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Ethical Implications of Using Outdated Standardized Tests

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Abstract

The Code of Ethics of the American Speech-Language-Hearing Association (ASHA) defines the expected ethical conduct of members and provides guidance to professionals in making appropriate decisions, including those related to ethical clinical practices. This article addresses issues and questions centered on using older versions of standardized tests after newer editions of the test or assessment protocol have been published. If the most recent edition is not available, clinicians need to decide if it is ever appropriate to use the older version, including the factors that must be considered when making such a decision. In addition, the clinician must consider how to interpret and report results and what information must be retained related to the test results. Applicable areas of the ASHA Code of Ethics are identified and discussed, and some suggestions are provided for clinicians to consider when making decision in this area of practice.

Professional Issues to Consider

Professionals in the discipline of human communication disorders face many difficult decisions every day. Recently, members of Division 16 and others have identified concerns related to the dilemma created when publishers update a standardized test or assessment tool that is not immediately available to the practicing speech-language pathologist. This is often a resource issue; the professional may not be able to purchase the new version immediately or may be asked by the employer to use up the old test forms before purchasing or using the new test. A related concern has also been identified regarding how long the actual test form or protocol should be retained in the client's file. When these dilemmas arise, individuals may look to the ASHA Code of Ethics for

guidance. The preamble to the Code of Ethics states that, “The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists” (2003). As professionals, we must adhere to the highest standards in order to comply with the ASHA Code of Ethics. Does using an older version of a clinical diagnostic test constitute a violation of the Code? Does destroying a test protocol after completing a written report constitute a violation of the Code? The purpose of this article is to discuss these questions and other related issues regarding using and reporting standardized test information.

Old vs. New Test Forms

Revisions of tests are made for a variety of reasons, including changes made following updated research related to normative data, reliability, population, and validity factors. Most publishers recommend that the current, updated version of the test be used when it is published and available. While ASHA does not currently have a policy specifically addressing this issue, it recognizes that not everyone may be able to afford to purchase expensive test materials when they first become available. Best practice, however, would indicate that the most recent version of an assessment test or tool be used as soon as practical. Test revisions are often completed because new or relevant information may have been established through research, thus improving the reliability or validity of the test. Using an older version of the test may also result in illegal photocopying of the original test forms, since the old forms will no longer be available for purchase. In addition, when an outdated version of the test is used, the competence of the person who is administering the test or procedure may be questioned by other individuals. This may be of particular concern should the information be used during mediation or litigation processes regarding the case.

Principle of Ethics I states, in part, that, “Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally....” (ASHA, 2003). The question the speech-language pathologist or audiologist must ask in regard to this principle should be, “Is the welfare of the client being served if the most recent information or test is not being used?” It is certainly best if the updated version is used, and any decision to use an older version of a test should be made carefully and thoughtfully in order to maintain the obligation to keep the welfare of the client paramount. After careful consideration, if the decision is made to use an older version, then this must be stated in the report, and the individual writing the report should provide the rationale for using the older version. When available, the rationale should be supported by research or literature citation, and the diagnostician should state why the test is still relevant for the individual being assessed.

Sometimes the purpose for the assessment may be a factor in determining if using an older version is acceptable. For example, if the standardized test scores will be used to determine if an individual qualifies for services, then a strong argument can be made for using the most current edition. To ensure the welfare of the client, using the most up-to-date norms for making these types of decisions is best practice. On the other hand, if the test

questions are being used to gather assessment data for the purpose of planning intervention goals only, and the standardized norms will not be used for decision-making, then using the whole test or portions of the older version is reasonable for this purpose.

Principle I, Rule A in the ASHA Code of Ethics states that “Individuals shall provide all services competently” (2003). If the professional is using an older version of a test, is that demonstrating competency? Again, the answer to this question centers on whether or not there is good reason to use an older test version. Is the updated version still using the same norms and reliability and validity information as the older version, with the only difference between the old and new tests being colored pictures and packaging? Is the purpose for administering the test limited to gathering information for intervention planning? Will the standardized norms be used for decision-making? The answers to these questions will guide the diagnostician in making a reasonable and appropriate decision.

Another rule from the ASHA Code of Ethics that may apply to this situation is Principle I, Rule B: “Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided” (2003). While this rule may seem only indirectly relevant to using an older test version, is the test administrator using “every resource” if he/she is using an older version of the test or tool only because that is what is most convenient? The test administrator must decide if there is a way to obtain a copy of the newest version of the test and, if not, whether or not using the old version will be appropriate and meet the needs for the particular client and situation. Sometimes current versions of other tests that may assess the specific area needed are available to the clinician. While some clinicians have preferred tests or assessment protocols, a willingness to use a different test that is up-to-date may be a solution until the new version of the favored test can be purchased.

Principle of Ethics II states that, “Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.” Under this Principle, Rule F states that, “Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated” (ASHA, 2003). Both Principle II and Principle II, Rule F could possibly apply to using outdated test protocols and procedures. Is the clinician achieving and maintaining the highest level of professional competence when knowingly using older test versions, particularly if there are significant changes between the two versions and there has been no attempt to secure the newest edition? It might be inferred that the “equipment” (i.e., your test) is not properly calibrated because the latest version is not being used. Again, a better solution may be to use a substitute test instrument that will provide similar information until the updated version can be purchased.

Principle III, Rule F states: “Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products” (ASHA, 2003). This rule suggests that it is important that the test administrator state that an older version is being used when reporting test results; otherwise, it may be construed that the

diagnostic information is being misrepresented. The report must be clear about the details of any standardized tests or protocols administered including which version was used and why it was chosen for the particular situation. When a new version of an assessment test or protocol is published, the speech-language pathologist or audiologist should determine if that new version will now be used in the work setting. If so, resources for purchase should be identified. If they are not readily available, the clinician should work with the supervisor to develop a plan and timeline for purchasing the updated version. It is the clinician's responsibility to fully inform the supervisor of the need to budget for replacement of critical evaluation tests and materials. If the clinician runs into resistance from the employer regarding purchasing new tests, then it may be prudent to use this opportunity to educate the employer about the need for current assessment tools and tests in advocating for best practices. In the meantime, any decision for using the older version should be carefully made based on the needs of the individual client, not only on the basis of what is readily available. Any use of the older version should be documented in all written reports of the test results, with particular attention to the interpretation of standardized results.

Maintaining Client Files and ASHA Code of Ethics

Another dilemma that sometimes arises related to testing and test information is deciding if the actual test form or protocol should be kept in the client's file or record and, if so, for how long. Employers may have policies on how long this information can or should be maintained. For example, some facilities do not retain the test form itself after the results are summarized in a written evaluation report. The ASHA Code of Ethics does not provide direct guidance when answering this question. The speech-language pathologist or audiologist will need to determine if the welfare of the patient is adequately protected by only maintaining a summary of the information in an evaluation report, rather than keeping the complete test form. Some clinicians may include the written evaluation summary and then retain only the original cover page of the protocol that contains all of the scoring and statistical details. This may be a compromise when file space does not permit retaining the entire form. Certainly, in an individual situation in which the clinician determines that critical information will be lost if the entire form is not retained, there is an obligation to retain it, even if the work setting policy suggests otherwise. The clinician should provide rationale for the need to keep such data. In addition, it may be helpful to check with your malpractice insurance carrier to see what is suggested regarding records retention for malpractice risk management purposes.

Conclusion

The ASHA Code of Ethics defines the expected ethical conduct of our members and is there to guide them in making decisions such as whether or not to use an outdated version of a test or whether or not an entire test form should be retained in a client's record. The final decisions related to these questions and others must be made by the clinician after considering the details of the situation and the individual needs of the client. The Code of Ethics serves as a guide when individuals are making professional decisions.

ASHA also provides other guiding documents to aid in such decision-making, including the Scope of Practice and Preferred Practice Patterns for each profession and Position Statements, Guidelines, and Knowledge and Skills Statements that relate to specific areas of practice. While these documents do not specifically answer many of the questions that practitioners face each day, they do contain information that is helpful and provide guidance in making appropriate, ethical decisions based on the current best available knowledge and practice in the discipline.

References

American Speech-Language-Hearing Association. (2003). *Code of Ethics* [Ethics]. Available from www.asha.org/policy.