

FAMILY-CENTRED REPORTING

WRITING PLAIN-LANGUAGE REPORTS



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Overview

This guide is meant to describe how clinicians can implement accessible report writing in their practice – and why they should. After reading this guide, you should:

- Understand why our reports should be more accessible
- Understand what accessible language looks like
- Understand how we can meet professional guidelines *and* use accessible reporting
- Understand some of the recent research findings on this topic
- Know some specific changes you can implement

For specific suggestions, jump to page 6.

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Why should we think about changing the way we write reports?

Most of us have a clear idea of what typical SLP reports look like. This standard often comes from the preferences of our university, our clinical supervisors, or our employer. While SLPs are content with the usual reporting in our field, recent research findings suggest that parents are less satisfied.

Why do we write reports?

Donaldson et al. (2004) studied parent responses to SLP and occupational therapy (OT) reports, and they suggested that we write reports to serve at least 3 functions.

- *Provide an accountable record of assessment*
- *Provide a baseline to monitor change, or report progress changes from baseline*
- *Satisfy our professional responsibility to our clients to demonstrate that our interventions are efficient and effective*

Wiener & Costaris (2012) studied psychological reports, and suggested a few different functions.

- *Increase understanding of clients, families, and other professionals*
- *Provide viable recommendations for accommodations and interventions*
- *Communicate diagnostic information in ways that are understood, appreciated, and implemented*
- *Provide a long-term record for accessing services*

These authors came up with different functions, but when combined, you get a well-rounded picture of the many reasons we write reports. Generally, we want our reports to *educate*, *document*, and *recommend*. Professional responsibilities and documentation might make you wonder – what does CALSPO expect of us?

What are our professional reporting requirements?

Standard K.2 outlines our requirements for documentation of assessment. The standards vary slightly for children and adults, but generally, these are the expectations.

- *History*: information about health, family, educational, social, vocational history, results of prior screening or assessments, previous services
- *Assessment Procedures*: information about the tests and measures used, dates and locations of assessment, adverse testing environmental factors that could have affected results
- *Behavioural Observations*: some observations may become important later on and should be documented
- *Results of Assessment*: results in each area assessed (eg. articulation, oral-motor, voice, etc.)
- *Functional Impact*: activity and participation restrictions the individual may experience

- *Interpretation*: address absence or presence of delay/disorder, type, severity and associated conditions, reasonable statement of potential outcome
- *Recommendations*: next steps - intervention with an SLP, consultations or services from other professionals, or no further services required

We might have reservations about a jargon-free report. It could *feel* less professional, but as you can see, nowhere in our professional standard are we required to use a certain type language. We are compelled by our Code of Ethics to act in the best interest of our client, and that can include reporting our findings or our intervention in ways that the family can understand and appreciate. That brings us to *family-centred care*.

What is family-centred care?

Family-centred care is making sure that the client and their family are always kept at the forefront. According to Braun, Dunn and Tomchek (2017), some of the core elements of family-centred care include:

- *Respect for all healthcare team members, including family*
- *Focus on the family's strengths and resources*
- *Cultural competence*
- *Balanced and trusting relationship between providers and families*
- *Active partnering between families and team members*
- *Empowerment*
- *Individualized, goal-oriented, and community-focused services*

Most of us believe that family-centred care is important – but do our reports show that? Here are some of the descriptions that parents have used regarding speech-language pathology reports, according to recent research (Donaldson et al., 2004; Donald & Kelly-Campbell, 2016).

confusing... difficult to read... language level was high... mixed feelings on usefulness of report... did not meet their expectations... couldn't decipher overall results... functional implications and information about prognosis were not consistently included... recommendations were vague and did not include parents ... alternative intervention options were not provided... purpose and rationale not adequately explained... jargon led to feelings of inadequacy

It's clear from this feedback that our reports can be improved. In the interest of providing high-quality, family-centred care, our reports should provide information that supports a balanced and trusting relationship and empowers the family. One of the elements listed above is to *focus on the family's strengths and resources*. Are we doing that through our reports?

Do we write from a strengths-based perspective?

A strengths-based perspective means that we talk about the things our clients are able to do, rather than the things they struggle with. Braun, Dunn and Tomchek (2017) studied 20 interdisciplinary reports from SLP, OT, developmental pediatricians and psychologists in an integrated clinic. They found that reports included significantly more negative interpretative statements than neutral interpretative, positive interpretative, or descriptive statements. Their findings indicate that we are writing mostly from a deficit-based perspective – focusing on the areas of difficulty, not on areas of strength. The authors discuss that adopting strengths-based practices has several positive effects:

- *Improve balance in the provider-family relationship*
- *Improves perceptions of the child/client*
- *Improves the parent-child relationship*
- *Improves empowerment, self-esteem, positive affect and self-management*

These are extremely desirable outcomes – ones that any clinician would want for their clients. The primary barrier to using strengths-based language is deficit-based thinking. A clinician-centred perspective often is that clients come in with a problem they want fixed, and this way of thinking perpetuates deficit-based reports. A strengths-based perspective says that the role of intervention is to *guide families in identifying their strengths and goals*.

Parents are saying they are not satisfied with the reports they're receiving, and research suggests that we are not writing from a strengths-based perspective. If our reports are deficit-centred and written in language parents can't easily understand, we are missing a key part of family-centred care.

What is plain language?

There are many definitions of plain language. The Center for Plain Language uses the following definition:

“A communication is in plain language if its wording, structure, and design are so clear that the intended readers can easily find what they need, understand what they find, and use that information.”

This is a well-rounded definition that can guide our report-writing. Also included on their website are Five Steps to Plain Language, intended as a guide to writing in plain language. Here are their steps:

1. Identify and describe the target audience.
 - List and prioritize audience tasks
 - List what people need to know to complete the task
 - List characteristics of the groups that can inform design (age, education, related experience...)

2. Structure the content to guide the reader through it.
 - Organize the content so it flows logically
 - Break content into short sections that reflect natural stopping points
 - Write headings that help readers predict what's coming next
3. Write the content in plain language.
 - Short and to the point
 - Use a helpful tone – conversational, not bureaucratic
 - Pick the right words – words the audience knows
4. Use information design to help readers see and understand.
 - Use headers and sub-headers to organize the information
 - Use style (font size, color, bold, etc.) to guide the reader's attention
5. Work with the target use groups to test the design and content.
 - Test the design at multiple points
 - Use evidence-based testing strategies
 - Check that the final product is useful and usable

These guidelines are very general, but they're a place to start. These tips are applicable not just in report-writing, but in all the communication we do with clients and families. For more details about plain language and more information on these steps, visit the Center for Plain Language website at <http://centerforplainlanguage.org/>.

What does the research say would help?

Nicole Watts Pappas reviewed a number of studies about parents' perceptions of clinical reports, and provided some general suggestions (Watts Pappas, 2010).

- Ask parents what information they want to be in the report
- Provide a verbal explanation of the report
- Ask the family if they agree with the information contained in the report
- Write the report for the family, not for other professionals
- Focus on strengths and weaknesses
- Include information provided by the family
- Link assessment results to functional activities and skills
- Provide strategies that are functional and practical
- Include information about where families can get more resources to help
- Provide specific information regarding the intervention required (where, when, how long and how often, cost)
- Coordinate reports with other professionals

These suggestions coordinate well with the ideas introduced above – particularly that our reports should be family-centred. Donaldson et al. (2004) studied reports written by SLPs and occupational therapists (OTs), and spoke to both parents and clinicians about their intentions and impressions of the report. Based on their findings, they described 3 aspects of readability: profession-specific terminology, layout of information, and length.

Profession-Specific Terminology	<ul style="list-style-type: none"> • Jargon without appropriate explanations led to guessing, high reading effort and feelings of inadequacy. They concluded that jargon can be used, but with thorough explanations and only if it's going to be helpful for the parents to know. • Parents suggested describing how the tests in the assessment directly relate to the difficulties the child experiences (with examples), and to always supplement the report with verbal feedback. • Standard scores and percentiles should be avoided when possible, but always interpreted
Layout of Information	<ul style="list-style-type: none"> • Parents suggested a summary and list of assessments at the beginning of the report, and more headings/subheadings to separate ideas.
Length of Report	<ul style="list-style-type: none"> • Parents felt that while a long report is initially overwhelming, they appreciated the level of detail. They preferred a longer report if it meant getting more explanations and examples.

Donald & Kelly-Campbell (2016) studied parents' reactions to a typical audiology report, before and after a set of revisions. They also gave parents a brief comprehension test to see how much of the report they were able to truly understand. Parents' reactions to the original reports were that they did not understand them, the reports were confusing, and they did not get the value out of the report that they expected. These are the revisions they applied to the report:

- Changes in language, content, organization, layout, typography and graphics
- Reduced sentence length, fewer polysyllabic words, fewer passive sentences
- Jargon and technical language reduced
- Content was personalized and examples were relevant to that child
- Direct contact information for the hospital was provided, as well as website links for other resources
- The organization of the report was altered to include a summary, more headings, numbers & bullet points, and a glossary was provided
- 2 reports were given: a parent report, and a medical report

After reviewing these revised reports, parents showed better comprehension of the report, higher self-efficacy and a better opinion of the report. The readability score went from a grade level of 14.1 (higher education) to a 5.8 (middle school). Most parents commented that they liked the glossary and thought the report was easy to understand. If you'd like to review the original and revised versions of the report, you can access Ashleigh Donald's thesis (Donald, 2016) at <https://ir.canterbury.ac.nz/handle/10092/10392>.

As discussed above, Braun, Dunn & Tomchek (2017) say that adopting a strengths-based practice improves relationships between the family, clinician and child, and empowers the family and client.

These research findings help to provide some guidance for what our family-centred reports might look like, and the benefits that using them can have on our clients and their families.

I'm sold – what changes could I make?

Here are some suggestions for your report-writing. These are based on the papers from above and a chapter from Middleton et al.'s *Report Writing for Speech-Language Pathologists* (1992).

Before writing the report

- *During assessment, make strengths-based observations*
 - In order to report a holistic picture of the child's behaviour, functioning and skills, you need to ensure you are collecting this information in your assessment.
 - Dynamic assessment can be helpful: find out what the child can achieve *with* support.
- *Ask the parents what information they'd like in the report*
 - Tell the parents about the usual contents of a report. Ask them if there's any additional information they'd like to have or any questions they'd like answered by the report.
- *Create tools to make family-centred reporting easier*
 - Make a bank of jargon and family-friendly explanations/examples. You might pull from this list to create a personalized glossary to follow the report.
 - Make templates to speed up the report-writing process – but don't forget to individualize these as needed!
 - Make a list of deficit-based statements (eg. *Thomas wastes time in class*), and write neutral (eg. *Could make better use of his time*) or positive statements (eg. *Spends lots of class time socializing with peers*) to match. This can be helpful when trying to balance the tone of the report.
- *Review the Center for Plain Language's Five Steps and make a plan*
 - Come up with a plan for how you will achieve each step.
 - *Identify and describe the target audience:* Consider the education, priorities and dynamic of the family you're writing for.
 - *Structure the content to guide the reader through it:* Use headings, subheadings and sections that will mirror the parent's thought process when reading the report.
 - *Write the content in plain language:* Explain jargon, provide concrete and functional examples, and consider a glossary.
 - *Use information design to help readers see and understand:* Use formatting (eg. spacing, bold/italics, font size of headers, colour), page layout, tables and diagrams to support understanding.
 - *Work with target user groups to test the design and content:* Ask parents for feedback about the reports after they've had a chance to process them. Do your best to convey that you are looking for honest, open feedback.

While writing the report

- *Start with a summary*
 - Parents suggested that this might reduce their anxiety about the results of the report, and give them a primer of the overall picture you're conveying.

- *Describe how the assessment tasks directly relate to the child's real-world difficulties*
 - For example, if you are reporting on the Grammatical Morphemes subtest of the CASL-2:

This task measures Thomas' knowledge of the grammatical words (morphemes) that we use to add meaning, like plurals, possessives, pronouns, and suffixes. I asked Thomas to finish a sentence, and I was listening to how he uses those grammatical words. A sample item would be "Here, the backpack is the boy's. But here, the backpack is the (girl's)." Thomas' teacher noticed that sometimes, he sounds like a younger child because he uses some 'baby talk'. If Thomas is skipping some grammar words, that may be what his teacher is describing as 'baby talk'.

- It's clear from this example that this type of description takes more time and is longer. It is key that you only report on specific subtests in this way if they're going to be very important to your conclusions about the child's communication.
- *Reduce the number of standard scores and percentiles, and always interpret them*
 - Numerical scores are often not very helpful to the family, but as clinicians, we like to have them in the report. Consider putting a table in the appendix with all the scores, so that you can focus on overall interpretation in the body of the report.
- *Don't be afraid of a longer report if it means better explanations and concrete examples.*
 - Parents said they'd prefer a 5-8 page report they can understand to a 2 page report they cannot understand. A report they can't understand takes them longer to read, leads to frustration and feels like a poor use of their time.
- *Use shorter sentences and shorter paragraphs*
 - As a general rule, keep sentences less than 18 words and paragraphs less than 124 words.
- *Use active voice*
 - Don't use passive voice just to avoid personal pronouns – this is not plain language.
- *Provide a glossary*
 - Parents said they appreciated a glossary for more detailed explanations of jargon in the report. This can help prevent your report from getting too cluttered with long explanations.
- *Remove unnecessary words*
 - Try deleting words like "that", "by", "which", "who", and "whom." Reconstruct the sentence so they're not needed. This makes the language more plain.
- *Consider writing two reports*
 - When given both a parent report and a professional report, parents felt the combination was helpful. They had one that really met their needs, and a more specific one to share with professionals or to use as a reference. One way to do this would be to write the family-centred portion of the report as a broad summary of the goals in each area of assessment, focused on interpretations. Then scores and details could go in the 'professional' part of the report toward the end.

- *Focus on strengths and weaknesses*
 - Highlighting weakness can be important when trying to gain access to service, but is disheartening for families. Try to present a balanced perspective.
- *Link assessment results to functional activities and skills*
 - For example, you might use a description like this when reporting to the family that phonological awareness skills are quite low:

You have noticed that Jane frequently gets stuck and asks for help when reading. Based on this assessment, Jane's phonological awareness skills are lower than most children her age. Phonological awareness is what we know about sounds in language, and it's important for reading. Because Jane is still learning about sounds, she has difficulty sounding out unfamiliar words when she's reading.

- *Provide functional strategies and information about resources*
 - Be careful of providing a long, vague recommendation & resource section! Consider organizing recommendations in a hierarchy (ie. 3 top suggestions, 3 other suggestions for at school, 3 other suggestions for at home, etc.)
 - Consider the family's resources and dynamic when making recommendations. It can be frustrating for families to receive suggestions they cannot do.
 - Help the family access resources like support groups, financial aid, websites, intervention and educational options.
 - Parents appreciate day-to-day functional strategies – things they can immediately start doing.
- *Provide specific information about the intervention recommended*
 - Parents asked for information about where they'll access the services, the cost, nature of the service, and how frequently and how long they'll need to attend.
 - Not all parents are confident in independently accessing intervention services. Clear information empowers them to make choices and move forward in the process.
- *Coordinate the report with other professionals*
 - Families can be burdened by coordinating all the services a child might be involved in. Coordination by professionals lightens the family's load.

After writing the report

- *Provide a verbal explanation of the report*
 - Try to set up a meeting with the family to go through the assessment results. This could be in person or by phone. Parents reported that a direct explanation from the SLP improved their understanding of the report. It also gives parents an opportunity to ask questions and discuss the implications of the report
- *Ask the family if they agree with the information in the report*
 - Respect that the family has an informed opinion about their child's communication, strengths, and needs. Provide them with an opportunity to voice concerns about how the results fit in with their image of their child.

- *Make yourself available*
 - Parents should know they can ask you for clarification on the report's contents and implications at any time.
- *Ask for feedback*
 - Include families in your ongoing report-writing process. Ask them if the report met their needs, and if they have any comments or feedback they'd like to share. Encourage open, honest feedback. This ties into family-centred care – the parents are part of your team.

References & Further Reading

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