

## **SPEECH-LANGUAGE ASSISTANTS IN THE MEDICAL SETTING**

*Marilyn Seif Workinger, PhD, CCC-SP*

*June 2003*

The use of instrumentation in assessment and treatment of individuals with disorders of communication in medical centers probably created the need for an individual to assist the speech-language pathologist (SLP) in set-up and maintenance of equipment and in monitoring and recording patient responses and providing treatment sessions involving this instrumentation with direction from the SLP. This probably occurred in the 1960's and these individuals were generally called laboratory assistants or a similar term. As the use of instrumentation and computer technology in speech-language pathology has increased, and as the medical management community has focused on the most efficient use of the time and energy of the direct provider, the role of the speech-language assistant has evolved.

At the Marshfield Clinic, the first individual with the title speech-language assistant was hired when the Section of Speech-Language Pathology purchased equipment that would allow measurement of oral pressure and nasal airflow during speech production. This occurred in 1981. Over time, the duties of the SLPA have changed. Among the many influences on the nature of the SLPAs duties have been changes in patient populations, addition of types of equipment such as videostroboscopy, changes in sterilization procedures and the need to program communication devices. Changes in guidelines for use of SLPAs by the American Speech-Language-Hearing Association (ASHA) have also had an impact on the duties assigned to the SLPA. It has become apparent that there are many tasks involved in the practice of speech-language pathology in the medical center that do not require the direct intervention of the speech-language pathologist. Examples include: organization and ordering of assessment and therapy materials; ordering and maintenance of an inventory of supplies for patients who utilize alaryngeal speech; construction of therapy materials, such as oral manometers; programming communication devices; collecting and cataloging videotaped and audio speech samples; phonetic transcription of speech samples, and maintenance of the speech physiology laboratory including sterilization and calibration of equipment. The SLPA in the medical environment does provide some therapy services and assists in evaluation sessions under the direct supervision of the SLP. Provision of therapy is generally limited to conducting second sessions with the SLP seeing the patient for either a portion of the session or a separate session on the same day.

In our experience, individuals interested in this position have come with some other health care or education background. On-the-job training has been done with each SLPA. This included an initial eight weeks of directed reading, interaction with SLPs and observation of evaluation and therapy sessions with additional training throughout their employment. This training met or surpassed ASHA guidelines. The first SLPA had previously worked as an LPN. The second was a teacher with a normal school teaching certificate, and the third had two years of college education with an interest in vocal music. They tend to be satisfied with the position and we have had only three people in the position in 22 years. We have not had more than two SLPAs on the staff at the same time, and currently have one SLPA on staff with a staff of five full-time SLPs. We are currently in the process of hiring our fourth SLPA, a graduate of Northwest Technical College's SLPA program.

I anticipate that the SLPA position will continue to be an integral part of the practice of speech-language pathology in the medical setting since the focus in the medical field continues to be on increased efficiency and productivity while maintaining high quality care and adequate access to care.