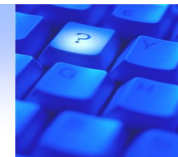


Clinical Conundrum



Q: Can you discuss the fine line between screening and assessment? Specifically, some clinicians feel they can make diagnostic statements and develop intervention plans based on the results of a screen. What about if support personnel performed the screening versus the clinician him/herself?

A: You raise some very thought-provoking and clinically relevant questions!

In response, a few thoughts come to mind that are relevant for both SLP and audiology members:

Screening involves identifying someone who would benefit from further assessment. Screening helps to identify individuals who are “at risk” for a condition (e.g., hearing loss, language disorder, phonological delay, etc.). Assessment moves from the realm of screening into identifying specific issues and concerns that lead to a diagnosis and intervention plan. A critical component of assessment is the **interpretation** of descriptive information so that clinical decisions can be made.

In the situation where a screening has identified potential concerns, additional information must also be gathered. This would include observations and input from parents, teachers, and/or caregivers, any additional assessment or probing that is required, and interpretation of all measures that have been utilized. These additional measures move the screening into the realm of assessment. Even if formal, standardized assessment measures are **not** utilized, the additional information gathering and interpretation involved indicates that some level of assessment has been completed. It is thus important to ensure that not only the screening results, but additional observations, conversations, and interpretation are documented appropriately by the SLP or audiologist in the client’s file.

A few additional factors must also be considered when support personnel are conducting the screening. If the “screener” has identified client needs and is determining intervention plans, the implication is that interpretation of the screening data has occurred. Hence, the screening has turned into an assessment, and a diagnosis has been made. According to ACSLPA’s *Code of Ethics* and *Guidelines for Working with Support Personnel*, SLPs and audiologists can assess, interpret and diagnose; support personnel cannot.

Assessment is always ongoing as an SLP or audiologist will make additional observations, adding to his/her overall assessment and interpretation each time he/she

sees a client. An intervention plan can be initiated when the clinician has:

- a) enough input from the client, family, and others to understand the concern,
- b) sufficient evidence that the client/family understand and agree with the plan, and
- c) has an adequate impression of current function, next steps, and appropriate strategies.

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Clinical Conundrum addresses member questions related to ethical, clinical practice issues in speech-language pathology and audiology.

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.