PRACTICE ADVICE

COMMUNICATING CLINICAL INFORMATION OR A DIAGNOSIS: DO YOU KNOW THE DIFFERENCE?

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The purpose of this article is to provide clarity about the clinical information that CASLPO members can communicate to patients and substitute decision makers (SDM) when providing health care services contrasted with information that is involved when communicating a diagnosis.

A diagnosis is the identification of an underlying disease or disorder that causes the speech, language, audiology and swallowing symptoms or disorders.

According to the *Regulated Health Professions Act* (RHPA), communicating a diagnosis is a controlled act that speech-language pathologists (SLPs) and audiologists are not allowed to perform. Communicating a diagnosis is described as:

> *"Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis."* (RHPA 27 (2) 1.)

CONTROLLED ACT: KEY COMPONENTS	IMPACT ON MEMBERS
1. Members are prohibited from *Communicating to the individual or their personal representative a diagnosis*	Members have the knowledge, skills and judgement to assess the patient and **make** an SLP/AUD diagnosis within their scope and area of practice. However, members, by law, cannot **communicate** the diagnosis to the patient or their personal representative (SDM).
2. The diagnosis you are communicating *"identifies a disease or disorder as the cause of symptoms"*	Members cannot communicate the disease or disorder that **causes** the speech, language, audiology and swallowing symptoms or disorders. For example, members cannot tell patients that they have the following: stroke, tumor, head injury, autism, acoustic neuroma, otosclerosis, cerebral palsy, ALS, Meniere's Disease, genetic syndromes, Parkinson's disease etc. Members can communicate their clinical findings, including speech language pathology and audiology symptoms and dysfunctions if they are not the cause of symptoms.
3. *"It is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis."*	If another authorized health professional has communicated the diagnosis, members can refer to the provided diagnosis in discussions with the patient and/or SDM. Patients often ask SLP and audiologists for more information about the disease or disorder. Providing this information, when the disease or disorder has already been communicated by the diagnosing professional, does not, in the College's opinion, fall within the controlled act of communicating a diagnosis, so this is permitted.

WHAT INFORMATION CAN BE SHARED WITH PATIENTS AND/OR SDMs?

PRINCIPLES

Speech language pathologists and audiologists have a professional obligation to communicate their assessment results and clinical findings to their patients and/or SDMs (Code of Ethics Principle 1) However, in communicating assessment results and clinical findings, members must not communicate the underlying cause (diagnosis).

CONSENT

SLPs and audiologists must provide patients/SDMs with sufficient information to obtain informed consent for assessment and treatment. Informed consent for treatment requires an SLP or audiologist to communicate the nature of the proposed service, the risks and benefits of the proposed plan and alternatives before commencing treatment. (SAT Professional Standards, Consent Guide and *Health Care Consent Act*). The nature of the proposed service is based on the assessment results which are shared with the patient and/or SDM.

COMMUNICATING ASSESSMENT RESULTS

When communicating assessment results, members may use terms which describe symptoms and dysfunctions within their scope of practice. They may also use qualifiers such as mild, moderate, severe or profound.

Some of these terms may include the word "disorder". Members must make sure the word disorder is being used to describe symptoms; for example, "swallowing disorder" or "vestibular disorder". Here the word "disorder" describes symptoms but does not identify the cause of the symptoms.

Examples of terms that describe symptoms include, but are not limited to:

- Speech, motor speech, articulation delay and disorder
- Language delay and disorder
- Sensorineural, conductive or mixed hearing loss
- Aphasias, dysarthrias, apraxias, cognitive communication disorder
- Stuttering, hoarseness, hypo/hyper-nasality
- Tinnitus, vestibular disorders
- Auditory processing disorder
- Dysphagia or swallowing disorder

When using these terms, members should follow a patient-centred approach and discuss the symptoms and dysfunctions that contribute to the disorder. Members should explain that the disorder or dysfunction is not the underlying cause, that the cause could be multifactorial or unknown. When the patient or SDM want more information regarding the underlying cause (diagnosis), they should consult a physician or other professional who is authorized to communicate the diagnosis.

WHAT INFORMATION CANNOT BE SHARED WITH PATIENTS AND/OR SDMS?

When sharing clinical information and assessment results with patients and/or SDMs members should avoid using the words "diagnose", "diagnosing" or "diagnosis". These words could lead the patient or SDM to rely on your information as the underlying cause, which is prohibited.

When members are the first health professional to identify a potential underlying cause (the diagnosis has NOT been communicated by an authorized health professional), members must not communicate terms that include an underlying cause or are outside the member's scope of practice.

Examples include, but are not limited to:

- Vocal nodules/polyps etc.
- Gastro esophageal reflux disease
- Noise induced hearing loss
- Meniere's disease
- Autism spectrum disorder
- Attention-deficit/hyperactivity disorder
- Acoustic neuroma
- Benign Paroxysmal Positional Vertigo (BPPV)
- Depression or Anxiety disorder
- Aspiration pneumonia
- Concussion or Traumatic Brain Injury (TBI)

INTERPROFESSIONAL COLLABORATION

Members are encouraged to work collaboratively with other professionals to improve patient health outcomes through communication, enhanced decision making and mitigation of risk. You can discuss your clinical findings, including possible underlying causes with other professionals. This does not constitute communicating a diagnosis to a patient or SDM. The conversations you have with fellow professionals are different from the conversations you have with patients and SDMs. Use your professional judgement regarding patient risk of harm and urgency of referral.

REFERRALS

SLPs and audiologists during their assessment, may be alerted to signs or symptoms which are indicative of a disease or disorder. Often SLPs and Audiologists are uniquely qualified to assess signs or symptoms and to provide data that is essential for a health professional with authority to communicate a diagnosis to arrive at a definitive diagnosis. In this case, it is the member's responsibility to make the patient aware of the significance of the signs or symptoms and to suggest a referral to an appropriate diagnosing professional for a definitive diagnosis. This communication should occur in a manner that will not result in the patient or SDM relying upon the information as a diagnosis.

When members are communicating assessment information, they must ask themselves the following:

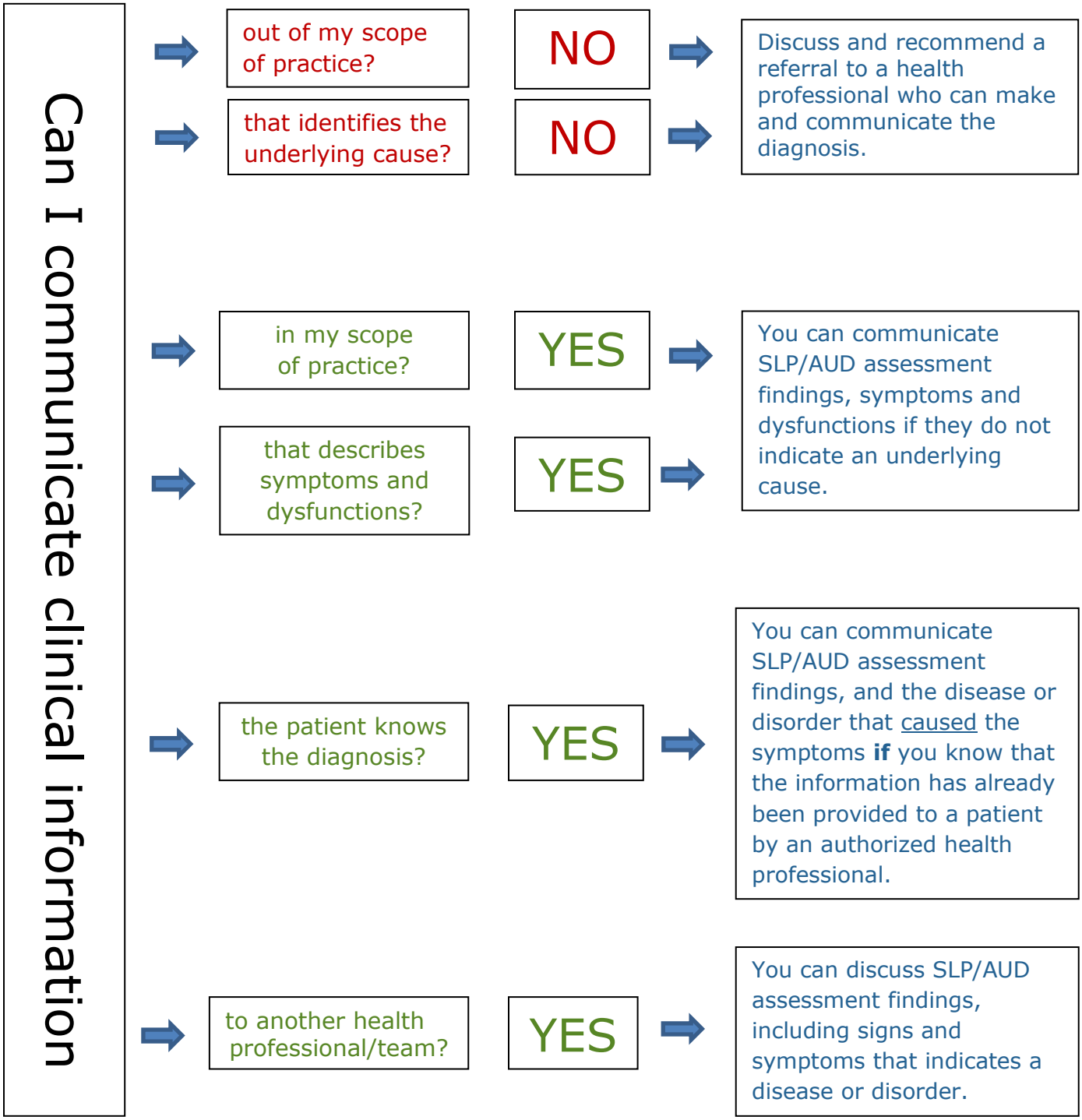
1. Does the patient and/or SDM already know the causal diagnosis?

2. Is the clinical information I want to communicate:
    a. in my scope of practice?
    b. describing symptoms and dysfunctions?
    c. identifying the underlying cause of the symptoms (diagnosis)?

EXAMPLES OF LANGUAGE TO USE WITH PATIENTS AND SDMS

These examples concern situations when diagnostic information has NOT been provided by an authorized health professional.

- The results of the aphasia assessment indicate that you have the symptoms of non-fluent aphasia, let me explain what this means . . .
- The audiogram and other tests show you have a moderate conductive hearing loss in both ears, the next steps are . . .
- The assessment results and my classroom observations suggest that your child has a language disorder. This means . . .
- I have just assessed your son and observed him both in the classroom and during school recess with his friends. The results show that he presents with moderate to mild stuttering. We can explore treatment options which might include. . .
- As you know, your wife coughs when drinking liquids. The results of the video fluoroscopic swallowing study show that she has a swallowing disorder. The liquids entered her throat too quickly and the muscles that protect her airway are slow, so traces of liquid went into her airway and lungs. My recommendations are . . .
- From the background information you gave as well as my assessment, you have symptoms consistent with a balance disorder, also known as a vestibular disorder.
- Based on the assessment results, I am concerned about some of the atypical social and non-verbal behaviours and I would encourage you to have them investigated by a physician or a psychologist. They will be able to look at broader developmental skills that are beyond speech and language. There could be several reasons for these behaviours, so I recommend that you discuss this with your child's physician.
- The results of the hearing assessment combined with your background information show a sensorineural hearing loss. There are many causes for this type of hearing loss. If you want to know more about the underlying cause, you need to consult a physician.


Can I communicate clinical information
out of my scope of practice?
NO
Discuss and recommend a referral to a health professional who can make and communicate the diagnosis.
that identifies the underlying cause?
NO
in my scope of practice?
YES
You can communicate SLP/AUD assessment findings, symptoms and dysfunctions if they do not indicate an underlying cause.
that describes symptoms and dysfunctions?
YES
the patient knows the diagnosis?
YES
You can communicate SLP/AUD assessment findings, and the disease or disorder that caused the symptoms if you know that the information has already been provided to a patient by an authorized health professional.
to another health professional/team?
YES
You can discuss SLP/AUD assessment findings, including signs and symptoms that indicates a disease or disorder.

FREQUENTLY ASKED QUESTIONS

1 Q) I work in an adult outpatient rehab clinic. The other day I saw a patient for an initial assessment and my observations and clinical findings suggest signs and symptoms of Parkinson's disease. I know I cannot communicate that diagnostic information to the patient, but can I discuss my clinical findings with her family physician?

A) Yes you can. Consistent with a patient centred approach, discuss your concerns with the patient first regarding her speech, voice or swallowing without using diagnostic terms such as Parkinson's disease. Recommend that you would like to communicate directly with her physician regarding your findings, and if required, obtain consent to do so. You can call or write to the physician outlining your assessment results, the signs and symptoms you have observed and recommend a neurological consultation. Finally, recommend that the patient make an appointment to see their physician for further investigations and discussions.

2 Q) I see many children who are on the autism spectrum, some before the diagnosis has been confirmed by a pediatrician. I document my assessment findings in the patient record but am cautious about what I communicate to the parents. Will I be in trouble if the patient/SDM requests a copy of the record and they see my findings regarding a potential diagnosis of autism?

A) Although the patient record is not a typical vehicle of communication between a health professional and a patient, the patient has the right of access and therefore you must be cautious about what you document. From the regulatory perspective, the patient record should be accurate, complete, accessible and retained (Records Regulation). If your assessment results suggest a possible disease or disorder such as autism, you should document the signs and symptoms you have observed, such as social skills, play behaviour, non-verbal communication etc. but avoid the diagnostic term, 'autism'. You should also recommend appropriate referrals.

Speech language pathologists and audiologists are uniquely qualified to provide clinical information that contributes to a diagnosis outside of our scope of practice made by health professionals who can make and communicate the diagnosis.

3 Q) I had a patient with all the typical signs for acoustic neuroma. I went through his hearing test results and told him that he should be referred to an ENT for further investigation (I did not mention my diagnostic findings). He agreed to the referral and to me writing a report to his family physician outlining my findings. The patient came back into the office today very distressed, he had looked up his symptoms on the internet. He wanted to know if he had an acoustic neuroma. What can I say?

A) You still cannot communicate a diagnosis of acoustic neuroma. Advise your patient to discuss his symptoms with the ENT, and if his appointment is not immediate, encourage him to visit his family physician. To reduce the patient's anxiety, you may decide to help him make an appointment with his physician. You can also reassure him, that whatever the diagnosis, you have the knowledge and experience to provide service.

4 Q) I am an SLP working in a school board. I have assessed a grade one student and the results indicate a severe language disorder. His language disorder is a barrier to him accessing the

curriculum and I want to initiate a referral to Special Equipment funding, so he can use a dedicated iPad in the classroom. I have discussed my assessment results and recommendations with the student's parents and told them they will receive a copy of the report. A colleague is worried that the report is communicating a diagnosis because I have written "severe language disorder", but if I don't, he might not get the special equipment funding.

A) Because the term "severe language disorder" is a specific label for a description of symptoms, and does not suggest a cause, you can inform the parents of your assessment results, which indicate a severe language disorder. You can include the term in your recommendation of funding for an i-pad and software to help him in the classroom. However, if the parent asks you what caused the language disorder you can say the cause is often unknown. Nevertheless, if they wish to pursue this question, they should consult a pediatrician, child psychologist or developmental assessment team.

5 Q) I am an SLP who works in a hospital outpatient voice clinic. The format of the team is interprofessional and the ENT physician has delegated the controlled act of communicating to patients and SDMs the voice diagnosis of vocal nodules. We do not communicate any other voice disease or disorder which provides information about the underlying cause. Is this okay with the College?

A) Yes, as long as you have the education to distinguish between vocal nodules and other voice pathologies and follow the requirements in the Position Statement on the Acceptance of Delegation of a Controlled Act.

6 Q) I am confused! I am an audiologist working at a children's hospital. Can we communicate Auditory Processing Disorder (APD)? Research shows that APD is not a diagnostic term rather it is a disorder with either an unknown cause or it is linked to various other causes, for example autism, ADHD, or traumatic brain injury. APD is a term that describes symptoms or dysfunctions, so can I tell the parents that their child has APD?

A) Yes, you can use the term Auditory Processing Disorder, and discuss the symptoms and dysfunctions with the parents and how it affects their child and the child's learning. However, be cautious about communicating the underlying cause. If the parents have been informed by a professional with access to the Controlled Act, then you can discuss the underlying cause, for example a traumatic brain injury.

7) Q) I am an audiologist in private practice in a remote area of the province where there is a long waiting list to see an ENT physician. If I am unable to communicate Noise Induced Hearing Loss, and patients are going to wait a long time before getting a diagnosis from the ENT, how am I best going to help my patients?

A) You can discuss your assessment results with your patient, including the fact that they have a sensorineural hearing loss. You can explain that this type of hearing loss can typically occur when people are exposed to noise. But you cannot communicate the diagnosis of 'Noise Induced Hearing Loss'. Instead you would recommend that they consult a physician for the diagnosis as well as going to an ENT. You can also discuss the importance of hearing preservation and using the appropriate hearing protection, for example, noise cancelling plugs etc. If the hearing loss is work-related and the patient is interested in trying a hearing aid, the patient can still pursue a WSIB claim.

FURTHER QUESTIONS

If you have questions about what you can and cannot communicate to patients and families, contact our Practice Advice team:

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