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Position Statement on Outcomes Measures

Position Statement

The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) encourages and supports the use and development of outcome measures by speech-language pathologists and audiologists across their scopes of practice with clients of all age groups. Outcome measures should be used to improve practice in an evidence-based manner in the best interests of clients.

Background

Rationale

Members of the association and government professional representatives have identified a need for outcome measures for the advancement of our professions. Reliable and valid outcome measures provide a systematic way of evaluating intervention and are part of our evidence-based practice.

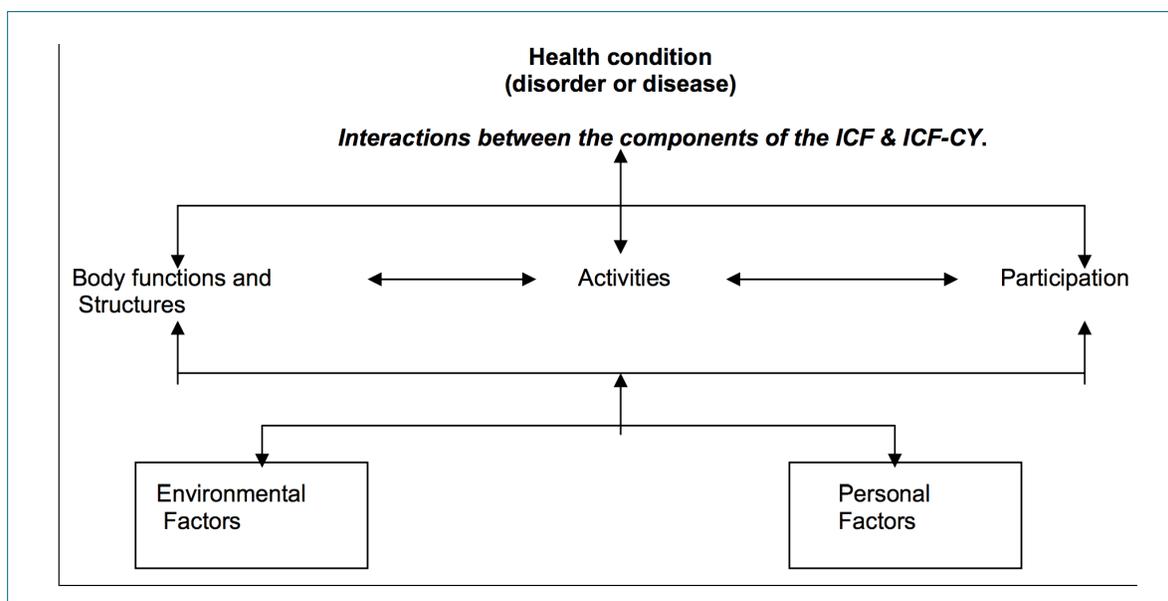
Definitions

Outcome Measures have necessary characteristics/core features which must be maintained throughout the development of new measures. A good measure is one that has established reliability, validity, normative values, feasibility, and utility. The well recognized ICF and the ICF-CY developed by the World Health Organization and later introduced in 2001 and 2007 respectively are examples of frameworks for developing outcome measures:

A Description of the Components, Domains, and Constructs of the ICF

Component	Description
<i>Body Structure and Function</i>	<p>Body functions are the physiological functions of body systems (including psychological functions).</p> <p>Body structures are anatomical parts of the body such as organs, limbs and their components.</p> <p>Impairments are the problems in body function or structure such as a significant deviation or loss (a negative aspect).</p>
<i>Activities and Participation</i>	<p>Activity is the execution of a task or action by an individual.</p> <p>Activity limitations are difficulties an individual may have executing activities (a negative aspect).</p> <p>Participation is involvement in a life situation.</p> <p>Participation restrictions are problems an individual may experience in involvement in life situations.</p>
<i>Contextual factors</i>	<p>Environmental factors make up the physical, social, and attitudinal environment in which people live and conduct their lives.</p> <p>Personal factors are the particular background of an individual that are not part of a health condition or health states. These factors may include gender, age, other health conditions, upbringing, and coping styles.</p>

Note. Definitions from the *International Classification of Functioning, Disability, and Health (ICF; p.10)* by the World Health Organization (WHO), 2001, Geneva, Switzerland: Author. Copyright 2001 by the WHO. Reprinted with Permission.



Current interactions between the components of the *International Classification of Functioning, Disability, and Health, ICF*. Note. From the ICF (p. 18) by the World Health Organization (WHO), 2001, Geneva, Switzerland: Author. Copyright 2001 by the WHO. Reprinted with Permission.

There are various types of outcome measures:

Evaluative Measures measure the magnitude of change over time or after treatment. They are typically criterion-reference measures. They measure change in status of specific conditions or skills pre and post treatment.

Predictive Measures are used to classify persons into categories based on what is expected regarding current status (e.g., screening) or future outcomes.

Discriminative Measures distinguish between groups or individuals based on whether or not specific characteristics exist. Most standardized tests are discriminative.

Evidence-based practice (EBP) involves the integration of three essential principles: the current best available research, the clinician's experience and expertise, and the patient's values and preferences.

Committee Members

Leslie Goerzen, M.Sc., S-LP, CCC-SLP, Chair

Marlene Bagatto, AuD, Aud(C), Reg. CASLPO

Stephanie Hayes, BA, DSP, S-LP(C)

Crystal Klassen, MA, R. SLP, S-LP(C), CCC-SLP

Chrissi Lynch, MA, S-LP(C), CCC-SLP

Rosemary Martino, MA, M.Sc., PhD

Nancy Thomas-Stonnell, B.Sc., DSP, S-LP(C), CCC-SLP

Pat Spriel, M.Cl.Sc., Reg. CASLPO

Karla Washington, PhD, CCC-SLP, S-LP(C), Reg. CASLPO

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