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1. Use Google Chrome  as your browser
2. Make sure this webinar is your only site up on your computer. Exit **Outlook** and other internet sites
3. Hard wire connection (blue cable) is better than Wi-Fi
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College of Audiologists and Speech Language Pathologists of Ontario

Communicating Clinical Information to Patients and Substitute Decision Makers

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Presentation focus

Members' communication of clinical information to patients, substitute decision makers (SDMs) and families

Agenda

- Current legislation
- What can and cannot be communicated
- Scenarios illustrating key points
- Questions

Resources for Communicating Clinical Information

What documents do we have to help you?



- ✓ [Regulated Health Professions Act \(RHPA\)](#)
- ✓ [Practice Advice articles](#)
- ✓ [Code of Ethics](#)
- ✓ [Guide for Obtaining Consent for Services](#)
- ✓ [Records Regulation](#)

Where are they?



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario



Member Portal



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WHO WE ARE

PUBLIC PROTECTION

EVENTS

RESOURCES

TRANSPARENCY



CASLPO · OAOO

Where are they?

Resources/Ressources

Should there be differences in documentation previously distributed to CASLPO members, it is up to the member to source the latest version posted on the CASLPO website.

Lorsque les documents distribués aux membres de l'Ordre ont été mis à jour ou modifiés, il incombe au membre d'obtenir la dernière version affichée dans le site Web de l'Ordre.

Acronym List
Liste d'acronymes et de
sigles

Legislation, Regulations &
By-Laws
Lois, règlements
d'application et règlements
administratifs

Practice Standards
Normes de pratique

Position Statements
Énoncés de position

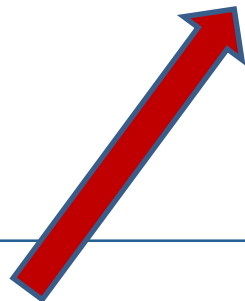
Practice Guidelines
Lignes directrices de
pratique

Practice Advice
Conseils sur la pratique

Where are they?

Regulation And Practice Standards

- EN Discontinuing Services Still Needed
- EN Provision of Hearing Aid Services By Audiologists
- EN Reporting to CASLPO
- FR Obligation de déposer un rapport à l'OAOO
- EN Resigning from the College
- FR Que faire si je veux renoncer à mon inscription à l'ordre
- EN Use of the Title "Doctor"
- FR Utilisation du titre "docteur"
- EN Communicating Clinical Information or a Diagnosis: Do you know the Difference? **NEW**



RHPA Controlled Acts

- There is no change in the RHPA – controlled acts
- SLPs and audiologists join other regulated health professionals who do not have access to communicating a diagnosis
- It is time to update our advice regarding the RHPA controlled acts



RHPA Controlled Acts

Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the **cause of symptoms** of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will **rely on the diagnosis**. (RHPA 27 (2) 1.)

A **diagnosis** is the identification of an **underlying** disease or disorder that **causes** the speech, language, audiology and swallowing symptoms or disorders.

RHPA Controlled Acts

- SLPs and auds are prohibited from **communicating** a diagnosis to the individual or substitute decision maker (SDM)
- You can use your knowledge, skill and judgement to **make** a diagnosis in your scope of practice

RHPA Controlled Acts

- You cannot communicate the disease or disorder that **causes** the speech language or audiology symptoms or disorders
- You can communicate your clinical findings, including speech language pathology and audiology symptoms and dysfunctions if they are **not the cause** of symptoms

RHPA Controlled Acts

- If another authorized health professional has communicated the diagnosis, you can refer to the provided diagnosis in discussions with the patient and/or SDM
- You can discuss SLP and audiology symptoms, dysfunctions and diagnoses with other professionals

Code of Ethics

Principle 1

The primary ethical obligation of audiologists and speech-language pathologists is to practice their skills for the benefit of their patients/clients.

4.1.5 shall respect the patients'/clients' right to participate in treatment decisions and to be informed of potential risks and benefits of treatment options;

Consent to Treatment

Informed Consent

Explain to the patient:

- The nature of the services
- The expected benefits of the services
- The material risks of the services
- The material side effects of the services
- Alternative courses of action
- The likely consequences of not having the services
- Responses to his or her questions about these matters

Health Care Consent Act, 1996

What can be communicated?



Clinical information you can communicate



Terms which describe *symptoms* and *dysfunctions* within your scope of practice, but not their underlying cause

Qualifiers such as mild, moderate, severe or profound

You may use the word “*disorder*” if it describes symptoms but does not identify the underlying cause of the symptoms

Clinical information you can communicate



Audiology examples of terms that describe symptoms include, but are not limited to:

- Sensorineural, conductive or mixed hearing loss
- Tinnitus, vestibular disorders
- Auditory processing disorder

Clinical information you can communicate



SLP examples of terms that describe symptoms include, but are not limited to:

- Speech, articulation delay and disorder
- Language delay and disorder
- Aphasias, dysarthrias, apraxias, cognitive communication disorder
- Stuttering, hoarseness, hypo/hyper-nasality
- Dysphagia or swallowing disorder

Clinical information you can communicate

- Follow a patient-centred approach and discuss the symptoms and dysfunctions that contribute to the disorder.
- Explain that the disorder or dysfunction is not the underlying cause, that the cause could be multifactorial or unknown.
- When the patient or SDM want more information regarding the cause, consult a professional who is authorized to communicate the diagnosis.



Clinical information you cannot communicate



Avoid the words 'diagnose', 'diagnosing' and 'diagnosis'.

These words could lead the patient or SDM to rely on your information as the underlying cause.

Clinical information you cannot communicate

Terms that include an underlying cause, or are out of scope of practice are prohibited, when they have NOT been diagnosed by an authorized professional.

Examples include:

- Vocal nodules/polyps etc.
- Gastro esophageal reflux disease
- Noise induced hearing loss
- Meniere's disease
- Autistic spectrum disorder
- Attention-deficit/hyperactivity disorder
- Acoustic Neuroma
- Anxiety Disorder or depression
- Aspiration pneumonia



When communicating assessment or clinical information to patients and SDMs, ask yourself:

- 1) Does the patient and or SDM already know the causal diagnosis?

- 2) Is the clinical information I want to communicate
 - a. in my scope of practice?
 - b. describing symptoms and dysfunctions?
 - c. identifying the underlying cause of the symptoms (diagnosis)?

Scenario 1 Speech Language Pathology



Pari, SLP

Works: Ontario Development and Assessment
Centre on the **Autism Team** with a pediatrician,
psychologist, OT, ABA therapist and assistants

Role: Observes children in daycares and schools who
have been referred to the Centre and reports
back to the team



Pari is observing a child in junior kindergarten and is surprised to meet the child's mother at the school. She wants to talk to Pari about her observations.

Polling Question



What information can Pari share?

Polling Question

1. Everything, the child has been referred to the Centre so the mother must know about her child's potential diagnosis
2. Observations that describe her child's social communication, play, non-verbal communication etc.
3. Nothing, Pari is not sure if a diagnosis has been discussed with the family physician

Polling Answer

1. Everything, the child has been referred to the Centre so the mother must know about her child's potential diagnosis
2. Observations that describe her child's social communication, play, non-verbal communication etc.
3. Nothing, Pari is not sure if a diagnosis has been discussed with the family physician

Polling Answer

2. Observations that describe her child's social communication, play, non-verbal communication etc.

Pari can communicate symptoms and dysfunctions as long as she doesn't include information about the underlying cause.

Pari can discuss the Centre's assessment process and how the mother will be involved and informed.



The mother says that she knows Pari is from the autism team and wants to know if her child has autism

Polling Question



What information can Pari share?

Polling Question

1. Everything, including the possibility of autism. the child has been referred to the Centre so the mother must know about her child's potential diagnosis
2. She can discuss the team's mandate, her role, her observations and explain that the pediatrician is the person to ask about the diagnosis
3. Because Pari is on the autism team the diagnosis is implied so she can confirm the mother's suspicions

Polling Answer

1. Everything, including the possibility of autism. the child has been referred to the Centre so the mother must know about her child's potential diagnosis
2. She can discuss the team's mandate, her role, her observations and explain that the pediatrician is the person to ask about the diagnosis
3. Because Pari is on the autism team the diagnosis is implied so she can confirm the mother's suspicions

Polling Answer

2. She can discuss the team's mandate, her role, her observations and explain that the pediatrician is the person to ask about the diagnosis

Pari cannot communicate to the mom the underlying cause (diagnosis) of autism.

She can say that she is trained to examine one area of development, communication. The communication behaviours she observed are not typical and warrant further investigation to ensure the best plan of care.

Polling Answer

2. She can discuss the team's mandate, her role, her observations and explain that the pediatrician is the person to ask about the diagnosis

Pari can explain that although the child has been referred to the Autism team, it does not automatically mean that he has autism. It does mean that he will get a thorough assessment.

The pediatrician and team will look at all areas of development then the pediatrician can make and communicate a diagnosis and discuss a plan of care.

Pari will forward the mother's concerns to the team.

Additional Information

Under exceptional circumstances, if you have convincing clinical findings, and it is in the child's or SDM's **best interest**, members can say that the communication behaviors are atypical and **may** be **consistent with** developmental issues such as autism.

Key points to follow:

1. Discuss observed communication issues within your scope of practice
2. Make it very clear that you are NOT making a diagnosis of autism
3. Refer to an authorized health professional who can make and communicate an autism diagnosis
4. Document the conversation in detail in the patient record

Additional Information

Suggested Text:

Some of the atypical communication behaviours I am seeing, such as XXX, are behaviours that can be associated with developmental issues, such as autism. However, as an SLP, I am only looking at one area of your child's development.

It is not in my scope of practice to make an autism diagnosis. I strongly recommend that you see your family doctor in order to get a full developmental assessment that will look at all areas of your child's development. For example, a developmental pediatrician, a psychiatrist, a psychologist are the professionals that can look at all areas of development and can make and communicate a diagnosis.



Pari shares the classroom observations and the mother's concerns with the autism team.



What information can Pari share?

Polling Question

1. Everything, Pari's role is to report to the team her observations and clinical impressions of a referred child in a daycare or school setting.
2. Repeat her observations that describe her child's social communication, play, non-verbal communication etc.
3. Pari cannot communicate information as the underlying cause of autism has not been confirmed and communicated.

Polling Answer

1. Everything, Pari's role is to report to the team her observations and clinical impressions of a referred child in a daycare or school setting.
2. Repeat her observations that describe her child's social communication, play, non-verbal communication etc.
3. Pari cannot communicate information as the underlying cause of autism until the diagnosis has been confirmed and communicated.

Polling Answer

1. Everything, Pari's role is to report to the team her observations and clinical impressions of a referred child in a daycare or school setting.

Pari can communicate her observations, clinical findings and possible underlying cause to professionals.

SLPs and audiologists are uniquely qualified to provide clinical information that may contribute to a diagnosis outside of our scope of practice made by health professionals who can make and communicate the diagnosis.



After the team meeting, Pari documents her classroom observations in the patient's record



What information can Pari document?

Polling Question

1. Everything, Pari's role is to report to the team and document her observations of a child in a daycare or school setting.
2. Document the date of the observation and add that her observations will be documented when the autism diagnosis has been confirmed.
3. Document her observations that describe the child's social communication, play, non-verbal communication etc. and what was discussed with the mom.

Polling Question

1. Everything, Pari's role is to report to the team and document her observations of a child in a daycare or school setting.
2. Document the date of the observation and adds that her observations will be documented when the autism diagnosis has been confirmed.
3. Document her observations that describe the child's social communication, play, non-verbal communication etc. and what was discussed with the mom.

Polling Answer

3. Document her observations that describe the child's social communication, play, non-verbal communication etc. and what was discussed with the mom.

Pari should avoid using the word 'autism' in her documentation as the diagnosis has not been confirmed or communicated. However, she should document in detail the information shared with the mom.

Although the patient record is not a typical vehicle of communication between an SLP and a patient/SDM, the patient/SDM has the right of access and therefore you must be judicious about what you document.

Scenario 2 Audiology

When communicating assessment or clinical information to patients and SDMs, ask yourself:

- 1) Does the patient and/or SDM already know the causal diagnosis?

- 2) Is the clinical information I want to communicate
 - a. in my scope of practice?
 - b. describing symptoms and dysfunctions?
 - c. identifying the underlying cause of the symptoms (diagnosis)?



Michael, Audiologist

Michael works in a busy clinic assessing adults and prescribing and fitting hearing aids

When assessing Mr. Dale, Michael's results show a unilateral hearing loss, tinnitus and numbness around the affected ear, which are typical signs for acoustic neuroma



What information can Michael share with Mr. Dale?

Polling Question

1. Everything, Michael has the knowledge, skill and judgement to make the diagnosis. It is his obligation to communicate all his results.
2. Nothing, refer him to the family physician for an ENT consult. The ENT can communicate the diagnosis.
3. That the results show a sensorineural hearing loss in one ear and combined with tinnitus he recommends a referral to an ENT (with consent) for further investigation.

Polling Answer

1. Everything, Michael has the knowledge, skill and judgement to make the diagnosis. It is his obligation to communicate his results.
2. Nothing, refer him to the family physician for an ENT consult. The ENT can communicate the diagnosis.
3. That the results show a sensorineural hearing loss in one ear and combined with tinnitus he recommends a referral to an ENT (with consent) for further investigation.

Polling Answer

3. That the results show a sensorineural hearing loss in one ear and combined with tinnitus he recommends a referral to an ENT (with consent) for further investigation.

Just because you cannot communicate an underlying cause, it does not mean that you cannot communicate symptoms and dysfunctions.

Michael can reassure Mr. Dale that after his appointment with the ENT, he can provide service to help meet his hearing needs.



Michael prepares to write a referral letter to Dr Singh, the family physician



What information can Michael write in the referral letter?

Polling Question

1. Everything, including his suspicions regarding acoustic neuroma. Michael is writing to a healthcare professional, not to Mr. Dale
2. Just the signs and symptoms such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and ask for an ENT consultation
3. Nothing, acoustic neuroma is out of Michael's scope of practice except the referral request for an assessment

Polling Answer

1. Everything, including his suspicions regarding acoustic neuroma. Michael is writing to a healthcare professional, not to Mr. Dale
2. Just the signs and symptoms such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and ask for an ENT consultation
3. Nothing, acoustic neuroma is out of Michael's scope of practice except the referral request for an assessment

Polling Answer

2. Just the signs and symptoms such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and ask for an ENT consultation

A copy of the referral letter will be in the patient record. Michael should not include 'acoustic neuroma' as it is out of his scope of practice.

Although the patient record is not a typical vehicle of communication the patient has the right of access and therefore you must be judicious about what you document.



Dr Singh calls Michael to discuss his referral and to find out more about his assessment results.



What information can Michael share with Dr Singh?

Polling Question

1. Everything, including his request that Dr Singh, if she agrees, consider investigating a possible acoustic neuroma as long as he acknowledges that Dr Singh or the ENT will make and communicate the diagnosis
2. Just the signs and symptoms such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and ask for an ENT consultation
3. Nothing, acoustic neuroma is out of Michael's scope of practice

Polling Answer

1. Everything, including his request that Dr Singh, if she agrees, consider investigating a possible acoustic neuroma as long as he acknowledges that Dr Singh or the ENT will make and communicate the diagnosis
2. Just the signs and symptoms such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and ask for a consultation
3. Nothing, acoustic neuroma is out of Michael's scope of practice

Polling Answer

1. Everything, including his request that Dr Singh, if she agrees, consider investigating a possible acoustic neuroma as long as he acknowledges that Dr Singh or the ENT will make and communicate the diagnosis

The conversations we have with professionals are very different the conversations we have with patients.

Audiologists and SLPs are uniquely qualified to provide clinical information that contributes to a diagnosis outside of our scope of practice made by health professionals who can make and communicate the diagnosis.



Michael pulls up Mr. Dale's medical record and prepares to document his conversation with Dr Singh



What information can Michael document?

Polling Question

1. Everything, including his request that Dr Singh, if she agrees, consider investigating a possible acoustic neuroma as long as he acknowledges that Dr Singh or the ENT will make and communicate the diagnosis
2. Nothing, acoustic neuroma is out of Michael's scope of practice
3. Just the signs and symptoms discussed with Dr Singh such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and a request for further assessment

Polling Answer

1. Everything, including his request that Dr Singh, if she agrees, consider investigating a possible acoustic neuroma as long as he acknowledges that Dr Singh will make and communicate the diagnosis
2. Nothing, acoustic neuroma is out of Michael's scope of practice
3. Just the signs and symptoms discussed with Dr Singh such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and a request for further assessment

Polling Answer

3. Just the signs and symptoms discussed with Dr Singh such as asymmetrical sensorineural hearing loss, tinnitus, numbness around the ear etc. and a request for further assessment

It is out of Michael's scope of practice to diagnose a possible acoustic neuroma.

The patient has the right of access to his medical record and therefore you must be judicious about what you document.

When communicating assessment or clinical information to patients and SDMs, ask yourself:

- 1) Does the patient and/or SDM already know the causal diagnosis?

- 2) Is the clinical information I want to communicate
 - a. in my scope of practice?
 - b. describing symptoms and dysfunctions?
 - c. identifying the underlying cause of the symptoms (diagnosis)?

Additional Information

Under exceptional circumstances, and if you have convincing clinical findings, and it is in the patient's or SDM's **best interest**, members can say that the behaviors are atypical and **may be consistent with** an underlying cause in your scope of practice.

Key points to follow:

1. Discuss observed dysfunctions within your scope of practice
2. Make it very clear that you are NOT communicating a diagnosis
3. Refer to an authorized health professional, including family physician, who can make and communicate a diagnosis
4. Document the conversation in detail in the patient record

Any Questions... Just Ask!



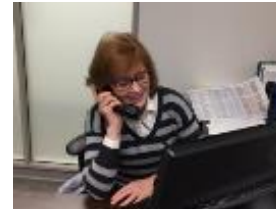
-
-
- We hope that this advice helps you to decide what information can be shared with the patient and/or SDM.
 - If you have doubts, or the information you want to communicate is in the grey zone, err on the side of caution.
 - Stay away from the grey. . .



Contact Practice Advice by e-mail or phone if you have questions

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