

## PREFACE

The concept of assessing patient outcomes is not new. Indeed, speech-language pathologists have been measuring the effects of clinical intervention since the field's inception. The functional domain, however, has a shorter history. Beginning with the visionary work of Martha Taylor Sarno in the 1960s and advanced by Audrey Holland in the 1980s, assessment of functional communication outcomes in neurogenic populations was established. Yet, today, the concept of functional outcomes is still not completely understood. What is a functional outcome? And, how is it best measured? Varying answers have been formulated over the years, with few as yet accepted on a wide scale in the field.

The question, "What is functional?," calls to mind, for many speech-language pathologists who work with neurogenic populations, an article written by Elman and Bernstein-Ellis (1995). Their clear insight has had, already, an influence on test development practices and patterns of clinical care. The article challenged the current care practices that were cost-driven and short-sighted. We now can consider functional status as that which extends beyond a uniform core of basic skills, towards individualized needs and preferences which necessarily are culture bound and constitute components that define quality of life.

This issue begins with an overview that offers working definitions of "functional" performance within the context of existing and proposed conceptual frameworks of patient outcomes. The discussion offers a glimpse into the very near future of service delivery models that are supporting a combined biopsychosocial approach to health care. This article also provides the necessary backdrop of information from which

the following articles borrow, to provide an organizational framework and a sense of unified thought process.

This issue proceeds with an in-depth and well-researched discussion of functional outcomes and their assessment, as organized by distinct clinical populations. Perhaps the most diverse clinical population was addressed by Campbell in his article relating to the wide range of neurogenic disorders found in pediatric populations. His treatment of the subject reflects the realities of clinical care and the need for outcomes data collection, interpretation, and use, in order to allow access to an appropriate level of care. He suggests a method for measuring functional communication change, which he illustrates through both a uniquely designed instrument and outcomes data collected in an outpatient hospital clinic.

McHorney and Rosenbek, too, address the realities of the current healthcare system and present a broad view of outcomes assessment in the area of dysphagia management. Their "Health Services Value Compass" provides the framework within which to address functional outcomes as related to utilization and costs, patient satisfaction, clinical outcomes, and quality of life. They also present a status report of their exploratory research to develop an instrument that addresses quality of life.

Holland takes perhaps the boldest step towards the future and casts her discussion of functional outcomes in aphasia in the context of the World Health Organization's proposed revisions to its international classifications of *impairment*, *disability*, and *handicap*. Rephrased as categories of *impairment*, *activities* and *participation*, Holland provides a review of extant and in-development measures and moves beyond assessment to-

wards treatment planning and treatment approaches that integrate functional tasks.

Both Bourgeois and Adamovich have written articles which reflect exhaustive work in reviewing the professional literature and in identifying and categorizing the multiplicity of measures appropriate for individuals with dementia and closed head injury, respectively. Their work is cast within the World Health Organization's International Classification of Impairments, Disabilities, and Handicaps (ICIDH).

Hustad, Beukelman, and Yorkston, in their article on functional outcome assessment in adults with dysarthria, use a different model of patient outcomes to frame their in-depth discussion. The model is that of Saad Nagi, which considers the consequences of a disorder at five different levels, ranging from pathophysiology (cell/tissue level) to societal levels of dysfunction. The authors discuss factors that contribute to speech intelligibility and comprehensibility and shares a communicative effectiveness instrument organized by social situation (e.g., conversing with friends, conversing with strangers, communicating at work).

Finally, Tompkins, Lehman, Wyatt, and Schulz address functional outcomes in adults with right hemisphere brain damage (RBD). Similar to Bourgeois and Adamovich, Tompkins and her colleagues organize their discussion using the ICIDH typology and provide a substantive table which summarizes the features of available measures appropriate for adults with RBD.

They make an important point, which I believe is central to the discussion that spans these pages. A review of functional outcome measures exposes instruments that purport to target one level of outcome (e.g., disability), but often include items that appear to measure another (e.g., impairment). They state, "The bottom line, as for any kind of evaluation, is that clinicians need to look closely at what the various instruments actually assess, how these instruments interrelate, and to choose measures that best suit their purposes and their patients' circumstances."<sup>1</sup> I might add to their statement by claiming that clinicians should select an array of measures that, together, yield a complete picture of the patient.

This issue is meant to broaden the boundaries of clinical assessment. As such, it should have use for clinicians who are faced daily with making quick and difficult decisions for patients, based on assessment findings. Most importantly, it is meant to respect and preserve traditional methods of patient assessment and to augment the traditional with more contemporary methods—methods aimed at uncovering functional abilities that constitute individually defined, meaningful aspects of quality of life.

Carol M. Frattali, Ph.D.  
Guest Editor

Elman R.J., Bernstein-Ellis E. (1995). What is functional? *American Journal of Speech-Language Pathology*, 4(4):115-117.