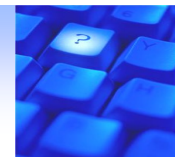


Clinical Conundrum



Note to Readers: *Clinical Conundrum* addresses member questions related to ethical, clinical practice issues in speech-language pathology and audiology. Although the question below focuses on an SLP scenario, it has also been applied in relation to private practice audiology (so audiologists, please read on!)

Q: I have a question regarding the ethical nature of some testing that is going on in preschools in my community. A few private practice SLPs have been going into preschools and offering to screen the kids at no charge in order to ultimately determine whether they might be eligible to receive early learning funds through Alberta Education (specifically either mild-moderate or severe funding). A child who is identified, assessed, and meets early learning requirements then accesses the funds which go toward, among other things, paying for speech-language intervention that is provided by the same SLP who completed the initial testing.

I work in a publicly funded community health facility. The 3½-year-old I saw today was apparently recently assessed at his preschool and diagnosed with a “severe phonological disorder” and with age-appropriate receptive-expressive language abilities. The report indicated a percentile ranking of “<1” as determined on the *Structured Photographic Articulation Test – DII (SPAT-DII)*. When I met the child, I found that he had a mild phonological delay and many developmentally appropriate sound errors (a frontal lisp in a three-year-old is typical, especially if it’s just noted on the /s, z/ phonemes)!

Is it inappropriate to diagnose a three-year-old with a lisp as severely phonologically disordered? Are we not supposed to be using clinical judgment when making a diagnosis? It feels like some SLPs might be taking advantage of Alberta Education money and not providing the total picture when making a submission for early intervention support.

A: Certainly a number of factors will come into play when making a speech-language diagnosis and determining whether a child qualifies for early learning supports. You are quite correct in your assumption that both standardized assessment results and clinical judgment need to be considered, and, as Alberta Education has indicated, of utmost significance is the **functional impact** of any limitations on a child’s day-to-day communication.

ACSLPA’s *Code of Ethics* states:

Accountability

We acknowledge and assume responsibility for our actions. We are accountable to our clients, the public, and to our profession:

In providing services to clients and the public, members:
...

- Avoid real or perceived conflict of interest in which their professional integrity, professional independence, or the provision of professional services could be influenced or compromised.
- Ensure that their promotion(s), sales and fees for products and/or services for clients are appropriate and fair.

Autonomy

We respect and promote clients’ rights and abilities to make informed decisions.

Members:
...

- Recognize the strengths and vulnerabilities of the client.
- Ensure that clients are informed and understand the services and the options for service available to them.

Competence

We provide competent care to the clients we serve.

Members:
...

- Prepare and maintain accurate, complete, and timely records of professional services rendered and products dispensed.

The situation outlined in this conundrum poses many concerns. While assessing and treating clinicians are often one and the same with no cause for concern, the aforementioned scenario has strong indications of conflict of interest. Offering screening and assessment services at no charge with the understanding that follow-up services will be provided by the same clinician once funding is established stands to benefit the clinician.

In this case, the reporting of incomplete assessment information to support a funding application muddies the waters further. Clearly, competing professional and personal interests are at play; in this case the provision of professional services and the professional integrity of the clinician have been compromised.

The provision of “free” screening and assessment in exchange for client loyalty plays on the vulnerability of the client. What parent does not want to give their child every opportunity for success? Capitalizing on a potential funding source may be very appealing, even if there might be other more appropriate sources of support available.

In order to avoid conflict of interest, transparency regarding assessment and intervention options for families is paramount. Have parents been made aware of all of the options that are available to them? Are they aware that it is perfectly acceptable to choose another therapist or another program once funding has been secured? Full disclosure regarding the range of services and options available to families is required. In order to eliminate misunderstandings and avoid confusion, the therapist would likely be better off charging a reasonable amount for screening and/or assessment services with the understanding that if a child qualifies for funding, the parent can comfortably choose whichever intervention option they feel is most appropriate, and the therapist can be fully supportive of whichever route they choose.

If children are being screened and assessed in order to access government funding for services and only partial information is being documented with regard to their communication profile (e.g., standardized assessment results to the exclusion of functional communication status), then decisions regarding funding are being made based on incomplete and potentially inaccurate information. To be blunt, the intention of early learning funds has never been to support the growth of private businesses, but to meet the needs of communicatively impaired children and their families. Screening, assessment, and the documentation of assessment findings needs to address both objective measures and informal or more subjective observations.

A similar situation may occur in the audiology world when a clinic’s advertising offers “free” hearing tests or a “coupon” for assessment. While some third-party insurance programs offer to share the payment for a hearing test, thereby reducing the overall cost for qualifying individuals, a potential client, regardless of age should be informed upfront that they must try a hearing device (if it is deemed that they would benefit from technology) in order to “redeem” their free assessment. The practice of offering “free” assessments could be construed as dishonest unless the audiologist offers to wave the assessment fee completely for the client regardless of the outcome. In this scenario, as in the SLP case above, it would be most appropriate to inform the client that they may choose to pay for the initial hearing

test and have the opportunity to “walk away” without trying a device, OR, be allowed to proceed with their trial period without paying their portion of the hearing test (as promised) only IF it is determined (and agreed upon by the client) that a trial with amplification is indeed appropriate.

As stated in the *Health Professions Act*, clinical competence encompasses “the combined knowledge, skills, attitudes and judgment required to provide professional services”. The competent clinician must pay attention to all of these factors at all times during their career.

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We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to Susan Rafaat (director2@acslpa.ab.ca) for SLP-related issues and to Holly Gusnowsky (director1@acslpa.ab.ca) for audiology-related issues.