

# CASLPA – 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.

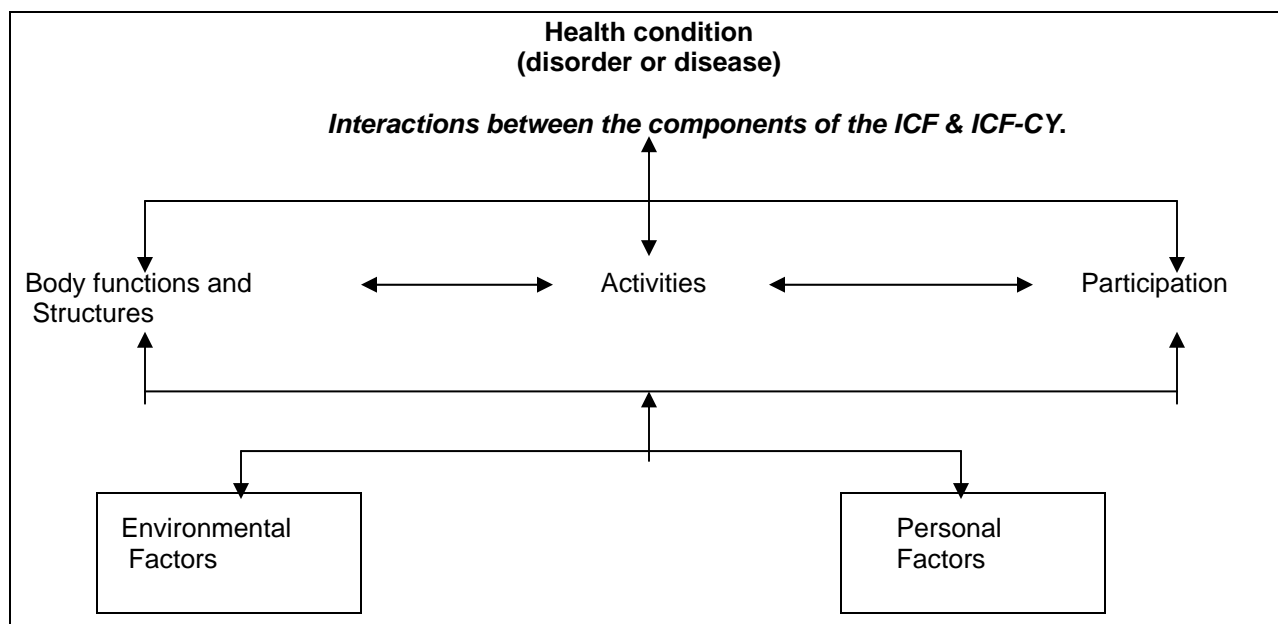
### Definitions

**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><b>Body functions</b> are the physiological functions of body systems (including psychological functions).</p> <p><b>Body structures</b> are anatomical parts of the body such as organs, limbs and their components.</p> <p><b>Impairments</b> are the problems in body function or structure such as a significant deviation or loss (<i>a negative aspect</i>)</p>
<i>Activities and Participation</i>	<p><b>Activity</b> is the execution of a task or action by an individual.</p> <p><b>Activity limitations</b> are difficulties an individual may have executing activities (<i>a negative aspect</i>)</p> <p><b>Participation</b> is involvement in a life situation</p> <p><b>Participation restrictions</b> are problems an individual may experience in involvement in life situations</p>
<i>Contextual factors</i>	<p><b>Environmental factors</b> make up the physical, social, and attitudinal environment in which people live and conduct their lives.</p> <p><b>Personal factors</b> 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.

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