CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Diagnosis Guidelines

Introduction

These guidelines aim to provide evidence-based recommendations for audiologists and speech-language pathologists (SLPs) in Manitoba regarding making diagnoses and covers diagnostic processes, ethical considerations, and interprofessional collaboration.

Registrants of CASLPM performing services virtually or in other jurisdictions should consult with the regulatory body in that jurisdiction as to guidance on communication of diagnosis.

Diagnostic Guidelines

The diagnostic process for both audiologists and speech-language pathologists is central to the work of these professions and should involve several stages. The process should be comprehensive, systematic, and tailored to each patient's/client's needs. The following stages are recommended for diagnosis:

- Obtain detailed case history including prior assessments when available.
- Conduct comprehensive assessment.
- Make a diagnosis where appropriate and within scope of practice, as defined in the *Practice of Audiology and Practice of Speech-Language Pathology Regulation 191/2013.*

  "The scope of practice of audiology is

  a) the assessment of auditory and vestibular functions; and

  b) the treatment and prevention of auditory and vestibular dysfunctions;

  to develop, maintain, rehabilitate, or augment auditory, vestibular, and communicative functions and auditory and vestibular health. The scope of practice includes education, administration, and research related to audiology."

  "The scope of practice of speech-language pathology is

  a) the assessment of speech and language functions related to communication disorders and swallowing functions; and

  b) the treatment and prevention of speech and language dysfunctions and disorders, including vocal tract dysfunction and related swallowing dysfunctions and disorders;

  to develop, maintain, rehabilitate, or augment oral motor, communicative functions, vocal tract dysfunction, or elective modifications of communication behaviours, and to enhance communication. The scope of practice includes education, administration and research related to speech-language pathology."
- When making a diagnosis that involves advanced competencies, additional training is necessary.
- Both professions must ensure diagnosis is explained clearly and thoroughly to the individual and/or substitute decision maker (as appropriate), with recommendations for next steps and possible treatment options.
- Statements about prognosis should be realistic, evidence-based, and carefully worded to guide expectations without overpromising or stepping beyond professional scope.

4. Collaborate with other professionals.

- In cases where the diagnosis is unclear or requires further investigation, professionals should make referrals or recommendations as appropriate.
- Working collaboratively with other professionals improves patient health outcomes through communication, enhanced decision making, and mitigation of risk. Registrants may discuss clinical findings, including possible underlying causes, with other professionals.

5. Refer as needed.
    - Audiologists and speech-language pathologists may refer to another professional or program as deemed appropriate.
    - Audiologists may refer to otolaryngologists effective July 1, 2015 and by agreement with Manitoba Health. See CASLPM's *Guidelines for Audiologists on Referral to Otolaryngology*.

Ethical and Cultural Considerations

Registrants will:

1. Maintain Confidentiality and Obtain Consent
    - Audiologists and SLPs must maintain confidentiality in all patient-/client-related matters and seek informed consent for services.
    - See CASLPM's *Standard of Practice and guidelines on Obtaining Informed Consent for Service*.
2. Use a Client-Centered Approach
    - Professionals must work collaboratively with individuals, respecting their autonomy, preferences, values, and unique circumstances.
    - Diagnoses and diagnostic findings should be communicated clearly to the patient/client, and/or substitute decision maker, with sensitive language that respects the dignity and autonomy of the patient/client.
    - Diagnostic findings should be communicated in a way that is understandable, avoids "jargon", and ensures that the patient/client and/or substitute decision maker feels supported and informed.
    - See CASLPM's *Standard of Practice*, *Guidelines*, and accompanying documents *on Informed Consent for Service.*
    - As part of a collaborative care team, registrants should refer to the joint professions *Practice Direction on Interprofessional Collaborative Care*.
3. Demonstrate Cultural & Social Competence
    - Clinicians should be aware of cultural, linguistic, and social factors that may impact diagnostic outcomes. The use of culturally appropriate assessment tools, interpreters, and community resources is essential for accurate diagnoses when working with individuals from diverse backgrounds. This includes:
        - Using culturally and linguistically appropriate assessment tools.
        - Being aware of biases that may affect diagnostic decisions.
        - Providing interpreters or bilingual practitioners as needed to ensure accurate communication and understanding.

- Professionals in Manitoba must be mindful of the diverse communities in the province, ensuring that assessment practices are inclusive and equitable.

Communicating Assessment Results

When communicating assessment results, registrants may choose to use terms that 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". Registrants may choose to use the word disorder to describe symptoms; for example, "swallowing disorder" or "vestibular disorder".

Registrants may use the words "diagnose", "diagnosing", or "diagnosis", provided they avoid diagnosing underlying or root causes that fall outside of their profession's reserved acts. How these terms are used can differ depending on the practice setting or work environment (for example, when a team collaborates to make a diagnosis). *The document "Examples of Alternative Language" offers alternative wording that may be used in place of "diagnose" when appropriate.*

While a comprehensive list of what registrants may or may not diagnose is not provided, registrants should refer to the Reserved Acts for the Practice of Audiology and for the Practice of Speech-Language Pathology to determine whether diagnosis falls within their scope of practice.

Reserved Act 1

> *"Making a diagnosis of an auditory or vestibular dysfunction and communicating it to an individual or his or her personal representative in circumstances where it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care."*
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> *"Making a diagnosis of a speech, language or related communication dysfunction or disorder or swallowing dysfunction or disorder and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care."*

Documentation and Reporting

Registrations will:

- *Maintain Accurate Documentation:* Clinicians must ensure that all diagnostic procedures, findings, and impressions are documented clearly and accurately in patient/client records.
- *Prepare Diagnostic Report/Notes:* Written documentation should be prepared after the assessment, and should include:
    - Client identification and referral reason.
    - Overview of assessment procedures and findings.
    - Diagnosis or impressions.
    - Recommendations for treatment, referrals, or follow-up.
    - Any suggestions for additional testing or specialist referrals.
- See the *CASLPM Standard of Practice* and *Guidelines on Privacy, Confidentiality, Documentation, and Information Management.*