Documenting Clinical Service Delivery: Writing Style and Lexical Selection

Dorian Lee Wilkerson
Hampton University, Hampton, VA

Weber's New World Dictionary of the American Language (1978) defines style as "a manner or mode of expression in language" (p. 1,415). The dictionary further defines style as being distinct from the ideas expressed. It states that style is a way of using words to express thoughts. Style is a way of expression. It defines who you are. Style separates us from others. Personal style is reflected in our talk, and in our own particular ways of writing (Anderson, 1989). Style demonstrates the clinician's perception of the clinical process and the clinician's view of the client. Style also guides the writer's word choice and report organization. Moreover, when used effectively, writing style eases the reader's burden.

ABSTRACT: Some clinicians manage to fill a blank page with eloquence and ease; others struggle only to write clinical reports that are lacking in clarity and content. Most skilled writers have developed a writing style that eases the pain of report writing and provides the writer with a strategy for approaching each writing task (Murray, 1991a). This article will discuss the importance of developing a writing style. The article will include strategies for developing a writing style, including ways to use cognitive style theory as a basis for developing a writing style. Also, constraints on individuality of style in clinical report writing as they relate to service delivery settings, the American Speech-Language-Hearing Association (ASHA) Code of Ethics, and reimbursement issues will be discussed. Throughout the article, the term clinical report will be used collectively to refer to diagnostic reports, progress notes, treatment plans, and treatment summary reports.

VIEW OF THE CLINICAL PROCESS

Writing style reflects a clinician's view of the clinical process (Murray, 1991b). For example, clinicians viewing the clinical process from a purely scientific perspective may begin each assessment with specific hypotheses and standardized methods of data collection. The report writing style generated from a purely scientific view may be very formal, consisting of lengthy sentences, technical terminology, numerical data, and an impersonal tone (Trimmer, 1998). Conversely, clinicians viewing the clinical process as a dynamic "social occasion" may begin each assessment with a list of open-ended questions and a combination of formal and informal evaluation procedures (Taylor, 1986). The report writing style may be less formal, consisting of short, simple sentences; familiar, everyday vocabulary; detailed behavioral descriptions; and a somewhat personal tone (Trimmer, 1998).

VIEW OF THE CLIENT

Writing style also reflects the clinician's thoughts regarding the client (Murray, 1991b). When the clinician establishes a close personal relationship with his or her clients, it is often communicated in clinical reports. The clinician describes the client by telling his or her unique story. The client may not use stereotypical descriptors because the client is seen as an individual, not as a set of characteristics. Additionally, clinicians tend to report useful information when each client is viewed as a whole person (Taylor,
The clinical report may include tips for effective elicitation of desired behaviors or feedback on the effectiveness of treatment procedures. The report may also contain comments such as "computer instruction was effective for targeting problem-solving initially, but Mr. Jones tired of its repetitive format after five sessions."

When clinicians view clients as sources of information for understanding communication disorders, the clinical report may contain several descriptive facts that address the nature of the disorder independent of the client. Clinical reports reveal the clinician’s perceptions of significant client behaviors (Taylor, 1986). Recognizing these perceptions helps the reader to understand the bases for diagnostic and prognostic statements.

CHOICE OF WORDS

Writing style guides our lexical selection. Kneplar (1976, p. 45) stated:

The words we choose and the way we use them can be more important to report writing than any other single factor. I have seen well-organized, well-planned reports that were regarded negatively by the recipients, largely because of a few inappropriate word choices.

Roe (1973) stated that words work in three ways: Words state facts, convey ideas, and arouse emotion. For the most part, clinical reports rely on words that state facts or convey ideas. Examples of words that state facts include produced, identified, followed, completed, repeated, and responded.

Stating facts can be tricky (Roe, 1973). Factual statements may contain ambiguous information. For example, "Doubting parents can alter treatment outcomes" is an ambiguous statement. It expresses at least two different meanings. The sentence may mean that parents who doubt the child or clinician’s abilities may influence treatment outcomes, or it may mean that when clinicians doubt parental support, treatment outcomes may be affected. The intended meaning may only be apparent after understanding the entire passage containing the sentence. In some instances, the intended meaning is only apparent to the writer.

Sentences may also lack sufficient detail when reporting facts. For example, stating that the client’s diadochokinetic rate fell within normal limits is an interesting fact, but says very little to persons outside of the profession. In this example, not enough information has been given. It may be helpful for some readers to have information concerning the purpose of measuring diadochokinetic rates and the implications of the results of such measurements with respect to speech production.

Conveying ideas in a clinical report may also be a difficult task because many of the concepts are foreign to persons outside of the field of communication disorders. Examples of words that may convey ideas in a clinical report include language disorder, speech disorder, voice disorder, phonological process, word finding deficit, impedance testing, and conductive hearing loss. Professional writers suggest that when presenting a new concept, it is best to explain it using as few words as possible (Anderson, 1989). A clinician’s choice of words becomes very critical when succinct explanations are needed.

Effective writing styles in clinical reports are those that involve the careful selection of words to state facts and convey ideas. Effective writing styles also avoid words that arouse emotion. Words arouse emotion because they may imply blame or suggest biased conclusions. Examples of words that may arouse emotion in a clinical report may include limited capacity, unable to, caused by, and uncooperative. These types of words reflect a tendency to judge behavior rather than to describe it.

ORGANIZATION OF CLINICAL REPORTS

Writing style also assists the clinician with organizing the report. Report organization can be accomplished in several ways. Many clinical settings including university speech and hearing clinics offer their clinicians a format or template for report writing. By using a standard format, the clinician is sure to include all of the pertinent information required by the facility. The format or template generally does not, however, structure the content of the individual paragraphs. The ways clinicians structure the presentation of the case history, test scores, and interpretation of test scores depends on the clinician’s writing style.

Some clinicians use an inductive method of presentation. The inductive narrative style begins with a presentation of the facts followed by statements of conclusion or analyses of the facts (Trimmer, 1998). The following statement illustrates an inductive narrative style:

Julie’s case history indicated the presence of a bilateral, moderate, sensorineural hearing loss. During testing, Julie produced a frontal lisp and distortion of all other sibilant consonants. Based on case history report and test performance, it is concluded that Julie presents with an articulation disorder secondary to hearing loss.

Other clinicians follow a deductive style of presentation. The deductive style involves stating the concept or conclusion first, followed by the supporting details (Trimmer, 1998). The following statement illustrates the deductive narrative style:

Julie exhibited an articulation disorder related to hearing impairment as suggested by the presence of a frontal lisp, distortion of all other sibilants, and a bilateral sensorineural hearing loss.

Skilled clinicians select a writing style to organize their reports based on the purpose of the report and on what information the intended readers should glean from the report (Anderson, 1989; Packer, 1995). If the purpose of the report is to describe the nature of the communication disorder, the description emerges in reporting the collected data. If the purpose of the report is to describe progress made in articulation treatment, the description emerges in
explaining the treatment procedures, performance patterns produced during treatment, and any significant changes in articulation behavior that occurred after treatment.

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CONSIDERATION OF THE READER

Finally, skilled clinicians select writing styles that anticipate the reader’s needs (Shriver, 1992). In so doing, the clinician considers three issues: (a) the reader’s background, (b) the reader’s opinion regarding communication and its disorders, and (c) the reader’s thoughts and feelings concerning the specifics of the case (Anderson, 1989). Skilled clinicians familiarize themselves with the professionals who are likely to receive their reports by learning about the disciplines represented in their professional community and, whenever possible, by learning about individual styles of clinical practice, scope of practice, and philosophy of practice.

Skilled clinicians also make every effort to learn about the cultural groups represented in their caseloads and about the community or communities in which these groups live. Knowing the values and beliefs of the reader helps in understanding the reader’s perceptions of communication disorders (Taylor, Payne, & Anderson, 1987). Consideration of the reader’s perspective assists the writer with determining the selection and arrangement of clinical information (Shriver, 1992). Clinicians who write with the reader in mind select clinical writing styles that inform rather than confuse or mislead the reader. Concern with readers and their expectations will lead to a writing style for each clinical report that presents information clearly and effectively to its readers (Adler, 1996).

Intercultural communication problems can occur when the persons involved in the clinical process represent diverse groups (Taylor, Payne, & Anderson, 1987). Conflicts may arise from cultural differences when the clinician insists on using the same inflexible writing style for all clinical reports, regardless of the clinical practice setting and the client’s background. To avoid or resolve conflicts, successful clinicians working in clinical practice settings with culturally diverse groups use written communication styles that accommodate differences. Successful clinicians recognize that cultural conflicts often arise from differences in ways of interacting and articulating experiences. Flexible writing styles that reflect the perspectives of many are more apt to be received positively by various groups of individuals (Niyogi De, 1996).

Formal styles are probably most appropriate when writing reports for other professionals. Less formal styles may be more readable when writing for family members. Styles that reflect a familiar tone may not be appropriate, however, when the report is about elder members of a family. In most clinical practice settings, the clinician only has time to write one report. Therefore, it is important that the clinician select a style that balances formality with clarity, concern for family members, and respect for the client. Clinicians who understand the importance of writing style vary it to meet the readers’ needs. Clinicians use style to make reports readable.

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DEVELOPMENT OF STYLE

Finding One’s Writing Voice

For some, the task of writing may be painful because they have not developed a writing style. Professional writers suggest that in order to develop an effective and efficient writing style, the writer needs to find his or her “writing voice” (Anderson, 1989). Some clinicians may have failed to find their writing voice or style because of the way they learned to write. According to Anderson, many people are taught to write by imitating the style of others rather than developing their own natural writing voices. Anderson notes that when children begin to learn oral language, their parents delight in what they say and encourage more talking. In this way, parents help their children develop their own individual speaking voices. In contrast, when children learn to write, their grammar and pronunciation are corrected. In fact, students are often given a format and are graded on their ability to follow that single format. Word choice, grammatical structures, and patterns of organizing ideas are evaluated as either right or wrong. The development of natural writing voices is not encouraged.

To find one’s writing voice, Johnson (1996) suggested the use of dictation. According to Johnson, dictation may be the fastest way to help clinicians connect their speaking voices with their writing voices. Johnson suggested talking through a report as if giving the information to a peer, parent, or spouse, using a tape recorder. Afterward, transcribe the oral report and make additions or revisions as necessary.

Connecting one’s speaking voice with one’s writing voice does not mean that we write the way we speak. We cannot truly write as though we are speaking to someone because the supportive communicative context present during oral communication is not present in written communication. Therefore, in order to ensure comprehension, the writer must assume much of the responsibility for meeting the reader’s needs. Professional writers do suggest, however, that connecting one’s writing voice with one’s speaking voice is a good way to improve one’s style of writing and clarity of written communication (Anderson, 1989).

Using Cognitive Style Theory To Develop Writing Style

According to Murray (1991a), writing style emanates from our thinking or cognitive style. Writing style also reflects the way we look at the world and the way we use language to communicate what we see. Just as individuals vary in their oral narration styles, individuals also vary in their written narration styles as a reflection of cultural background, education, training, life experiences, and cognitive styles.

Knowledge of cognitive style may help in finding one’s writing voice or writing style. Research has shown that cognitive styles influence how we learn, solve problems, and express ourselves both orally and in writing. Cognitive style theory has been used to advance academic achievement, increase test-taking skills, and improve teaching.
styles (Silver, Strong, & Perini, 1997). Knowledge concerning one's preferred cognitive style may be helpful in developing or improving report writing style as well.

Cognitive styles are preferred ways of receiving, perceiving, and organizing information (Witkin & Goodenough, 1981). Preferred cognitive styles are thought to result from child-rearing practices, and appear to be associated with age, gender, and cultural background (Ramirez & Castaneda, 1974; Saracho, 1989). Preference for a particular cognitive style also appears to vary with the context for its use. For example, an individual may select one cognitive style for interacting with others, another to take a test, and a different cognitive style to learn new information (Entwistle & Ramsden, 1982). Most scholars in the area of cognitive style research also agree that cognitive styles are to be viewed as a continuum rather than as mutually exclusive categories. That is, individuals may demonstrate traits from many styles, but frequently demonstrate a stronger preference for one or two styles over the others (Messick, & Associates, 1976).

Cognitive style theory may be used by writers to guide them in their lexical selection, choice of sentence structure, and style of report organization. Knowledge of cognitive style may help the writer develop a style based on strengths, talents, and preferences. Knowledge of the reader's cognitive styles may also help the writer select report writing styles that communicate effectively.

There have been many theoretical constructs proposed to delineate and examine cognitive styles (Silver, Strong, & Perini, 1997). Some of the cognitive style constructs frequently found in the literature include Kolb learning styles, Witkin's field-dependent and field-independent learning styles, Kagen's impulsivity-reflectivity style, Jung's introversion-extroversion styles, and Gardner's theory of multiple intelligences. The cognitive style models presented by Witkin, Kolb, and Gardner will be described. Suggestions for ways to use cognitive style theory to develop a writing style will also be provided.

Field-dependent and field-independent cognitive styles. Witkin's field-dependent and field-independent cognitive style theory is based on how individuals perceive visual stimuli. Interpreting stimuli in relation to its context reflects a field-dependent cognitive style. Interpreting stimuli apart from its context reflects a field-independent cognitive style. The tendency to view stimuli as dependent on the context or as independent from the context is, however, thought to extend to the perception and processing of all modes of information (Witkin & Goodenough, 1981).

Persons with a preference toward a field-dependent cognitive style are thought to focus on the whole rather than the parts, are thought to be socially oriented, and are sensitive to the feelings of others (Ramirez & Castaneda, 1974). Persons with field-dependent cognitive styles are also thought to be more likely to produce narratives that relate a series of topics or events to tell a story. Gee (1985) called this narration style "topic-associating."

Field-dependent tendencies may be congruent with a writing style that attempts to establish a relationship with readers by using a moderately personal tone and familiar vocabulary. The content of the report may flow easily if the clinician attempts to show relationships by comparing observed and expected behaviors. Clinicians with a tendency toward a field-dependent cognitive style may find a writing style that emphasizes strengths and weaknesses in relation to functionality in different communicative settings easier to master.

Persons with a field-independent cognitive style are thought to focus on the parts rather than the whole, are object-oriented, and are independent workers (Ramirez & Castaneda, 1974). Persons with a field-independent cognitive style are more likely to produce narratives describing a problem and a solution. Gee (1985) called this narration style "topic-centered." Field-independent tendencies would likely yield a writing style full of detailed descriptions of language forms such as morpheme counts, morpheme types, phrase and clause types, and use of pragmatic rules. Clinicians with a field-independent cognitive style may focus on the frequency and types of disfluencies rather than on the impact of stuttering on career choice. Clinicians with a field-independent cognitive style may find it easier to master a writing style that emphasizes the detailed descriptions of behaviors to determine a probable diagnosis or the impact of treatment.

Kolb's learning styles. Kolb (1984) described four different cognitive styles based on how learners perceive and process new information. Kolb stated that individuals tend to perceive information either from a personal, feeling perspective or from a theoretical, analytical perspective. Kolb also stated that individuals either reflect on stimuli or act on stimuli to process new information. The four cognitive styles of learning described by Kolb include accommodators, assimilators, convergers, and divergers.

According to Kolb (1984), accommodators rely on intuition, are flexible, and adapt easily to new situations. Accommodators also place value on the knowledge of experts. Accommodators act on concrete experiences. Using samples of behaviors to support facts may likely be found in the writing styles of clinicians preferring an accommodator learning style. Accommodators may also use examples of concrete behaviors to explain abstract, discipline-specific concepts. Additionally, the use of normative data, results of clinical studies, and theory may be used to support the accommodator's conclusions. Templates for report writing, provided by supervisors, and writing guidelines, offered by experts, may assist the accommodator to develop an efficient writing style (Kolb, 1984; Matuszek, 1998; Sharp, Harb, & Terry, 1997).

Assimilators reflect on abstract concepts. Assimilators analyze and reflect on new information. Their strength lies in linking facts gathered from several observations to explain the occurrence of a behavior. Statements that describe the data collection process, the analyses of the data, and the derived conclusions would probably illustrate the writing style of assimilators (Kolb, 1984; Matuszek, 1998; Sharp, Harb, & Terry, 1997).

Convergers act on abstract concepts. They learn by thinking and then by doing. Convergers appear to systematically plan before acting and tend to rely on rules for learning. Convergers also focus on minute details to solve
problems. Using a series of questions may help the converger plan the task of report writing by focusing on one domain of communication at a time. A report writing plan guided by questions to ask and answer may also help the converger integrate clinical facts in order to draw useful clinical conclusions when writing reports. Convergers might also benefit from the use of templates to help them organize clinical reports and to help them develop an effective writing style (Kolb, 1984; Matuszek, 1998; Sharp, Harb, & Terry, 1997). Divergers view ideas from many different perspectives, organize relationships into meaningful wholes, and are often viewed as gestalt learners. Divergers reflect on concrete experiences. Divergers probably produce clearly written clinical reports when they maintain their focus of the “whole” client. Divergers probably would make the best use of a writing style that integrates the main points about a client to create an overall picture. Using highly descriptive phrases that support the clinician’s impressions of the client would characterize this style as well. Including statements about the implications and impressions of the observed behaviors for everyday communication may assist clinicians with the diverger learning style with organizing a report that provides the necessary details or facts to support clinical interpretations and impressions (Entwistle & Ramsden, 1982; Kolb, 1984; Matuszek, 1998; Sharp, Harb, & Terry, 1997).

Theory of multiple intelligences. The theory of multiple intelligences (Gardner, 1984) builds on cognitive style theory, suggesting that individuals possess different types of aptitudes or intelligences. Gardner proposed that there are eight types of intelligences and that an individual may possess strengths in one or more areas. Gardner’s proposed eight types of intelligences include (a) logical-mathematical, (b) verbal-linguistic, (c) spatial, (d) kinesthetic, (e) musical-rhythmic, (f) interpersonal, (g) intrapersonal, and (h) naturalist. Again, most people demonstrate some talent in each of these areas or types of intelligence. Some, however, demonstrate stronger aptitudes in one or two areas whereas others demonstrate stronger aptitudes in other areas.

Gardner (1984) claimed that multiple intelligences may be used to determine an individual’s strongest mode for learning so that strengths may be used to further develop weaknesses. For example, persons with highly developed kinesthetic intelligence may improve their writing style through motor activities such as repeated writing exercises (Lazear, 1991; Packer, 1995). Individuals with strong interpersonal intelligence may improve their writing style by reflecting on and analyzing reports written by themselves and other professionals (Lazear, 1991; Silver, Strong, & Perini, 1997). Persons with spatial intelligence rely on visual images to understand, store, and use knowledge (Gardner, 1984). Individuals with strong spatial intelligence might improve their writing style by visualizing the client and their behaviors to come up with ways to verbally express facts and impressions in a clinical report (Lazear, 1991; Silver, Strong & Perini, 1997). Individuals with strengths in musical intelligence may benefit from the use of dictation as a strategy to write their clinical reports and improve their writing style. Individuals with strong mathematical intelligence may improve their writing style by focusing on test scores and other numerical data to describe and interpret their clinical observations. Persons with mathematical intelligence would probably easily note patterns of behaviors and how the patterns may explain or contribute to the client’s communication disorder (Lazear, 1991; Silver, Strong, & Perini, 1997).

Student clinicians may find out which cognitive style they have a stronger preference for by completing any number of cognitive style inventories. These may be available from the educational counselor at your university. Several are available over the Internet. Use the key words “cognitive style” to search the web to locate them.

Using Writing Strategies To Develop Writing Style

Professional writers use three steps—prewriting, free writing, and rewriting—to develop and improve writing style (Anderson, 1989). Anderson defined each.

- **Prewriting** is gathering the information needed to write the report, clustering facts to develop the outline for writing, setting aside a specific time for writing, and getting to know the readers.

- **Free writing** involves setting aside a specific time to write and writing quickly and freely for a set time period, without regard to grammar, punctuation, or spelling. The purpose of free writing is to get ideas on paper.

- **Rewriting** involves making the necessary revisions to improve clarity and correct mistakes made in grammar, punctuation, and spelling.

Anderson (1989) and Bly and Blake (1982) stated that writing every day at the same time of day helps improve writing style. Some writers may write their best clinical reports early in the morning. Others may find that writing clinical reports at midday is best for them, whereas others may do their best clinical report writing at the end of the day. Writers also use strategies such as (a) limiting interruptions, (b) proofreading aloud, (c) taking breaks, and (d) reading the writings of others (Anderson, 1989; Bly & Blake, 1982; Roe, 1973).

Using Reading To Develop Writing Style

Reading is another way for writers to develop or improve their writing style over a long period of time. The first time a clinical report is read, the clinician reads it to find out about the client. The second or third time the report is read, clinician-writers read to discover the writing style of the reporting clinician. Writers read as writers, not as readers (Anderson, 1989). That is, writers read for information as well as to discern writing techniques. By reading as a writer, new ways of structuring a sentence or using a word may be found (Anderson, 1989). Reading to discover writing style assists with learning new writing techniques.
CONSTRAINTS ON INDIVIDUAL WRITING STYLE

As a clinical supervisor, I have often been asked by students to give them the format for writing diagnostic reports, progress notes, and treatment summaries. Many university speech and hearing clinics, hospitals, rehabilitation facilities, and school systems give their employees a standard format to follow when writing clinical reports and documenting clinical service delivery. In addition to following a standard format, students may use old reports written by their predecessors or supervisors as a guide for writing their own reports. Students often crave a reassuring formal structure provided by a standard format or report templates. Using standard formats and templates is a good way to develop writing style. Although it is good to develop an individual writing style, there are constraints on style imposed by legal requirements, facility demands, and ethical considerations.

Legal Constraints

Several federal and state laws contain regulations that mandate the type of information that should be included in clinical reports. These mandates necessarily restrict writing style. For example, the Individuals with Disabilities Education Act (IDEA), the federal law guaranteeing free and appropriate education to all children, requires that all evaluations contain statements that assist in determining the educational needs of the child (EDLAW, Inc., 1999). Such statements should provide information to parents and teachers that help them understand the nature of the communication disorder and its impact on learning. Moreover, federal law requires that all evaluations make use of a variety of assessment tools and strategies, input from family, and consideration of information from all other existing documents pertaining to the child (EDLAW, Inc., 1999).

In the educational setting, the form and content of treatment reports are prescribed by federal laws and state regulations. Treatment objectives must be written in a style that focuses attention on the child’s behavior. In addition, laws and regulations require that treatment plans include statements regarding frequency of treatment, length of treatment, location of treatment, type of treatment, and expected outcomes. After age 14, treatment plans must address issues pertaining to transitioning to job training and to employment. All behavioral objectives must use terms that reflect how the child’s skills or behaviors will be measured. The objectives must also relate to the regular education curriculum (EDLAW, Inc., 1999).

The IDEA mandate implies that clinicians write clinical reports that are easily understood by parents and teachers and that relate clinical concepts to educational concepts and learning outcomes. Writing styles that relate test scores and clinical observations to the child’s customary patterns of behavior, seen at home and at school, fulfill the mandates of IDEA. For the most part, a clinician may select any style of writing for diagnostic reports in the educational setting, but federal law mandates the specifics of the content to be included. That is, all reported data must somehow be related to learning and educational outcomes. Individual states may impose additional regulations on a clinician's report writing style by requiring the use of specific tests and analysis procedures (EDLAW, Inc., 1999).

A clinician’s style may be evident in the way sentences are structured or in the way ideas are expressed. In situations such as school settings, where the volume of cases is very high, it is even more important to vary writing styles so that clinicians, parents, and teachers will read each report with a fresh eye. If the format is the same for every child, parents and teachers may develop a tendency to skim through reports or not read reports at all. Parents and teachers may also overlook facts that may be useful in educational planning when monotonous writing styles are used.

Facility Constraints

Local school systems may restrict the clinician’s writing style by requiring the use of a standardized writing style or report form. This is sometimes done to help clinicians give parents and teachers the information that is needed from the report. Standardized reporting styles may also be used to avoid litigation.

Many rehabilitation or hospital-based settings are dependent on third-party reimbursement for payment of services (American Speech-Language-Hearing Association [ASHA], 1994). In these facilities, the rules and regulations that govern the documentation of clinical services may be stricter than in other types of clinical practice settings. Third-party payers require verification that appropriate services were delivered to the appropriate individuals before they make payment. Third-party payers also require extensive documentation to ensure that payment is actually warranted because the payer was not present during the time of the clinical visit. Although there may be client folders containing the types of reports student clinicians are accustomed to seeing in other clinical practice settings, many times, report writing in rehabilitation and hospital settings is accomplished by completing forms.

The completion of insurance forms and other documents indicating service delivery requires a very different writing style than report writing. To complete forms that yield expected outcomes (e.g., payment, indicators of quality of care, and number of client contacts made), a clinician must select words that clearly communicate complex concepts in a few words. There is not much room for writing detailed paragraphs. Roe (1973) provided several guidelines for increasing the impact of words. These include:

- Use short words.
- Use words that express concepts clearly.
- Use concrete words.
- Use words that act.
- Use positive words.
- Use personal words.

In some cases, a clinician needs to select the words and sentence structures preferred by third-party payers in order to be reimbursed for the clinical services provided. In other settings, clinicians select reimbursement codes in order to

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document clinical service delivery (ASHA, 1994; Hearing Alliance of America, 1999).

Many clinical practice settings rely on the use of forms to satisfy the documentation of service delivery. Some settings may be more flexible than others in allowing for variations of documentation of clinical services. Some have even experimented with the oral report using audio- or videotapes. For example, one private practice setting in psychology assessed the benefits of giving parents tape-recorded assessment summaries. Although parents who received the taped summaries did not recall more information than did parents who received the written reports, the tape-recorded summaries proved popular (Ilett, 1995).

Ethical Constraints

Ethical considerations may influence the style a writer chooses in the phrasing of sentences and the selection of certain words. ASHA's Code of Ethics states, "Individuals shall not misrepresent diagnostic information, services rendered or products dispensed" (ASHA, 1993). This statement holds several implications for writing style. Student clinicians as well as professionals must be aware that unintentional misrepresentation of facts in a clinical report because of writing style is a violation of the ASHA Code of Ethics.

Writing styles that rely on the extensive use of professional jargon may misrepresent concepts. For example, labeling /s/ or /z/ substitutions as persistent phonological processes rather than as a frontal lisp may misrepresent the type of speech disorder exhibited. Writing styles that report interpretations rather than observations misrepresent facts as well. Statements indicating that a client did not perform a task convey concepts that are very different from statements indicating that a client could not perform a task. A writing style that fails to provide sufficient facts to support a clinical conclusion also runs the risk of an ethics violation. Concluding that a client exhibits autistic-like behaviors because of limited eye contact with others is not defensible without additional information regarding psychological and cognitive functioning.

Clinical reports often tell others what is important to the clinician (Murray, 1991b). The clinical report often illustrates the clinician's internal frame of reference for interpreting clinical events. However, sometimes a clinician's frame of reference may limit his or her ability to give adequate attention to salient behaviors indicating abilities or disabilities. A clinician's frame of reference may also result in attaching too much value to a behavior. Failure to reliably identify and validly interpret clinical data may place the clinician at risk of violating ASHA's Code of Ethics. To avoid this scenario, it may be helpful to participate in periodic peer reviews of clinical reports.

SUMMARY

Writing is not something everyone enjoys (Anderson, 1989). But by viewing that blank page as an opportunity to communicate with the family of the client or other professionals involved in the client's care or education, one may begin to use speaking style as a foundation to build writing style. Style does not develop overnight, nor does it remain static once it has been developed. Keeping this in mind may help with approaching each clinical report writing task with a strategy for starting and continuing to write.

In many clinical practice settings, speech-language pathologists and audiologists conduct several evaluations and write the reports in the same work day. In addition, speech-language pathologists and audiologists routinely write daily summaries of the treatments delivered to all clients seen that day. If you are a student or a future speech-language pathologist or audiologist, you will come to accomplish such clinical tasks confidently, if you have not done so already.

Some writing tips that may assist students who are in the process of developing a clinical report writing style or students who are in the process of improving their writing style are listed below (Bly & Blake, 1982; Knepley, 1976).

- Use the active voice.
- Use short, simple sentences.
- Delete unnecessary words, sentences, and phrases.
- Use specific and concrete terms.
- Use terms your reader can picture.
- Use the past tense to describe your clinical work and results.
- Avoid professional jargon.
- Use paragraphs to present ideas in short sections.
- Use parallel forms to present ideas.
- Opt for an informal style rather than a formal style.

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Contact author: Dorian Lee Wilkerson, Department of Communication Sciences and Disorders, Hampton University, Hampton, VA 23668. Email: dlwilkerson@kakushin.com