

Guidelines on Diagnosis

The College may issue guidelines to enhance, explain, add to, or guide registrants on subject matter described in the RHPA, regulations, practice directions, code of ethics, or other College matters.

Guidelines reflect “best practice” and good professional conduct.

Official College guidelines contain practice parameters which should be considered by all Manitoba audiologists and speech-language pathologists in the provision of healthcare services to their clients in the practice of the professions.

In the event of inconsistency between these guidelines and legislation that governs the practice of audiology and speech-language pathology, the legislation governs.

This guideline aims to provide evidence-based recommendations for audiologists and speech-language pathologists (SLPs) in Manitoba regarding diagnosis. The goal is to ensure consistent, accurate, and effective assessment practices that meet the needs of individuals with communication, hearing, and swallowing disorders. The guideline covers diagnostic processes, ethical considerations, and interdisciplinary 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.

Regulatory Framework and Definitions

The [Regulated Health Professions Act \(RHPA\)](#) allows for diagnosis under specific circumstances as follows:

“Health care” means any care, service, or procedure (a) provided to diagnose, treat, or maintain an individual’s health” (*RHPA Section 1(1) Interpretation Definitions*)

“Diagnosis” means the identification of a disease, disorder, injury, or condition through scientific knowledge and skillful methodology.” (*RHPA Section 3 Reserved Acts Definitions*)

Professional Standards and Scope of Practice

Audiologists and speech-language pathologists are regulated healthcare professionals under the College of Audiologists and Speech-Language Pathologists Manitoba (CASLPM). Both professions are responsible for diagnosing, treating, and preventing communication, auditory, and swallowing disorders, as well as providing consultations and education to other professionals and the public.

[Reserved acts for the practice of audiology](#) include “Making a diagnosis of an auditory or vestibular dysfunction...”

[Reserved acts for the practice of speech-language pathology](#) include “Making a diagnosis of a speech, language, or related communication dysfunction or disorder or a swallowing dysfunction or disorder...”

Professionals must adhere to the [CASLPM Code of Ethics](#) and Standards of Practice (e.g. [Practice Directions](#)) issued by CASLPM to ensure safe, competent, and patient/client-centered care.

Diagnostic Framework

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:

1. Obtain detailed case history.
2. Conduct comprehensive assessment.
3. 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.
 - 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](#).

- 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.

Ethical and Cultural Considerations

1. Confidentiality and Consent

- Audiologists and SLPs must maintain confidentiality in all patient-/client-related matters and seek informed consent for services.
- See CASLPM's [Practice Direction Obtaining Informed Consent for Service](#).

2. 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:
 - 1. Using culturally and linguistically appropriate assessment tools.
 - 2. Being aware of biases that may affect diagnostic decisions.
 - 3. 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.

3. 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 Practice Direction on Informed Consent for Service (*Page 7, Suggestions for Facilitating an Informed Consent Discussion*).
- As part of a collaborative care team, registrants should refer to the joint professions [Practice Direction on Interprofessional Collaborative Care](#).

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”.

Caution must be taken when using the words “diagnose”, “diagnosing”, or “diagnosis”. *See examples of language to use in Appendix A.*

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 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

- **Accurate Documentation:** Clinicians must ensure that all diagnostic procedures, findings, and impressions are documented clearly and accurately in patient/client records.
- **Diagnostic Report/Notes:** Written documentation should be prepared after the assessment, which includes:
 - Patient/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 [Practice Direction on Record Keeping](#).

References & Acknowledgements

With gratitude to the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA), these guidelines have been adapted from Standard of Practice [1.3 Client Assessment and Intervention](#)

CASLPM acknowledges and thanks the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) for use of their Practice Advice document [Communicating Clinical Information or a Diagnosis: Do you know the difference?](#)

These guidelines have been adapted with gratitude from documents created by Speech-Language & Audiology Canada (SAC-OAC) and the American Speech-Language Hearing Association (ASHA).

These guidelines were outlined with the use of ChatGTP and may include aggregate or individual sources that are not identifiable or referenced individually.

Appendix A

Examples of Language to Use with Patients/Clients and Representatives

- The results of the aphasia assessment indicate that you have the symptoms of non-fluent aphasia, let me explain what that means...
- The results of the hearing assessment show that you have a conductive hearing loss in your right ear, likely due to a hole in your eardrum. I will refer you to the Ear Nose & Throat physician who can let you know if it can be fixed. The next steps are...
- The assessment results and my observations suggest that your child has a language disorder. This means...
- I have assessed your child and observed them both in the classroom and during school recess with friends. The results show that they present with moderate to mild stuttering. We can explore treatment options that might include...
- As you know, your spouse coughs when drinking liquids. The results of the video fluoroscopic swallowing study shows that they have a swallowing disorder. The liquids entered their throat too quickly and the muscles that protect the airway are slow, so traces of liquid went into the 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 peripheral vestibular disorder. This means that the part of your inner ear responsible for maintaining balance is not functioning properly. My recommendations are...
- Based on the assessment results, I am concerned about some of the atypical communication 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 severe reasons for these behaviours, so I recommend that you discuss this with your child's physician.
- The results of the hearing show a sensorineural hearing loss in both ears, which suggests it is a permanent hearing loss. The next steps to helping you hear better are...