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Professional Practice Guidelines

for

PUBLIC HEALTH SECTOR

Ethics and Standards Committee 2023

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Guidelines for Speech-Language Therapy and Audiology service provision in the Public Health Sector

Introduction

The aim of the guideline is to provide recommendations for speech-language therapists and audiologists working in public health sector environments, for evidence-based practice and clinical approaches and to promote ethical practice in the professions. Commitment to these guidelines reflects a dedication to best practice, both to those we serve and to other professionals.

Aim of speech-language therapy and audiology service provision in the publichealth sector

The aim of service provision by speech-language therapists and/or audiologists in the public health sector is to render the highest quality services, based on evidence-based practice as far as possible, that produce positive functional outcomes for clients and their families, which are consistent with the Code of Ethics (SASLHA, 1997), the National Health Bill (no 61, 2003) and human rights.

The full range of professional functions pertaining to speech-language therapists and to audiologists includes:

- Promoting normal hearing and communication.
- Implementing programs to prevent hearing loss and communication disorders.
- Screening and identification of individuals and groups at risk for hearing andcommunication disorders.
- Rendering assessment and intervention services to clients.
- Educating and supporting the caregivers and families of clients.
- Training other professionals and learning from them.
- Counselling to alleviate emotional stress associated with communication disorders.

- Managing speech and hearing departments and clinical programs.
- Marketing the professions.
- Conducting research.
- Supervising undergraduate students' clinical practice.
- Mentoring of community service therapists.
- Following a collaborative team approach in all endeavours.

Speech-language therapists and audiologists with a dual qualification may provide services to individuals of all ages and groups at risk of or with speech, voice, language, communication, hearing, swallowing and related disabilities, and to their caregivers. Professionals with a single qualification provide services according to their scope of practice outlined by the Professional Board for Speech-Language and Hearing Professions (HPCSA, 2009).

Guidelines for service provision

Guidelines pertaining to the different professional functions are as follows:

Health promotion

- There is convincing evidence that health promotion and health consciousness can be effective and should be regarded as a key investment (Jakarta Declaration, 1997). The promotion of wellness, such as normal use of voice, conservation of hearing, normal communication and swallowing in infants, children, adolescents and adults, is important for the individuals, as well as the communities in which they are residing. This implies that speech-language therapists and/or audiologists working in the public health system should support and be actively involved in interdisciplinary and inter-sectoral programs to promote healthy lifestyles, safe living conditions, poverty reduction, healthy nutrition, education and literacy in order to decrease the prevalence of, and ultimately prevent, feeding disorders, communication impairment and hearing loss associated with genetic disorders,

preventable congenital disorders, low birth weight and preterm birth, HIV and AIDS, infectious diseases, injury and acquired conditions throughout a client's life. The South African *Policy Guidelines for the Management and Prevention of Genetic Disorders* (Department of Health, 2001) should be consulted as guideline for the development of health promotion programs.

Early hearing detection and intervention programs

- Since hearing loss constitutes the most common birth defect (Swanepoel, 2007), the establishment a universal newborn hearing screening and intervention program should be prioritized in the hospital and clinics served by the therapists and audiologists. Guidelines may be obtained from the Position Statement on *Early Hearing Detection and Intervention Program in South Africa* (HPCSA, 2007). The Department of Health's Maternal, Child and Women's Health unit is recommended to steer early hearing detection and intervention programs alongside other stakeholders (HPCSA, 2007).

Early communication intervention

- Based on the proven effectiveness of early intervention (Guralnick, 1997), and the high prevalence of communication disorders in the population under three years (Rossetti, 2001) special attention should be afforded to the infant at risk and the young child with a communication disorder as a client. A nationwide movement toward early communication intervention is propagated by the South African Speech, Language and Hearing Association and guidelines are provided (Louw, 1997).
- Continuity and quality of care should be ensured by the team providing health and early intervention services to children and their families (World Medical Association Policy, 1998). Comprehensive family-centered early assessment and intervention

services involving support, training and information-giving is recommended. Involvement in collaborative programs to provide breast milk for infants, to promote kangaroo mother care and adaptive parenting is encouraged.

- A caregiver-child program developed by Balton (2004) is an example of a family- focused group therapy program which introduces communication facilitation techniques to caregivers. The program is locally developed and adapted for the South African public health context.

Developmental care of high-risk neonates

- There is evidence that developmental care strategies such as dimmed lighting and reduced sound, clustered care, positioning of the infant, reduction of overstimulation and infant stress, and kangaroo mother care can improve the outcomes of preterm infants (Goldberg-Hamblin, Singer, Singer & Denney, 2007).
- Kangaroo mother care is proven to reduce the mortality of neonates in hospitals in South Africa where this intervention is practiced (Pattinson, Bergh, Malan, & Prinsloo, 2006). Important benefits of kangaroo mother care, such as improved mother-infant attachment, infant self-regulation, neuromaturation, maternal well-being and lactation (Feldman, 2004) provide and invaluable opportunity to start the earliest communication intervention with high-risk infants.
- An early communication intervention training program for mothers in kangaroo mother care, based on responsive interaction and graded sensory stimulation, demonstrated evidence of effectiveness in a public hospital in South Africa (Kritzinger, van Rooyen & Owen, 2007).
- Speech-language therapists have roles and responsibilities in the neonatal intensive care and high-care units regarding communication evaluation and intervention, feeding and

swallowing evaluation and intervention, parent education and counselling, staff education and collaboration (See ASHA, 2005 for guidelines).

- Collaborative involvement in developmental care is encouraged in neonatal intensive care units, special care nurseries, kangaroo mother care units and follow-up clinics.

Family-centered services

- Since the involvement of parents and caregivers is one of the key factors that positively affect the outcome of intervention (Rossetti, 2001), the active participation of the family in assessment, intervention and decision-making is imperative. Families are the most important support systems for clients with dysphagia, communication disorders and hearing loss. Language and cultural barriers to effective communication with families should be managed through the use of trained interpreters (where available) – either formally trained or workshopped by the clinician.

- **Information giving**

Families should be provided with information on the client's condition, causes, contributing factors, treatment options and their role in the intervention process in a clear and understandable manner. Clients and families should thus be empowered to make informed decisions when choosing their course of treatment.

- **Training**

Caregivers and families should receive individual or group training to implement strategies and techniques to assist clients at home and in their communities. Group training provides the added advantage of peer learning and support.

- **Support and counseling**

  Caregivers should be supported and treated with empathy and understanding. Referrals should facilitate access to grants and other means of support.

Assessment and diagnosis

Assessment should be viewed as the first step to intervention or treatment. A valid assessment is thorough, reliable and tailored to the individual client. A variety of modalities, from informal, but structured observations, to formal assessment instruments are utilized. Different assessment protocols for infants, children and adults should be developed by departments. General guidelines for assessment of different communication disorders may be obtained from Shipley and McAfee (2004). Guidelines for hearing test protocols may be obtained Katz, Burkard and Medwetsky (2002). Universal precautions for control infection should be carried out at all times.

The following outcomes apply to both speech-language therapy and audiology, and should be achieved after assessment (Shipley & McAfee, 2004):

- Clinical decision making (diagnosis) on the presence or absence of hearing loss ora communication disorder/difficulty
- Identifying distinguishing features
- Diagnosis of a communication disorder (together with team of professionals)
- Identify the need for referral
- Identify the need for treatment
- Determine the focus of treatment
- Determine the frequency and length of treatment

The following steps may guide assessment in speech-language therapy and to a certainextent, audiology assessment as well (Kritzinger & Louw, 2000):

- Obtain historical information on the client (involve parents, family members, teachers, caregivers).
- Interview takes place with the client or parents or significant other people if the client is a minor.
- Assess the client on four levels to determine developmental status in children or skill functioning in adults: (Level 1) Identify the client's phenotypical features that may warrant further investigation by a geneticist and determine the client's sensory integrity (functioning of hearing and vision, tactile responses) (Level 2) Assess all oral motor and communication skills (oral motor and feeding skills, receptive and expressive language, pragmatic skills, emergent literacy or literacy skills, and caregiver-child communication interaction) (Level 3) Assess general aspects such as behaviour, socio-emotional responses, play, cognition, self-help skills, gross and fine motor skills (Level 4) Identify risk factors inherent to the disorder and environmental risks. Determine protective factors that can ameliorate the risks and promote client and family resilience.
- Provide an overall impression of the client's functioning by integrating findings on all four levels of assessment, diagnose the communication disorder, if possible, reach conclusions, describe the prognosis, make recommendations and discuss referrals with the family.
- Share clinical findings verbally and in writing with the client, family and professional colleagues.

Intervention

Speech-language, hearing and dysphagia programs should be provided along the continuum of care, i.e., promotive, preventative, curative, rehabilitative, and in some cases, palliative, at all levels of the health care system (Alma Ata, 1978):

Primary Level Care

- Promotion of normal communication, hearing and swallowing, primary prevention of communication, hearing and swallowing disorders; hearing screening and early communication intervention.
- Provision of assessment and intervention services for non-complex communication and dysphagia disorders, in multidisciplinary hospital-based clinics, outpatient clinics and in wards.
- Provision of assistive devices.
- Provision of services to patients in community centres, such as PHC centres, old age homes and stimulation centres.

Secondary Level Care

- Assessment, treatment and palliative care, including the provision of assistive devices to compensate for hearing loss, communication disorders and dysphagia.
- Provision of services to patients in community centres, such as PHC centres, old age homes and stimulation centres.
- Provision of assessment and intervention services for communication and dysphagia disorders, in multidisciplinary hospital-based clinics, outpatient clinics and in wards.

Tertiary Level Care

- Advanced diagnostic procedures and intervention programs for infants in neonatal intensive care, patients in critical care, as well as in- and outpatients with complex communication disorders.

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Evidence-based practice treatment programs applicable to different communication disorders and adapted to the diversity of communities in South African are now emerging. The *South African Journal of Communication Disorders*, among others, and continuous professional development activities are information sources. General guidelines on the treatment of different communication disorders may be obtained from Roth and Worthington (2005). Guidelines for aural rehabilitation (children, adults and their family members) may be found in Tye-Murray (2004).

Sensitivity to diversity

- Sensitivity to diversity is of paramount importance in service delivery and collaboration with colleagues. Speech-Language Therapists and Audiologists should be aware of their own cultural beliefs, values and practices, and how they may differ from that of their clients. The clinician's cross-cultural communication skills should reflect sensitivity, patience and knowledge about different cultural traditions in order to facilitate trusting relationships with clients.

Marketing of speech-language therapy and audiology services in the publichealth system

- Marketing of services is an ongoing professional concern in health care. Clients, the public, health care workers and students are in constant flux and should be informed about the nature and benefits of speech-language therapy and audiology services. Clients, potential clients and their caregivers, communities as well as health care workers on all levels of service provision, and students, should be educated about the scope of practice of speech-language therapists and audiologists.
- Marketing activities may be conducted by means of introductory and educational meetings, personal contact and building relationships with other professionals, providing feedback, referring to other professionals, registering a consistent presence at interdisciplinary activities, and making use of mass communication media, such as posters, pamphlets and videos, and developing and participating in awareness programs.

Evidence-based practice

- Best practice can only be achieved by the use of evidence-based diagnostic protocols and intervention procedures and programs. In the absence of scientific evidence or limited evidence of clinical procedures and guidelines (Noyes-Grosser et al., 2005)for local contexts, therapists and audiologists are urged to conduct research and/or to participate in research directed at local needs and to develop evidence for their intervention procedures and programs by keeping paper and digital records of cases, in order to demonstrate intervention effects.

Management of client waiting lists

- Client waiting lists should be managed in an ethically accountable manner. Decisions to prioritize cases or refer to other institutions must be based on best practice and must follow referral policies and guidelines.

  Inpatient referrals should be attended to within two days, and outpatient referrals within one week.
- Communication with all stakeholders seeking access to services should be respectful and responsive, with diligent follow-up. Administrative staff must be trained to reflect a respectful and helpful attitude toward clients and their families.

Referrals and case finding

- Referrals must be accepted from all health care workers. An efficient referral management system must be developed for each department in order to reduce waiting lists and limit time delays.
- If referrals are limited, a marketing programme should be initiated. Initiating and participating in collaborative activities with other professionals are recommended.
- In addition, an appointment system should be utilized to maximize timemanagement.

Professional accountability

- Regular clinical audits should evaluate recordkeeping, client satisfaction, equipment and facilities and the management of the department with a view of continuously improving delivery in all of these areas. Complete and accurate recordkeeping is also essential for medical-legal enquiries.
- Clinical audits should also evaluate the outcomes of therapeutic interventions with clients and thus guide future management.
- Accountability of services is most important. *The Framework and Strategy for Disability and Rehabilitation Services 2015-2020*

(Department of Health, Pretoria) may be consulted in this regard.

Collaboration

- Teamwork and collaboration should be conducted in a spirit of respect for one another's work, honesty about limitations in knowledge and skills, flexibility, and willingness to learn from each other. Efficient communication practices and an inquiring attitude will contribute to the establishment of knowledgeable teams. Multidisciplinary and interdisciplinary teamwork should be promoted, and there should be respect for each profession's scope of practice.
- One-sided training of other professionals is discouraged. The trans-disciplinary principles of a shared professional commitment to teamwork and a mutual responsibility to learn from one another apply. The process implies increasing one's own discipline specific knowledge before gaining knowledge from another discipline. Role expansion implies the exchange of information whereby each discipline educates the other regarding areas of expertise. During role release, the skills acquired from another discipline are used, while support and feedback are given regarding the released skills (Galentine & Seery, 1999).

Working with interpreters

No client should be denied access to speech-language therapy and audiology services because the clinician does not speak their language. Interpreters should be trained and have some understanding of the professions as well as the ethical requirements that are expected as part of their job, especially confidentiality and respect for the client.

Conclusion

Best practice in speech-language therapy and audiology is the most important goal, but also the greatest challenge. Best practice represents those efforts to integrate and synthesize emerging empirical data into everyday application. The quest for best practice never ceases. Best practice involves considering, studying, experimenting and integrating multiple variables into intervention activities. The result of all intervention efforts should be to bring about qualitative changes in the lives of infants, children and adults with hearing loss and communication disorders and their families.

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