College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

PRACTICE STANDARDS AND GUIDELINES FOR THE ASSESSMENT OF ADULTS BY SPEECH-LANGUAGE PATHOLOGISTS

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EXECUTIVE SUMMARY

1. It is within the scope of practice of speech-language pathologists (SLPs) to screen and assess human communication disorders including, but not limited to, speech and language disorders (including written and social language), pre-linguistic communication behaviour, cognitive communication, and/or dysphagia (swallowing disorders).
2. SLPs function as a resource for adults with these disorders and their families and caregivers to provide services that are respectful and responsive to their cultural and linguistic needs.
3. Adults may require speech-language pathology screening/assessment for communication and/or swallowing disorders, based on their communication, educational, vocational, psychosocial, health and emotional needs.
4. SLPs must have the required resources to screen and/or assess adult clients they serve.
5. The adult and/or Substitute Decision Maker (SDM) must be provided with communicatively accessible information and given the opportunity to make informed choices.
6. Collaboration with other significant individuals involved in the adult's life must occur as needed and when possible.
7. SLPs must adhere to standard practices for infection control.
8. SLPs must have the knowledge and competencies to perform screening and assessment procedures, including a hearing screening.
9. The evaluation procedure may involve screening and/or assessment.
10. In the course of screening and assessing an adult, the SLP must:
    - Obtain valid and informed consent.
    - Determine the adult's needs.
    - Make a risk management determination.
    - Follow the specified procedures.
    - Initiate the involvement of others when appropriate.
    - Discharge the adult when the service delivery is complete.
11. All the required components must be documented.

A) PREAMBLE

Practice Standards and Guidelines (PSGs) are necessary to ensure quality services to adults in Ontario who require speech-language pathology screening and/or assessment. These screening and assessment components are important to the provision of quality services.

It is the intent of this PSG document to provide SLPs in Ontario with an overview of the screening and assessment processes and to outline some of the knowledge necessary to make responsible decisions regarding these services.

This PSG is meant to be used as a decision-making framework. It is not intended to be a tutorial or to provide SLPs with all the information required to provide screening and assessment to adults. SLPs are ethically responsible to ensure competence in performing screening and assessment and to ensure that any risk of harm is minimized during the provision of these services. It is essential that SLPs have the necessary expertise and resources to perform screening and assessment procedures for the adults they serve.

This PSG incorporates both "must" and "should" statements. In PSGs, "must" statements establish *standards that members must always follow*. In some cases, "must" statements have been established in legislation and/or CASLPO documents.

Other "must" statements describe standards that are established for the first time in these PSGs. In PSGs, "should" statements establish *guidelines that members should follow to the greatest extent possible.* SLPs must exercise professional judgment, taking into account the environment(s) and the needs of the adult when considering deviating from these guidelines. SLPs must be prepared to fully explain any departure from the guidelines.

B) DEFINITION OF SERVICE

A communication disorder is an impairment in the ability to receive, comprehend and send verbal, non-verbal and graphic symbol messages.
A communication disorder may:

- be evident in the processes of hearing, language, speech and/or cognition
- range in severity from mild to profound
- be developmental or acquired.

Individuals may demonstrate one or any combination of communication disorders which may result in a primary disability or may be secondary to other disabilities.

Skills in effective communication are necessary to function successfully in society. Communication difficulties can have a significant effect on self-esteem, confidence, relationships, vocational aspirations, education and health, as well as family, workplace, and community participation.

1. Adult communication disorders include:

- **Language Disorder -** Difficulty in formulating, expressing and/or understanding language in any modality.
- ***Cognitive-Communication Disorder*** **-** Difficulty with communication related to cognitive deficits
- **Speech Disorder -** A speech pattern that is mildly to severely impaired or unintelligible due to misarticulation of speech sounds and/or dysprosody.
- ***Fluency Disorder*** **–** A disorder of speech production in which the natural flow of speech is disrupted by involuntary repetition of sounds, syllables or words, sound prolongations, blocks and/or pauses.
- **Voice Disorder -** An abnormality of one or more of the three characteristics of voice: pitch, intensity and quality.
- **Resonance Disorder -** A dysfunction in the coupling of the nasopharyngeal cavities affecting verbal communication.
- **Hearing Disorder -** An impairment in the auditory system affecting the perception or hearing of sounds in the environment, including conversation.

2. Dysphagia

Dysphagia (swallowing disorder) is defined as "an impairment or disorder of the process of deglutition affecting the oral, pharyngeal and/or oesophageal phases of swallowing." Difficulties may range from mild to severe and include non-oral feeding. The practice standards for the assessment and management of dysphagia are specified in detail in the CASLPO document,

Philosophy of Service

The philosophy of PSGs is intended to be consistent with the World Health Organization's (WHO) International Classification of Functioning (ICF), Disability and Health,[1] to support the use of unified terminology across health-related disciplines.[2],[3],[4] Discussion of communication and swallowing difficulties is framed using WHO terminology as illustrated in Table 1.

Services offered to adults by SLPs encompass all components and factors identified in the WHO framework. That is, SLPs work to improve quality of life by reducing impairments to communication and oral-motor functions and structures, reducing limitations to activity and participation and/or modifying the environmental barriers of the individuals they serve. They serve individuals with known impairments, or disorders (e.g. hearing loss, aphasia, dyspraxia, dysphonia, neuromuscular disorders and degenerative conditions) as well as those with activity limitations or participation restrictions (e.g. adults needing residential, workplace or educational/academic support services) and adults who are unable to communicate effectively. This includes such limitations or restrictions that occur in the absence of known etiologies or impairments (e.g. adults with no known etiology for their communication impairment, adults with differences in dialect, etc.). The role of SLPs includes: prevention, identification and intervention of communication and swallowing disorders.

The overall objective of SLP services is to optimize individuals' ability to communicate and/or swallow in natural environments, and thus improve their quality of life. This objective is best achieved through the provision of services that are integrated into meaningful life contexts.

The WHO's established health classification system, the ICF, offers service providers an internationally-recognized conceptual framework and common language for discussing and describing human functioning and disability. This framework can be used to describe the role of SLPs in enhancing quality of life by optimizing human communication behaviour and swallowing, regardless of setting.

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[1]World Health Organization. (2001). The International Classification of Functioning, Disability, and Health. Geneva, Switzerland: Author.

[2]Threats T.T.: The world health organization's revised classification: What does it mean for speech-language pathology? Journal of Medical Speech-Language Pathology. Vol. 8(3)(pp xiii-xviii), 2000

[3] Threats T.T. and Worrall L: Classifying communication disability using the ICF. Advances in Speech-Language Pathology 2004 Mar; 6(1): 53-62.

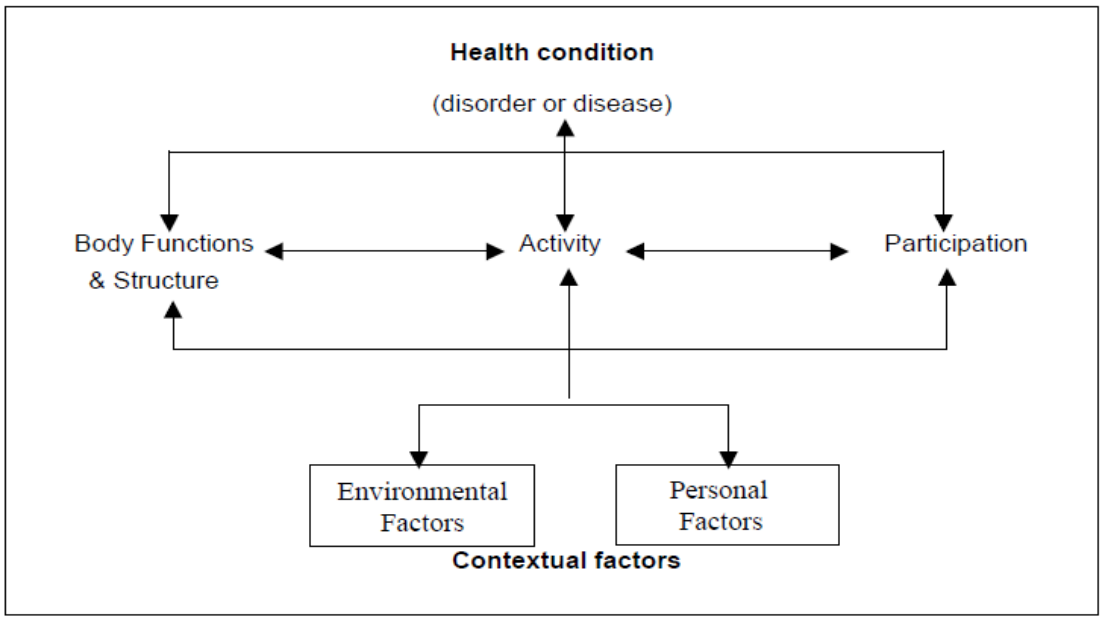
[4] Reed GM, et al.: Operationalizing the international classification of functioning, disability and health in clinical settings. Rehabilitation Psychology 2005 May; 50(2): 122-31.

Table 1. World Health Organization's (WHO) International Classification of Functioning (ICF), Disability and Health (2001)[5]

Dimension	Definition	Examples
Health Body Functions and Structures	Problems in body structures and/or body functions such as significant deviation or loss	Examples of specific impairments that may affect communication: aphasia, dyspraxia, dysarthria, perseveration, impaired attention, inefficient processing of information (rate, amount and complexity), difficulty processing abstract information, motor speech disorders, dystonias, acquired brain injuries, learning disabilities, autism, cognitive delays, fluency disorders, dysphagia, dysphonia, reading and writing disorders and hearing disorders
Health Activity and Participation	Activity refers to the execution of a task or action. Participation is involvement in a life situation	Examples of limitations and restrictions: difficulty participating in conversations through limitations in expressing ideas, opinions, choices, wants and needs, dependence on others for functional communication, understanding a medical prescription, participating actively in the workplace and sharing mealtimes
Contextual Environmental Factors	Factors that constitute the physical, social and attitudinal environments in which people live and conduct their lives	Examples of difficulties imposed by the environment: lack of family and friendship support, reduced social acceptance, social isolation, financial constraints, inflexible work and academic environments
Contextual Personal Factors	Individual factors that influence performance in the environment	Examples of relevant individual factors: race, gender, sexual orientation, age, lifestyle, habits, upbringing, coping styles, social background, education, employment opportunities, past experiences, relationships, personality, depression, anxiety and aggression

[5] WHO Geneva (2002) Towards a Common Language For Functioning Disability and Health by IFC

Interaction of the ICF Constructs (WHO 2001)



C) SCOPE OF PRACTICE

The Audiology and Speech-Language Pathology Act, 1991, states: "The practice of speech-language pathology is the assessment of speech and language functions and the treatment and prevention of speech and language dysfunctions or disorders to develop, maintain, rehabilitate or augment oral motor or communicative functions." Although reading, writing, and pragmatics are not specifically stated within the scope of practice, they are implied by the terms "language functions" and "communicative functions." Cognitive-communication is also a well-defined and internationally accepted area of practice within the field of speech-language pathology. Similarly, although dysphagia is not specifically stated within the scope of practice statement in the Audiology and Speech-language Pathology Act, its inclusion is implied by the term "oral motor functions."

As stated in CASLPO's Code of Ethics, members "will practice within the limits of their competence as determined by their education, training, and professional experience." An individual SLP's scope of practice with regard to these PSGs may vary based on this statement.

As well as providing screening/assessment, SLPs may act as a resource for adults, their family members, and other significant individuals in the adult's life. This may involve educating healthcare colleagues and the public regarding communication and swallowing disorders and promoting awareness of processes to access speech-language pathology services.

D) TARGET ADULT POPULATION

This PSG focuses on adults who require speech-language pathology screening/assessment for communication and/or swallowing disorders, based on their communication, cognition, educational, vocational, social, health and/or emotional needs.

For the purpose of these PSGs, "adult" has been defined as a person 18 years of age and over. It is recognized however that in some situations, these PSGs may apply to individuals below the age of 18.

E) RESOURCE REQUIREMENTS

Guide E.	SLPs should ensure that the physical environment is appropriate for the procedure

SLPs should ensure that the physical environments are appropriate for the screening/assessment procedures involved, including a quiet environment where privacy is ensured. It is acknowledged that environments for screening/assessment will be dictated by workplace limitations, space constraints, time limitations, organizational policies and a number of other factors. To the greatest extent possible, the environment where the screening/assessment is conducted should be appropriate with regard to the procedures.

 Standard E.1	SLPs must ensure that all equipment (including clinical tools, assessment and therapy materials) is in proper working order and calibrated as required.

For some interventions, specialized equipment will be necessary. Equipment must be maintained according to manufacturers' specifications and recommendations.

SLPs must ensure that all equipment used is disinfected/sanitized in accordance with the Infection Prevention and Control Guidelines for Speech-Language Pathology and calibrated for proper working order, as required in CASLPO's 'Code of Ethics' (1996).

 Standard E.2	SLPs must ensure that records are securely stored.

Records must be stored securely in accordance with CASLPO's *current* Proposed Regulation for Records and any other relevant legislation, such as the Personal Health Information Protection Act, 2004

F) COLLABORATION REQUIREMENTS

Guide F.	SLPs should collaborate with communication partners, including healthcare professionals, who play a pivotal role in the adult's life.

Collaboration is critical to the screening/assessment process. With collaboration, communication partners who play a pivotal role in the adult's environment can determine which interactive skills are important and can describe the adult's success in using these skills in natural environments. For example, family members, SDMs, relatives and friends, health care providers, and in some cases teachers/educators who, with the adult's consent, may provide information on his/her ability to communicate at home, in the social, academic, vocational and healthcare settings.

Family members, are important to the assessment process unless the adult or SDM refuses their involvement. Service provision should allow the adult a choice that is fully informed and based on unbiased information. The adult and his/her family's perspectives should be given primary consideration. If consent is given, then family members should be provided with information that is timely, relevant, complete, unbiased, evidence-based and in terms that will be understood. Otherwise, confidentiality must be respected and information must not be shared.

Standard F.1	SLPs must be responsive to the adult's cultural background as discussed in CASLPO's Position Statement "Service Delivery to Culturally and Linguistically Diverse Populations".

SLPs must endeavour to provide services that are respectful and responsive to the adult's linguistic and cultural background and the sociocultural factors that affect communication as discussed in CASLPO's Position Statement "Service Delivery to Culturally and Linguistically Diverse Populations".

Standard F.2	SLPs must attempt to communicate constructively, effectively and collaboratively with peers/teams/co-workers, including members of other professions who are involved with the adult, with appropriate consent.

Collaboration with other significant individuals involved in the adult's life, (for example, other health care providers, communication partners/family and friends) should occur when appropriate and possible. Such an approach requires familiarity with the roles played by health care providers and/or other professionals involved in the adult's care. The degree to which collaboration can occur may be dependent on the setting.

SLPs must have appropriate consent when communicating with others involved with the adult or his/her SDM, as indicated in CASLPO's Professional Misconduct Regulation and the Personal Health Information Protection Act (PHIPA), 2004. Confidentiality is critical with respect to transferral of information, both oral and written.

Standard F.3	S F.2 SLPs must attempt to communicate constructively, effectively and collaboratively with peers/teams/co-workers, including members of other professions who are involved with the adult, with appropriate consent.

Two CASLPO members may be involved concurrently, when the intervention is determined to be in the best interests of the adult. Service is provided according to the CASLPO Position Statement "Concurrent Intervention Provided by CASLPO Members" (2001).

G) HEALTH AND SAFETY PRECAUTIONS

Standard G.1

SLPs must employ standard practices for infection prevention and control, as well as additional precautions where specified by the practice setting or by the adult's service providers.

All procedures must ensure the safety of the adult and SLP, and must adhere to standard practices for infection control, as indicated in the CASLPO document "Infection Prevention and Control Guidelines for Speech-Language Pathology" (2010), (as well as additional precautions where specified by the practice setting or other service providers.

H) COMPETENCIES

Standard H.2

SLPs must practice within the limits of their competence for screening/assessment.

When providing services, SLPs must practice within the limits of their competence "as determined by their education, training and professional experience" as indicated in the Code of Ethics. Further details are available in the scope of practice section of this PSG.

Screening may be conducted by support personnel without interpretation beyond pass/fail status. However, this PSG document refers to SLPs and their administration of screening measures.

Standard H.3

SLPs must ensure that they have the required competencies for the services provided.

SLPs must ensure they have the required competencies for the services provided.

Competencies required for screening/assessment of adults with communication and/or swallowing disorders include:

SCREENING AND ASSESSMENT

1.1 Demonstrates knowledge of normal and disordered speech, language, swallowing and hearing.

1.2 Demonstrates knowledge of neuroanatomy and physiology and the anatomy and physiology of speech, language, cognitive, hearing and swallowing mechanisms.

1.3 Demonstrates knowledge of medical, psychological and/or environmental conditions that would impact on speech, language, cognitive, hearing and swallowing function.

1.4 Demonstrates knowledge and skills required to select appropriate screening measures, according to all relevant factors such as the adult's chronological age, cognition, education, cultural/ethnic, social and linguistic background and the requirements of the specific screening

situation, to administer the screening measures, to interpret the results to identify those adults most likely to have speech, language, communication, cognitive and/or swallowing disorder(s), and to recommend further intervention(s).

1.5 Demonstrates appropriate selection, administration and interpretation of assessment procedures in order to identify the presence, nature and functional implications of communication and/or swallowing disorders in adults assessed, including:

a) Skills to obtain sufficient background information pertinent to the assessment of adults.
b) Skills to obtain, analyze and integrate the results of interventions from others, when possible and with appropriate consent,
c) Knowledge of current materials and approaches appropriate to the adult's chronological age, cognition, gender, education, cultural/ethnic, social and linguistic background and the requirements of the specific assessment situation.
d) Skills to select and administer appropriate standardized assessment procedures.
e) Skills to select and administer appropriate non-standardized assessment procedures, including knowledge of the limitations and appropriate uses of these types of procedures.
f) Skills to interpret the results of standardized and non-standardized assessment procedures.
g) Skills to determine the significance and implications of cultural and linguistic differences.
h) Skills to determine the significance and implications of atypical findings of assessment including the functional, social, vocational and psychosocial impact.
i) Knowledge of appropriate follow-up options based on interpretation of assessment results.
j) Skills to formulate recommendations and negotiate client centred goals for intervention to support communication and/or swallowing functions. Organizational policies and procedures may impact on the interventions that can be provided. Where this occurs, it must be documented in the adult's record.
k) Knowledge of referral procedures when recommending further intervention by other health care professionals.
l) Skills to communicate assessment findings to family members, SDMs, caregivers, health care providers, employers and others.
m) Skills to discuss follow-up options with the adult and appropriate individuals within the adult's life, including family members, SDMs, caregivers and others.
n) Skills to evaluate and measure outcomes of assessment services that are evidence- based using current and evidenced-based research methodology.

1.6 Demonstrates knowledge of roles and responsibilities of other professionals who are involved in identification of speech, language, cognitive, communication and/or swallowing disorders.

1.7 Demonstrates knowledge and skills required to supervise support personnel, as outlined in the CASLPO Position Statement on the Use of Support Personnel by Speech-Language Pathologists (2007).

1.8 Demonstrates knowledge of the roles and responsibilities of other professionals and of how and when to recommend the involvement of other professionals or a team approach in providing a comprehensive assessment.

1.9 Demonstrates continued acquisition of knowledge and skills necessary to provide high quality assessment of communication and/or swallowing disorders.

- Knowledge of current literature and research in the area of assessment of communication and/or swallowing disorders in adults.
- Knowledge of current assessment approaches.
- Ability to apply the knowledge described above to service provision.

I)COMPONENTS OF SERVICE DELIVERY

1. CONSENT

Standard J.1	SLPs must obtain valid and informed consent for all screenings and assessments, as indicated in the CASLPO position statement "Consent to Provide Screening and Assessment Services". SLPs must evaluate capacity if the ability to give consent is in doubt. SLPs must also obtain knowledgeable consent for the use and collection of information obtained during screening/assessment. SLPs must document every verbal and written consent received regarding screening/assessment.

SLPs must obtain valid and informed consent from the adult or SDM, as indicated in the CASLPO position statement "Consent to Provide Screening and Assessment Services"(2007) for all screenings and assessments.

To obtain informed consent, as defined in the Health Care Consent Act, 1996, it is necessary to provide the following information: the nature of the service, the expected benefits, any probable or serious risks and side effects, alternative courses of action, and the likely consequences of not having the screening/assessment. The information should be provided in a communicatively accessible format if necessary. SLPs are reminded that the crucial element in obtaining consent is the discussion of the information listed above and not the act of signing a consent form. Informed consent to perform a screening/assessment can be provided in written or verbal form.

If the adult's capacity to provide informed consent to be screened or assessed is in doubt, the SLP must evaluate the adult's capacity to consent. Capacity evaluation examines the adult's ability to understand relevant information and his or her ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. If the adult is found lacking in capacity to consent the SLP must approach the SDM for informed consent. Further information regarding consent and capacity is found in Obtaining Consent for Services: A Guide for Audiologists and Speech Language Pathologists.

The Personal Health Information and Protection Act (PHIPA), 2004, requires that members must also obtain knowledgeable consent to the collection, use and disclosure of any information obtained during screening/assessment. This consent can also be provided in written or verbal format.

SLPs must document in the adult's record every verbal and/or written consent received regarding screening/assessment.

Organizations may have various procedures for obtaining consent for the provision of screening/assessment and for the collection and use of information. These may be utilized if they comply with Health Care Consent Act, 1996, the Personal Health Information Protection Act, 2004, and CASLPO requirements.

Consent can be withdrawn at any time by the adult or by his /her SDM if the adult is lacking in capacity.

2. DETERMINATION OF NEED

Standard J.2

SLPs must make a determination of need before a screen or assessment.

Determination of need refers to the process whereby a possible communication or swallowing difficulty is suspected. This must occur prior to the screening and/or assessment process and may include, for example, observation of an adult in a hospital or other setting.

For both screening and assessment, the identified concerns may originate from a variety of persons, including but not limited to: family members, caregivers, health care providers, physicians, teachers/educators or the individual him/herself. An adult's communication and/or swallowing disorders are screened due to concerns identified regarding his/her communication or swallowing function. An adult's communication and/or swallowing disorders are assessed following a screening result or because identified concerns indicate the need for an assessment.

3. RISK MANAGEMENT DETERMINATION

Standard J.3

SLPs must conduct a risk management determination.

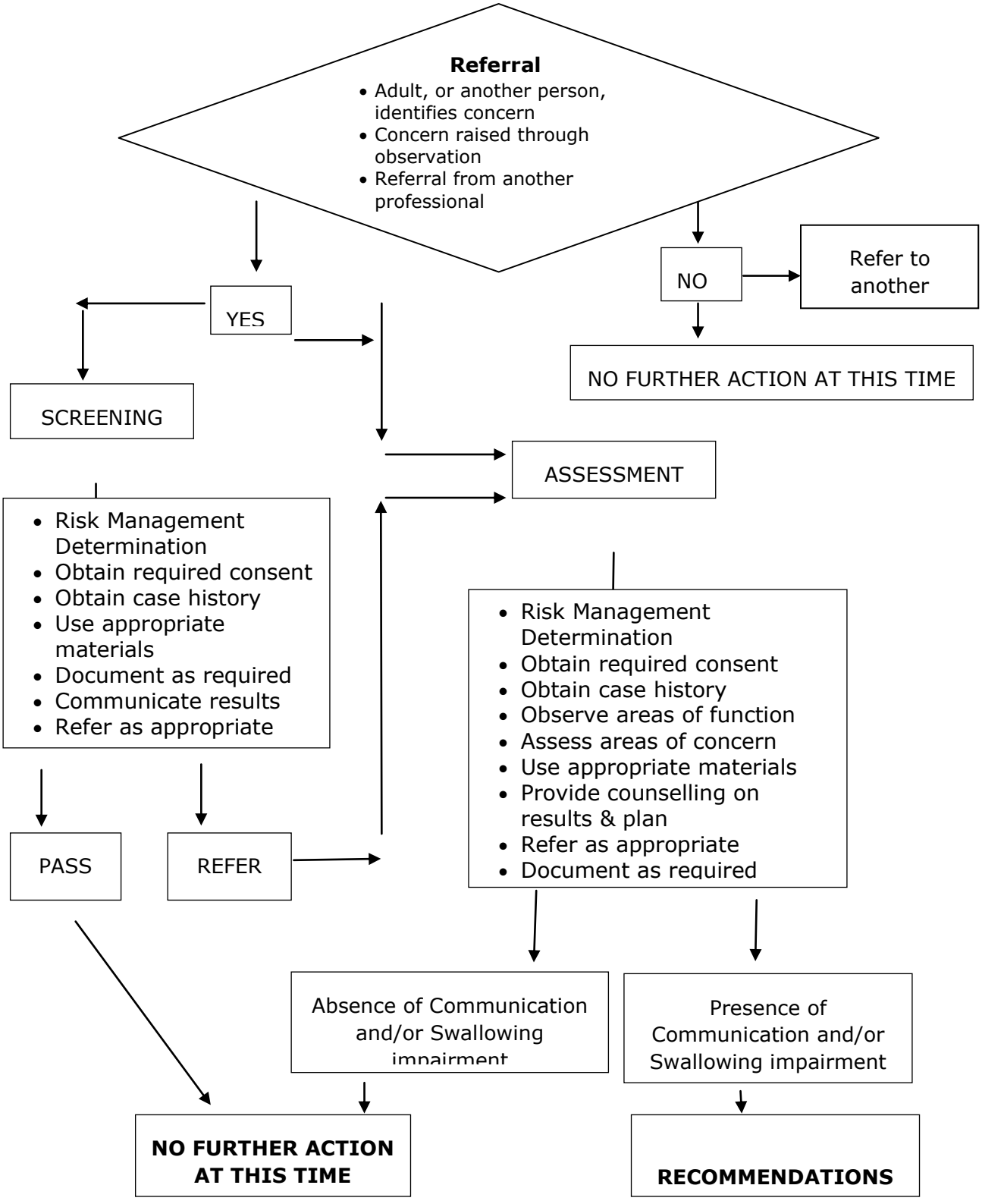
SLPs must take steps to minimize any risks associated with the screening/assessment. These risks include but may not be limited to:

- Any risks of physical, emotional or social harm to the adult resulting from the screening/assessment.
- The risk of incorrectly conducting the screening/assessment and identifying a disorder that is not present resulting, for example, in unnecessary concern for the adult.
- The risk of incorrectly conducting the screening/assessment and not identifying a delay or disorder that is present, resulting in social/educational/vocational consequences associated with untreated communication and/or swallowing disorders.
- Risks associated with not performing the screening/assessment may result in an untreated disorder.

4. PROCEDURES

A) CONTINUUM OF CARE

The following is an overview of the screening/assessment procedures for adults with suspected communication and/or swallowing disorders.



The following are the fundamental components of screening/assessment of all communication and/or swallowing disorders.

Any relevant CASLPO Preferred Practice Guidelines and Practice Standards and Guidelines addressing specific communication and/or swallowing disorders must be used in conjunction with this PSG.

B) SCREENING

Purpose of Screening

- To identify adults who may have communication and/or swallowing disorders. Screening is only used to determine the need for a speech-language pathology assessment. Screening results cannot be used for treatment planning.

Role of Support Personnel

- Support personnel, when supervised by a SLP, may perform specific pass/refer screening procedures, in accordance with CASLPO's Position Statement "Use of Support Personnel by Speech-Language Pathologists"

Procedural Elements

Guide J.1	SLPs should include the use of the adult's chosen communication mode and linguistic system when conducting a screening.

- Screening includes one or more of the areas of communication and/or swallowing function, including but not limited to articulation/phonology, apraxia, aphasia, dysarthria, oral-motor function, voice, fluency, language, cognition, swallowing and hearing.
- Procedures may be developed to screen identified communication and/or swallowing functions. Screening may be a component of an assessment when mandates require it.
- Screening should include, although may not be limited to the adult's chosen communication mode and linguistic system and in consideration of his or her cultural background and community.

Standard J.4	SLPs must be aware of linguistic and cultural factors, as discussed in CASLPO's Position Statement "Service Delivery to Culturally and Linguistically Diverse Populations" (2000), when conducting a screening.

- SLPs must endeavour to provide services that are respectful and responsive to the cultural and linguistic needs of adults as discussed in CASLPO's Position Statement Service Delivery to Culturally and Linguistically Diverse Populations" (2000). SLPs must be aware that complex linguistic and socio-cultural factors affect communication and must incorporate this knowledge into their screening of the adult's communication and/or swallowing.

Guide J.2	SLPs should use current and appropriate materials and approaches when conducting a screening.

- SLPs should use current material and approaches that are appropriate to adults with consideration age, cognition, gender, education, cultural/ethnic, social and linguistic background, medical status, physical and sensory abilities, hearing, vocation and the requirements of the specific screening situation

Guide J.3	SLPs should report results to adult and/or SDM and, where appropriate, and to those in his/her Circle of Care when conducting a screening.

- Results of screening should be reported to the adult and/or SDM. Results should also be reported to family members, where appropriate, and with the adult and/or SDM's consent.

Outcome

Standard J.5	SLPs must ensure when conducting a screening that the outcome is only one of either refer or pass.

Outcome must be one of the following:

- Recommendation for an in-depth communication and/or swallowing assessment in general or specific areas.
- No further services or assessment required at this time. Screening may also result in recommendations for assessments or services in areas other than speech-language pathology, including, but not limited to, audiology, occupational therapy, social work or dietitian services.

C) ASSESSMENT

Purpose of Assessment

- Assessment is conducted to determine the adult's speech, language, cognition, communication and/or swallowing status.
- Assessment is prompted by a referral, a request, or a "refer" screening result.

Role of Support Personnel

- Support personnel may assist SLPs in assessment administration with appropriate supervision and in accordance with CASLPO's Position Statement "Use of Support Personnel by Speech-Language Pathologists" (2007).

Procedural Elements

Standard J.6	SLPs must ensure that the assessment as defined in this PSG is sufficient to make recommendations for follow-up or to indicate that no follow-up is required.

- Assessment may be completed in one session or require observation/assessment over time or in different environments. Although continuing intervention may result in ongoing assessment over time, the initial assessment as defined in these PSGs must be sufficient to make recommendations for follow-up or to indicate that no follow-up is required.

Guide J.4	SLPs should include the adult's chosen communication mode and linguistic system when conducting an assessment.

Assessment should include, but not be limited to, the adult's chosen communication mode and linguistic system.

SLPs must endeavour to provide services that are respectful and responsive to the cultural and linguistic needs of all adults, as discussed in CASLPO's position statement Service Delivery to Culturally and Linguistically Diverse Populations" (2000)

Standard J.7	SLPs must be aware of linguistic and cultural factors, as discussed in CASLPO's position statement "Service Delivery to Culturally and Linguistically Diverse Populations" (2000) when conducting an assessment.

SLPs must be aware of the factors that can potentially affect assessment including medical, psychological, pharmaceutical, cognitive factors and socio-cultural factors. SLPs must incorporate this knowledge into their assessment of adult communication and swallowing.

Guide J.5	SLPs should use current and appropriate materials and approaches when conducting an assessment.

SLPs should use current materials and approaches that are appropriate to the adult's age, medical and psychological status, physical and sensory abilities, literacy skills, education, vocation, cognitive status and cultural/ethnic and social and linguistic background.

Guide J.6	SLPs should report results to the adult and/or SDM and, where appropriate and, with consent, to family members when conducting an assessment.

Results of assessment should be reported to the adult and/or SDM and, where appropriate and with consent, to family members.

Standard J.8	SLP assessments must be based on case history information, standardized assessment protocols when available, and informed professional judgement. Assessments must include identified areas of concerns, be patient and family centered, if appropriate, and include counselling.

Assessment must include:

- Obtaining a case history that provides sufficient background information, including a review of medical, educational, auditory, visual, fine/gross motor and/or cognitive (and others as appropriate) status as assessed by other professionals, as available.
- Assessment of the identified area(s) of communication/swallowing concerns that prompted the assessment, using the appropriate standardized and/or non-standardized procedures.
- Observation of areas of communication function, such as articulation/phonology, oral-motor function, voice, fluency, language, cognition, swallowing and hearing. Observation may be informal or formal and may indicate the need for formal assessment at a later date.
- Methodology based on sound professional judgment.
- Adult/SDM and family-centred approach addressing all appropriate communication contexts.
- Adult/SDM, caregiver and/or family counselling to address the nature of the communication or related disorder and its impact, recommended follow-up plan, and possible outcomes of the procedures. Counselling may take many forms and will be dependent on the situation and environment.

OUTCOME

Standard J.9	SLPs must ensure outcomes of an assessment include a description of strengths and needs and/or recommendations for a follow-up plan and the rationale.

- Description of characteristics, strengths and needs of speech, language, cognition, communication and/or swallowing,
- Recommendation for a follow-up plan, if required, along with the rationale for the follow-up plan.

5. INITIATING INVOLVEMENT OF OTHERS

Guide J.7	SLPs should recommend involvement of appropriate professionals when necessary and with consent.

For some adults, there may be other areas of concern, for example, in the areas of hearing, motor skills, visual field deficits, behaviour, cognition, family issues, etc.

The SLP should recommend involvement with other professionals when necessary. These professionals may include, but are not limited to, audiologists, other SLPs, occupational therapists, physiotherapists, physicians, nurses, pharmacists, psychologists, dieticians, vocational counsellors, respiratory therapists, social workers, x-ray technologists, radiologists, therapeutic recreationists, ethicists and spiritual care/chaplaincy services.

Community resources such as support/consumer groups should also be considered for adult/SDM and family members to obtain additional information and support.

6. DISCHARGE CRITERIA

An adult is discharged from the screening/assessment process when one or more of the following criteria are met:

The adult is discharged from the facility.

- The adult or SDM has the information that he or she requires.
- Consent for the assessment is withdrawn.
- The adult does not require SLP intervention.
- The SLP has the necessary information to determine the appropriate next steps.

J) DOCUMENTATION

Standard K.1

SLPs must document the screening procedure in accordance with CASLPO's Proposed Records Regulation and must complete documentation in a timely manner.

1. DOCUMENTATION FOR SCREENING

Screening documentation in the adult's record must comply with CASLPO's current Proposed Regulation for Records and must also include the following:

- The individual's name and at least one other identifier, or documentation of the adult or SDM's refusal to provide the additional identifying information.
- Screening procedure(s).
- Screening outcome of "pass" or "refer".
- Information about any follow-up by the SLP
- Relevant information from the case history

Screening documentation must be completed in a timely manner reflecting the urgency of the situation.

2. DOCUMENTATION FOR ASSESSMENT

Standard K.2

SLPs must document all specified areas of assessment as indicated above and also in accordance with CASLPO's current Proposed Records Regulation and must complete documentation in a timely manner.

Assessment documentation in the adult record must comply with CASLPO's Proposed Records Regulation and must specifically address the following areas:

a) Pertinent background information.

This may include:

- Relevant information from case history (health, family, educational, social and vocational history, where appropriate) or a statement as to where it can be found or its lack of availability.
- Results of related screenings, assessments, other professionals' assessment results and follow-up procedures, if available.
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b) Assessment procedures
These may include:
- Tests and measures used.
- Dates and locations of assessment.
- Description of any adverse testing environments.
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c) Pertinent behavioural observations from the assessment.

d) Results from observation or assessment of areas of communication and/or swallowing such as:
(i) Articulation/phonology
(ii) Voice/resonance
(iii) Fluency
(iv) Language
(v) Functional communication
(vi) Swallowing
(vii) Cognition
(viii) Hearing

e) Pertinent results regarding activity limitations and participation restrictions related to the impact of any identified communication and/or swallowing difficulty on daily functioning (work, educational setting, facility/treatment centre, social, community independence, family).

f) Interpretation and analysis of assessment results.

This may include for example:
- Addressing the presence/absence of an impairment, the type and severity of the communication impairment and/or swallowing impairment and associated conditions (e.g. medical diagnoses, disability).
- A reasonable statement of potential outcome, although the outcome of any intervention plan is not guaranteed.

g) Recommendations:

These may include for example:

- Recommendations for speech, language, cognition and/or swallowing intervention.
- Recommendations for consultations and/or further assessments/services by other professionals.
- No further services or assessment required.

Assessment documentation must be completed in a timely fashion reflecting the urgency of the situation.

K) GLOSSARY

Assessment
Use of formal and/or informal measures by a SLP, in accordance with the member's scope of practice, to determine an adult's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations.

Circle of Care
A term commonly used to describe the ability of health information custodians to assume an individual's implied consent to collect, use and disclose personal health information for the purposes of providing health care.[6]

Contexts
The different environments in which patients/clients, their family members and other significant individuals may be communicating. Different contexts may affect communication and/or swallowing in different ways.

Determination of need
Determination of need refers to the process whereby a possible communication or swallowing difficulty is suspected. This occurs prior to the screening and/or assessment process and may include, for example, observation of an adult in a hospital or other setting.

Evidence-based
The best available evidence gained from the scientific method to medical decision-making. It seeks to assess the quality of evidence of the risks and benefits of treatments (including lack of treatment).

Adult and family centred
This term refers to the collaboration with adult/SDM and his/her family/caregivers in the service provision. It is an approach that consciously adopts the adult/SDM's perspective about what matters to them.[6]

Intervention
This includes any member or support personnel involvement in the provision of member services to patients/clients, including but not limited to screening, assessment, treatment, management and consultation.

Risk
This includes physical, psychological/emotional (feeling uncomfortable, embarrassed, anxious or upset) and social (loss of status, reputation or privacy) risk.

Screening
Screening is a process where a member applies certain measures that are designed to identify patients who may have a hearing, balance, communication, swallowing or similar

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[6] Circle of Care: Sharing Personal Health Information for Health-Care Purposes (2009) Ann Cavoukian IPC

[7] Through the Patient's eyes (1993). Margaret Gertheis. Jossesy Bass, Ca.

disorder[s], for the sole purpose of determining the patient's need for a speech-language pathology assessment, an audiological assessment, or both. This does not include:

a. Inadvertently noticing possible hearing, balance, communication, swallowing or similar disorder[s], or

b. Considering information that is shared about an individual's possible hearing, balance, communication, swallowing or similar disorder[s], for the purpose of providing general educational information and/or recommending a referral for a speech-language pathology screening or assessment, an audiological screening or assessment, or both."

Interpretation and communication of the results of a screening are limited to advising the individual on whether or not there may be a need for a speech-language pathology assessment and/or an audiological assessment and must not be used for treatment planning.

Substitute Decision Maker (SDM)
This refers to a person who is authorized to give or refuse consent to assessment and/or treatment on behalf of an adult who is lacking in capacity to give informed consent.

Treatment
A goal-directed intervention designed to enhance the adult's communication and/or swallowing skills and function.

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