs, and marketing programs
4 Participate in community awareness, health literacy, education, and training programs

Responsibilities Outside the Scope of Practice for an Audiology Assistant

There is potential for misuse of an audiology assistant, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising audiologist. It is highly recommended that the ASHA Audiology Assistant Scope of Practice (ASHA, XXXX) and the ASHA Code of Conduct (ASHA, 2016) be reviewed with all personnel involved when employing an audiology assistant. It should be emphasized that an individual’s hearing and/or balance concerns/disorders may preclude the use of services from anyone other than an ASHA-certified and/or licensed audiologist. The audiology assistant should not perform any task without the approval of the supervising audiologist. The patient, client, or student should be informed that they are receiving services from an audiology assistant under the supervision of an audiologist.

The audiology assistant should NOT engage in the following activities:

- representing themselves as an audiologist
- providing a diagnosis based on test results
performing procedures that require a high level of clinical acumen and technical skill
interpreting results
counseling patients, clients, students, or families
fitting devices
participating in formal parent conferences, in case conferences, or on any interdisciplinary team without the presence of the supervising audiologist or other designated audiologist
providing interpretative information to the patient, client, student, family, or others regarding the patient, client, student status or service
writing, developing, or modifying the plan of care of a patient, client, or student in any way
assisting with patients, clients, or students without following the individualized plan of care prepared by the certified audiologist and/or without access to supervision
signing any formal documents
making referrals for additional service
disclosing clinical or confidential information either orally or in writing to anyone other than the supervising audiologist—unless mandated by law

Examples of Practice Settings

Under the specified guidance and supervision of an ASHA-certified audiologist and/or licensed audiologist, an audiology assistant may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- public, private, and charter elementary and secondary schools
- early intervention settings
• hospitals (inpatient and outpatient)
• residential health care settings (e.g., long-term care and skilled nursing facilities)
• nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics)
• private practice settings
• university/college clinics
• research facilities
• corporate and industrial settings
• patient’s, client’s, or student’s residences
• telepractice

**Ethical Considerations**

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The ASHA Code of Ethics (ASHA, 2016) sets forth the fundamental principles and rules considered essential to this purpose. The ASHA Code of Ethics applies to every audiologist who is (a) a member of ASHA, regardless of certification status; (b) a nonmember holding the ASHA Certificate of Clinical Competence; and (c) an applicant for membership or certification.

It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in state licensure and in the ASHA Code of Ethics as applicable. The audiologist or hearing scientist takes overall responsibility for the actions of the assistant when that assistant is performing their assigned duties. If the assistant engages in activities that violate the ASHA Code of Ethics, then the supervising professional may be found in violation of the code if adequate oversight has not been provided. The *ASHA Audiology Assistants Code of Conduct* (ASHA, 2020) outlines the standards of integrity and the expected ethical conduct of audiology assistants.
Principles of Ethics

Principles of Ethics related to the role of an audiology assistant and their supervisor are listed below.

Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Guidance:

The supervising audiologist remains responsible for the care and well-being of the client, patient, student, or research subject. If the supervisor fails to intervene when the assistant’s behavior puts the client, patient, student, or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics A: Individuals shall provide all clinical services and scientific activities competently.

Guidance:

The supervising audiologist must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics B: Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
Principles of Ethics I, Rule of Ethics C: Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

Principle of Ethics I, Rule of Ethics D: Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Guidance:
The supervising audiologist must ensure that client, patient, student, and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the client, patient, student, or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant’s qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule of Ethics E: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Guidance:
The supervising audiologist is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The
audiologist should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics I, Rule of Ethics F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Principle of Ethics I, Rule of Ethics H: Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

Principle of Ethics I, Rule of Ethics J: Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

Principle of Ethics I, Rule of Ethics N: Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence but may provide services via telepractice consistent with professional standards and state and federal regulations.
Principle of Ethics I, Rule of Ethics O: Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Principle of Ethics I, Rule of Ethics P: Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Principle of Ethics I, Rule of Ethics Q: Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

Guidance: The supervising audiologist is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Principle of Ethics II, Rule of Ethics A: Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

Guidance:
The supervising audiologist is responsible for ensuring that they have the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

**Principle of Ethics II, Rule of Ethics C:** Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

**Principle of Ethics II, Rule of Ethics E:** Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

**Guidance:**
The supervising audiologist must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for them, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

**Principle of Ethics II, Rule of Ethics F:** Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.

**Principle of Ethics II, Rule of Ethics G:** Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
Principle of Ethics II, Rule of Ethics H: Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III:
Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Principle of Ethics III, Rules of Ethics A: Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

Principle of Ethics III, Rules of Ethics B: Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

Principle of Ethics III, Rules of Ethics C: Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

Principle of Ethics III, Rules of Ethics D: Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
Principle of Ethics III, Rules of Ethics E: Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

Principle of Ethics III, Rules of Ethics F: Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

Principle of Ethics III, Rules of Ethics G: Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

Principle of Ethics IV, Rule of Ethics D: Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

Principle of Ethics IV, Rule of Ethics E: Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
**Principle of Ethics IV, Rule of Ethics G:** Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

**Principle of Ethics IV, Rule of Ethics H:** Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

**Principle of Ethics IV, Rule of Ethics I:** Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

*Guidance:*

Because the assistant provides services as “an extension” of those provided by the audiologist, the audiologist is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the audiologist being found in violation of the Code of Ethics.

**Principle of Ethics IV, Rule of Ethics L:** Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

**Principle of Ethics IV, Rule of Ethics R:** Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
Liability Issues

Individuals who deliver services to persons with auditory and balance disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, ASHA recommends that audiology assistants secure liability insurance as a protection for malpractice. Audiology assistants should consider the need for liability coverage. Checking for liability insurance coverage is the responsibility of the audiology assistant and supervising audiologist—and needs to be done prior to providing services.

Audiologist Supervisory Role

Qualifications for an Audiologist

Minimum qualifications for an audiologist who will supervise an audiology assistant include the following:

- Holds current ASHA certification and/or current state licensure
- Has completed at least 2 years of practice following ASHA certification and/or state licensure

Additional Expectations of the Supervising Audiologist

Additional expectations of the supervising audiologist include the following:

- Regularly conducts ongoing competency evaluations of the audiology assistants
- Provides and encourages ongoing education and training opportunities for the audiology assistant consistent with competency and skills as well as needs of the students, patients, and clients served
• Develops, reviews, and modifies plan of care for students, patients, and clients that audiology assistants implement under the audiologist’s supervision.

• Adheres to the supervisory responsibilities of audiology assistants.

• Retains the legal and ethical responsibility for all students, patients, and clients served.

• Adheres to the principles and rules of the ASHA Code of Ethics and/or state licensure.

• Adheres to applicable licensure laws and rules regulating the practice of audiology.

Guidelines for Audiologist Supervision of Audiology Assistants

The supervising audiologist is responsible for designing and implementing a supervision system that protects the patients, clients, and students and that maintains the highest possible standards of quality.

The amount and type of supervision should meet the minimum requirements according to state regulations and should be increased as needed based on (a) the needs, competencies, skills, expectations, philosophies, and experience of the audiology assistant and their supervisor; (b) the needs of patients, clients, and students served; (c) the service setting; (d) the tasks assigned; and (e) other factors. For example, more intense supervision would be required in certain instances—such as the orientation of a new audiology assistant; the initiation of a new program, equipment, or task; or a change in patient, client, or student status (e.g., medical complications). Functional assessment of the audiology assistant’s skills with assigned tasks should be an ongoing, regular, and integral element of supervision. Audiologist and audiology assistants should treat each other with respect and should interact in a professional manner.

As the audiologist’s supervisory responsibility increases, their overall responsibilities will change because the audiologist is responsible for caring for patients, clients, and students as well as supervising the audiology assistant. Therefore, adequate time for direct and indirect supervision of the audiology
assistant(s) and caseload management must be allotted as a critical part of the audiologist’s workload. The purpose of the assistant-level position is not to significantly increase the caseload size for audiologists. Assistants should be used to deliver services to individuals on the audiologist’s caseload. Diagnosis and treatment for the patients, clients, and students served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the patients, clients, and students. The supervising audiologist is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising audiologist must

- hold a current Certificate of Clinical Competence in Audiology (CCC-A) from ASHA and/or current state licensure,
- have an active interest in the use of and desire to use support personnel, and
- have practiced audiology for at least 2 years following ASHA certification and/or state licensure.

The relationship between the supervising audiologist and the audiology assistant is paramount to the welfare of the patient, client, and student. Because the clinical supervision process is a close, interpersonal experience, the supervising audiologist should participate in the selection of the audiology assistant whenever possible.

**Recommended Requirements for the Frequency and Amount of Supervision**

The supervising audiologist is responsible for designing and implementing a supervisory plan. This plan must ensure that the highest standard of quality care can be maintained for patients, clients, and
students. The amount and type of supervision should meet the minimum requirements according to state regulations and should be increased as needed based on (a) the needs, competencies, skills, expectations, philosophies, and experience of the audiology assistant and their supervisor; (b) the needs of patients, clients, and students served; (c) the service setting; (d) the tasks assigned; and (e) other factors. Treatment of the patient, client, and student remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while an audiology assistant is performing a clinical activity. This direct supervision can include the supervising audiologist viewing and communicating with the audiology assistant via telecommunication technology as the audiology assistant provides clinical services—because this situation allows the audiologist to provide ongoing, immediate feedback. Direct supervision does not include reviewing a recorded session at a later time.

Supervision feedback should provide information about the quality of the audiology assistant’s performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the audiology assistant’s list of ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between assistant and supervisor on correct or incorrect recording of target behavior; (b) accuracy in implementation of assigned assessment and treatment procedures; (c) accuracy in recording data; and (d) ability to interact effectively with the patient, client, and student during presentation as well as the application of assigned therapeutic procedures or activities.

An audiology assistant may not perform tasks when a supervising audiologist is not present or available for reimbursable services. An audiology assistant may not provide services that they do not have the skill to provide—in such cases, the supervising audiologist should be performing the clinical task. If, for any
reason (i.e., maternity leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated at the beginning of the audiology assistant’s hiring, then the audiology assistant may not perform any assigned tasks until an ASHA-certified and/or state-licensed audiologist—with experience and training in supervision—has been designated as the new supervising audiologist.

Conclusion

Through the publication and dissemination of this document, ASHA intends to provide guidance for the use of audiology assistants in appropriate settings, thereby increasing access to timely and efficient audiologic services. It is the responsibility of the supervising audiologist to stay abreast of current guidelines and to ensure the consistently high quality of services rendered.
Definitions

**accessories** – electronic devices that work in conjunction with or independently of hearing devices for safety and/or alerting purposes (e.g., remote microphones, Bluetooth, induction loop, vibrating alarm clock, infrared systems, smoke detectors).

**accountability** – being legally responsible and answerable for the actions and inactions of self or others during the performance of a task by the audiology assistant.

**direct supervision** – on-site, in-view observation of and guidance to the audiology assistant by an audiologist while that audiology assistant is performing an assigned activity. Direct supervision performed by the supervising audiologist may include, but is not limited to, the following: observing a portion of the screening or treatment procedures performed by the audiology assistant, coaching the audiology assistant, and modeling for the audiology assistant. The supervising audiologist must be physically present during all services provided to a medically fragile client by the audiology assistant (e.g., general and telesupervision, the latter of which is defined later in this list). The audiologist can view and communicate with the patient and audiology assistant live via real-time telecommunication technology to supervise the audiology assistant, thus giving the audiologist the opportunity to provide immediate feedback. This does not include reviewing a recorded session later.

**hearing device** – an electronic device that enhances auditory and/or sensory stimuli for persons who have auditory deficits (e.g., hearing aids, cochlear implants, frequency modulation [FM] systems)

**indirect supervision** – a supervisory style in which the audiologist is not physically located at the same facility or in close proximity to the audiology assistant but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising audiologist may include, but may not be limited to, demonstration, record review, review and evaluation of recorded
(audio- or videotaped) sessions, and interactive television and supervisory conferences that may be
carried out by telephone, email, or live webcam.

**interpretation** – summarizing, integrating, and using data for the purpose of clinical decision making,
which may only be done by audiologists. Audiology assistants may summarize objective data from a
session to the family or team members.

**medically fragile** – a term used to describe an individual who is acutely ill and in an unstable condition. If
such an individual is treated by an audiology assistant, 100% direct supervision by an audiologist is
required.

**screening** – a pass/fail procedure to identify, without interpretation, clients who may require further
assessment following specified protocols developed by and/or approved by the supervising
audiologist.

**audiology assistant** – an individual who—following academic coursework, clinical practicum, or
credentialing—can perform tasks prescribed, directed, and supervised by an ASHA-certified
audiologist and/or a licensed professional.

**supervising audiologist** – an individual who is an ASHA-certified audiologist and/or a licensed
professional and who has been practicing for at least 2 years following certification and/or licensure.

**supervision** – providing direction and evaluation of the tasks assigned to an audiology assistant.

Methods include **direct supervision, indirect supervision, and telesupervision**.

**support personnel** – individuals who perform tasks as prescribed, directed, and supervised by ASHA-
certified audiologists—this includes audiology assistants and audiology aides/technicians. Levels of
support personnel differ based on training and scope of responsibilities. [Note: ASHA is operationally
defining these terms—**support personnel, audiology assistants, audiology aides/technicians**—for
ASHA resources such as this document. Some states use terms and definitions that differ from those
used here.]
telepractice – the use of telecommunications technology to deliver professional services at a distance by linking clinician to client—or clinician to clinician—for assessment, intervention, and/or consultation.

tele supervision – a supervision method in which the audiologist can view and communicate with the patient and audiology assistant in real time via Skype, webcam, and similar devices and services. This allows the audiologist to supervise the audiology assistant and to give immediate feedback. Telesupervision does not include reviewing a recorded session later.
References


https://www.asha.org/code-of-ethics/


https://doi.org/https://doi.org/10.1044/aas12.3.12