**Communicative Disorders
Assistant Association
of Canada**

Scope of Practice for Communicative Disorders Assistants in Audiology: A Companion Document to Guidelines on the Use of Supportive Personnel

PREAMBLE

The Communicative Disorders Assistant Association of Canada (CDAAC) is a professional association dedicated to supporting Communicative Disorders Assistants (CDAs) across Canada. CDAs have completed a post-graduate level program which thoroughly prepares them to work as supportive personnel to Audiologists (AUDs) and Speech-Language Pathologists (S-LPs). The purpose of this document is to serve as a guide for CDAs and those working with CDAs about their training and potential scope of practice in the field of audiology. It is CDAAC's position that the comprehensive training of CDAs allows for a unique scope of practice from other supportive personnel who may work with AUDs. As such, the information in this document should not be extended to any supportive personnel without CDA training.

It should also be noted that this document must not be used in place of any guidelines or position statements from an AUD's governing body or professional association. Instead, it is intended to be a companion; to compliment and clarify any issues specific to CDAs. In the case of perceived contradictions or discrepancies, individuals should defer to the directives from the AUD's governing body or professional association. Furthermore, the scope of practice outlined in this document describes the many ways CDAs could *potentially* be used, given their training. It is not meant to suggest that all employers must have their CDAs perform all of these tasks. Ultimately, it is the supervising AUD's decision what tasks they will assign to a CDA (or any supportive personnel), and these tasks will vary depending on a large number of factors. For scope *limitations* that apply to CDAs, please refer to the existing guidelines or position statements about supportive personnel from the AUD's regulatory college and/or professional association.

In certain sections of this document additional "considerations" have been included. They are intended to address specific questions or concerns in these areas that frequently arise in discussions with AUDs and CDAs. These points are not intended to suggest limitations to a CDA's scope of practice. Rather, in consideration of the variations that exist between clinical settings, client needs, and individual competencies, these are additional points AUDs may wish to consider when making case by case decisions about what responsibilities are appropriate to assign to a CDA.

PART A - COURSEWORK/TRAINING

Students entering post-graduate CDA programs are required to hold a university degree or college diploma. Below is a list of the topics covered in CDAAC-recognized CDA programs. Coursework in specific areas of communication includes theory, typical development, disorders/diagnoses, and a variety of approaches to intervention. Assessment practices are reviewed; however, the emphasis is on

treatment. Questions pertaining to minimum number of instruction hours per topic can be directed to exec@cdaac.ca.

Topics related to specific areas of communication:
- Anatomy and physiology of the hearing mechanism
- Audiology and amplification systems
- Aural (re)habilitation
- Child language
- Adult communication disorders
- Anatomy and physiology of the speech mechanism
- Dysphagia
- Articulation/phonology
- Fluency
- Voice
- Augmentative/alternative communication

Other coursework includes:
- *Roles and Scopes of AUDs, S-LPs, and CDAs:* Students learn about the roles and scopes of these professions by exploring legislation, publications, professional associations and regulatory bodies and their requirements. Students are well versed in how to work in an adjunct capacity with AUDs and S-LPs, including supervisory expectations and clinical limitations.
- *Therapy and Programming:* Students prepare to provide mediated intervention to a wide variety of populations. They develop a range of skills including observation, data collection, eliciting behaviours, record keeping, session planning, and summary report writing. Different service delivery models are explored as well as current research and trends in intervention with emphasis on including client and family centred approaches.

Finally, all CDA students are required to complete a *minimum* of 490 supervised field placement hours, typically divided between two different practicum placements. Placements are offered in diverse settings, and the practicum experience allows students to be fully immersed in the role of a CDA. Each student graduates with a unique set of skills obtained from their field placements.

Although not all CDA students have an opportunity to complete a placement in a setting that provides audiology services, those that do have a variety of experiences. A CDA student that has completed an audiology practicum may have had experience performing screenings, basic audiometric testing, and/or hearing instrument maintenance. Students who have not had the opportunity of a placement in audiology still receive in-class practical instruction. This may include instruction and hands on experience with clinical skills such as otoscopy, basic audiometric testing, ear mould impressions, and hearing aid troubleshooting.

In addition to their formal training, CDAs should maintain and build on both their skills and knowledge through professional development, reflection on evidence based practices, and continuing education activities.

PART B – CLINICAL AND SUPPORTIVE SERVICES

A CDA may assist their supervising AUD in providing a range of clinical and educational services associated with hearing screening and testing, hearing aids and other assistive devices, education, and supportive services. It is the decision of the supervising AUD which of these services may be assigned to a CDA and to what extent. This may depend on the population being served, the individual client, and the experience and competency of the individual CDA. All services are provided under the direction of the supervising AUD following established protocols.

1. Hearing Screening and Testing

At the discretion of the supervising AUD, CDAs may conduct, without interpretation, and following an established protocol, various screens and tests such as:
- Otoscopic examination (after an initial O/E by the supervising AUD)
- Immitance measurements
- Administration of screens and tests for oto-acoustic emissions
- Pure tone screening
- Speech and audiometric threshold testing
- Basic masking may be performed following a specific formula provided by the supervising AUD
- Administration of screening auditory brainstem response testing (e.g., ABaer)
- Administer structured questionnaires (e.g., Hearing Handicap Inventory for the Elderly)

CDAs may also prepare clients for additional tests performed by AUDs such as:
- Electronystagmography
- Auditory Brainstem Response
- Otoacoustic Emissions

Considerations
- Behavioural audiometric testing should be performed by an AUD when interpretation of a client's responses during testing is required. This may be the case if:
  - a client is unable to clearly indicate when they have detected a signal (e.g., infants), or
  - a decision is required about what behaviours or reactions constitute a reliable response (e.g., behavioural observation audiometry).
- A CDA may assist the AUD during such testing. This assistance may include recording results, maintaining a client's attention or returning their focus to midline during testing.

2. Ear Mould Impressions

It is within a CDA's scope to take ear mould impressions (EMIs) following adequate training and – primarily – **the assurance of competency by their supervising AUD**. Not all CDAAC-recognized CDA programs offer in-class training on taking EMIs. When provided, this training would include an understanding of when the supervising AUD would not consider it appropriate for the impression to be taken by a CDA due to the presence of middle or outer ear pathology or potential risk of harm. For example, if the supervising AUD detects cavities requiring packing, a perforated tympanic membrane, or growths in the ear canal such as exostoses, then it would not be appropriate to assign such clients to a CDA to take EMIs. In such cases, the EMI should be taken by the supervising AUD. In cases when training has not been provided as part of a CDA's college program at all or this training is not recent, training

should be provided by the supervising AUD. Regardless of the level of a CDA's existing training or experience, the supervising AUD must assure the competency of the CDA in the taking of EMIs before assigning this as a task. As with any task assigned, a schedule of direct supervision should be established.

3. Amplification Systems

Following established protocols, a CDA may be assigned the following tasks by their supervising AUD related to hearing aids, assistive listening devices (ALDs), FM and other remote microphone systems:
- Loading of existing settings from NOAH following return of repaired hearing aids from manufacturer.
- Performance of electro-acoustic analysis and verification on hearing aids and FM systems with interpretation by supervising AUD as appropriate.
- Assistance with the installation and training of FM systems and ALDs (e.g., amplifying telephones, TV devices).

Basic troubleshooting, maintenance, and repairs on amplification systems may be performed by CDAs. Maintenance tasks and repairs (as applicable) may include:
- cleaning
- listening checks
- replacing parts on hearing aids (e.g., wax guards, microphone covers, tubing, battery doors, ear hooks, domes, etc.)
- modifications to ear moulds and shells as per the specific direction of the AUD (e.g., buffing, repair of cracks/holes in shells, sealing with UV, etc.)
- making hearing aid security cords
- replacing/attaching pull cords and security loops on hearing aids

Considerations
- Any modifications made to hearing devices must be approved by the supervising AUD.
- A CDA must be able to recognize when a needed modification exceeds their level of competency and request assistance from a more experienced colleague or have the modification performed by the manufacturer of the device.

4. Education/Training of Clients and Caregivers

In all cases of education and training, any information provided to clients by CDAs will follow established protocols or the directions of the supervising AUD. A CDA may be assigned the role of training clients in the use of their hearing aids. This may include insertion and removal, changing of batteries, use of programs, telephone use, use of assistive devices (e.g., TV systems), use of accessories (e.g., remotes), cleaning, and basic troubleshooting. A CDA may also provide basic education related to hearing protection and the effects of noise exposure. Discussions with clients related to tinnitus are not appropriate to be undertaken by a CDA.

A CDA may also train caregivers who may be involved in supporting a client with his or her hearing aid(s). The term "caregiver" can refer to different people (and more than one person), depending on the client. Caregivers may include any of the following: parents, spouses, other family members, teachers, child care providers, nursing staff, other caregiver staff, or other interventionists. The purpose of education and training is to provide suggestions and support to the caregivers in order to help the client

achieve the goals established by the supervising AUD (e.g., communication strategies to support the individual with hearing loss). Sessions may take place individually, in group settings, workshop facilitation or as a part of a case conference involving multiple caregivers. The specific strategies to reach the goals may be outlined by the supervising AUD.

Considerations
- All supportive personnel, including CDAs, must not provide therapeutic recommendations that would alter the course of treatment as determined by the supervising AUD. They must consult with their AUD if approached about information outside of the predetermined intervention.
- Counselling should be conducted by the supervising AUD. At times during an education/training session a client or caregiver may raise issues that should be addressed by the supervising AUD. In these instances, the CDA should make the differences in roles clear and assure the client/caregiver that their concerns/questions will be shared with the AUD who will address them. Examples of such topics may include client and caregiver expectations, emotional reactions, coping, or environmental changes related to hearing impairment. A CDA may reinforce certain messages as directed by the supervising AUD. A CDA may of course respond to a client or caregiver's emotional needs in a supportive manner such as through active listening and encouragement. In these cases it is important for a CDA to be cautious not to respond in such a way that would be considered counselling and to discuss such interactions with their supervising AUD.

5. Supportive Services

A CDA may also provide supportive services such as cleaning equipment, basic calibrating checks of equipment (e.g., Verifit), billing, ordering equipment and supplies, filing, processing of repairs, safety measures, and scheduling (clients, meetings, manufacturer presentations, etc.). CDAs may also assist their supervising AUD with research projects.

6. Interprofessional Team Intervention

It is not uncommon for clients to have more than one area of need (e.g., client with Alzheimer's Disease receiving support from a S-LP, PT, Music Therapist, etc.). CDAs may be part of a team where each clinician provides intervention specific to their own field. The CDA's role in this type of intervention is consistent with the goals laid out by the AUD.

Considerations
- CDAs must be clear on their role on the team, and defer to the appropriate supervising professional when necessary.
- CDAs must keep supervising AUDs up to date on information shared with other team members about the client.

PART C – EDUCATION

The difference between education and intervention is the absence of therapeutic goals. As a result, AUD supervision is not necessarily required. The activities listed below may be assigned by the CDA's employer (who may or may not be an AUD) or may be sought out independently.

1. Public Education

CDAs may share general information with members of the public such as parents/caregivers, individuals with communication disorders, community members, audiology professionals, and other allied health/medical professionals. This universal information-sharing could be in a variety of formats including (but not limited to): staffing an information booth, keynote speaker at an organized event, and guest presenter at a meeting. CDAs may present facts on prevention of communication disorders, typical hearing challenges, treatment approaches or any other topics relating to their education and training. The presentation may be developed by the CDA her/himself, could be a formal program (e.g., a structured program for caregivers) developed by an AUD, or developed in collaboration with an AUD.

Considerations:
- CDAs must not give any individualized information (e.g., when answering questions). The CDA should encourage individuals seeking advice to consult with an AUD.
- In the case of perceived contraditions or discrepancies on the provision of public education by CDAs and the level of involvement by an AUD, individuals should defer to the directives from the AUD's governing body or professional association.

2. Supervision by CDAs

Some students in high school, post-secondary and community programs require field placement experience in order to graduate. For the purposes of this section, the term "student" will refer to any unpaid individual learning about the field of communication disorders. CDAs can be involved in student supervision in a variety of ways. CDAs may be approached by their employer, or offer to supervise volunteers, high school co-op students, Early Childhood Education students, Hearing Instrument Specialist students, Rehabilitation Assistant students, CDA students or others. The role of the CDA as a student supervisor will depend on the experience the student requires to meet the criteria of their program (or potential admission to a program). This may or may not involve contact with clients (e.g., administrative tasks). AUD involvement is required when the student is working with clients whether directly or indirectly.

Considerations:
- It is recommended that a CDA have a minimum two years of experience before being involved in the supervision of students.
- The AUD must consent to students and volunteers being involved in the provision of AUD services. Further, the supervisory schedule within the students' supervising team (the CDA and the AUD) must be adjusted. This will likely mean an increase in both direct and indirect supervision of the cases in which the student is involved. The role of the AUD continues to be to maintain the appropriate supervisory activities as dictated by their governing body, including observation and co-signing of relevant documentation.
- In cases where the student is not involved in the provision of AUD services (e.g., doing administrative tasks), the CDA may be the primary or sole supervisor of this individual. As the supervisor in this situation, the CDA may interview and select students, assign tasks, evaluate student performance as well as provide references.

3. CDAs as Instructors in Academic Institutions

Practicing CDAs typically embark on this endeavour independently. They may hold a position as a CDA with a particular agency; however, their role as an instructor is mutually exclusive from that position. Given the educational background of CDAs, it is not surprising that they are found teaching a number of different subjects at the post-secondary level. The CDA's role in this situation is "Instructor" and they would be supervised in the same way as any other instructor in the program. CDAs currently teach post-secondary level courses on aural rehabilitation, audiometry, hearing aid software, and hearing aid care/minor repairs **within their scope**. When CDAs as instructors encounter curriculum outside of their scope of practice it must be taught by an AUD. AUDs are usually the primary Instructors in courses related to the field of audiology, and CDAs usually do not undertake the instruction of such courses without collaboration with an AUD. Some CDAs also teach courses on topics related to their education before becoming a CDA.

PART D – ADMINISTRATION

The role of the CDA in the workplace continues to expand. In addition to their role in intervention and education, many CDAs have administrative responsibilities. In the fulfillment of administrative duties CDAs do not require AUD supervision (except where they are the employer). This type of work could include, but is not limited to, participation in and/or leading:

- Staff meetings
- Committee work
- Interview panels
- Orientation of new staff/volunteers
- Budget preparation and expense monitoring
- Ordering departmental materials
- General material preparation/development
- Agency workload measurement statistics

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