

Understanding the Difference: Observation, Assessment, and Diagnosis

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INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the **authority** under the *Health Professions Act* (HPA) to carry out its activities and **govern** its Health Care Aides (HCAs)* in a manner that protects and serves the public interest.

According to the *Code of Ethics for Health Care Aides in Alberta*, HCAs are expected to respect the knowledge, skills, and efforts of co-workers and other healthcare professionals. This info sheet informs HCAs of the differences between observing, assessing, and diagnosing clients and the responsibilities of different health professionals in **collaborative practice**.

Terms found in the definitions section are **bolded** where they appear for the first time in this document.

Defining the Difference: Observing, Assessing, and Diagnosing

Health professionals such as HCAs, LPNs, and physicians perform different activities in client care, including observation, assessment, and diagnosis. These distinct activities are important and require different skills. Sometimes a health professional can perform more than one of these activities, provided they are **authorized** and **competent** to do so.

HCAs carry out observation but are not authorized to perform assessment or diagnosis.

Observation

HCAs perform client observations as part of their role within a healthcare team. Observation involves using sight, hearing, smell, and touch to monitor changes in a client's health and/or well-being.

HCAs provide direct care, personal assistance, and support to ill, older, or disabled clients.ⁱ HCAs observe their clients and report and record objective and subjective data.ⁱⁱ

- **Objective data:** information that health professionals collect through physical examination, direct observation, or diagnostic testing. This type of data includes

* "In this document, "Health Care Aides (HCAs)" has the same meaning as "regulated member(s)" in the *Health Professions Act*".

measurable factors, like the client's temperature or blood pressure, as well as observable conditions, like a rash or bleeding.

- *Subjective data*: information collected from sources such as the viewpoint, feelings, or concerns of the client. This type of data is provided by the client, the client's family, or other health professionals who work with the client. Examples are chills and loss of smell or taste.

If any observation is outside the client's **baseline** or what is considered normal for that client, the HCA is expected to document this and report the information to the supervising health professional for further **investigation**.

Some examples of observations an HCA may perform include but are not limited to:

- vital sign readings such as breathing rate, blood pressure, pulse, and temperature;
- intake/output measurement;
- blood in the urine or stool;
- swallowing difficulty;
- changes in the client's behaviour or health status;
- any unexpected **adverse events**, including rashes and allergic reactions; and
- unsafe conditions or environment.

HCA collaboration with members of the healthcare team

HCAs spend a lot of time with clients, so other regulated health professionals, such as nurses, often rely on HCAs to communicate changes observed in a client's behaviour or health condition during their day-to-day care. This **collaboration** ensures that information reaches the **authorized health professional** in a **timely** manner for further assessment.

Assessment

HCAs do not perform client assessments. A client assessment involves gathering and organizing information about a client's condition. This can be done using the client's medical history, test results, physical exam findings, activities of daily living, mental health evaluation, and available support resources.ⁱⁱⁱ

Only authorized health professionals such as nurses, psychologists, occupational therapists, etc. perform client assessments. For example, nurses are authorized to perform assessments using their nursing knowledge, skill, and judgment. This is called a nursing assessment.

A nursing assessment involves using the client's gathered health information to understand their overall health, symptoms, and concerns. This process includes evaluating the client's individual physiological, psychological, sociological, and spiritual needs.^{iv}

Collaboration between other health professionals

When providing care, different members of the healthcare team work together for the client's well-being. For example, HCAs play a vital role by observing and monitoring clients and promptly reporting any changes in the client's condition to the rest of the team. Nurses conduct assessments and share important information about the client's health. Physicians or nurse practitioners (NPs) diagnose diseases, conditions, or injuries. By working together, the healthcare team promotes safe and **holistic** care for the client.

Diagnosis

HCAs do not diagnose clients. Diagnosis involves identifying a disease, condition, or injury based on the client's presenting signs and symptoms and diagnostic test results.^v Authorized health professionals such as physicians, NPs, optometrists, and physician assistants use the information gathered from observations, assessments, and diagnostic tests to determine which disease or condition is responsible for the client's symptoms (e.g., pneumonia, diabetes mellitus, or chronic obstructive pulmonary disease). A medical diagnosis informs the client's treatment plan.

The following table summarizes the differences between observation, assessment, and diagnosis.

	Observation	Assessment	Diagnosis
Purpose	To monitor and detect changes or abnormal findings in the client's state or condition. The information gathered helps inform the next steps in the client's healthcare journey.	To learn more about the client's overall health, symptoms, and concerns.	To identify a disease or condition.
Information collected	Objective and subjective data on the client's condition, such as: <ul style="list-style-type: none"> the information collected, such as vital signs or blood glucose readings. 	Detailed information from the client's health history, test results, assessment, etc., including observations and the client's individual physiological,	The information collected during observation and assessment, together with the client's physical, mental, and

	Observation	Assessment	Diagnosis
	<ul style="list-style-type: none"> the presenting signs and symptoms of the client that can be seen, heard, smelled, and touched. 	psychological, sociological, and spiritual needs.	psychosocial conditions.
Who can perform it	A range of trained health professionals, including HCAs.	Health professionals with specific skills, knowledge, critical thinking, and clinical judgment, such as nurses or physicians. HCAs are not authorized to conduct assessments.	Specific health professionals authorized by law to diagnose. Examples are doctors, NPs, optometrists, and physician assistants. HCAs are not authorized to make a diagnosis.
Outcome	Contributes to continuity of care and holistic care by providing information related to changes in the client's condition that can be further investigated.	Evaluates information to make a diagnosis and/or develop or update a client's care plan. It may also inform the next steps in the treatment or discharge plan.	Identifies a disease, condition, or injury, which helps health professionals determine a treatment plan, track progression, and understand the prognosis .

CONCLUSION

This info sheet describes the different activities in client care, such as observation, assessment, and diagnosis, performed by different members of the healthcare team. This understanding promotes collaboration, which leads to better client care.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on clha.com.

If after reading this document you have questions, please contact the CLHA's Professional Practice Team via practice@clha.com or 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

DEFINITIONS

Adverse events: a harmful and negative outcome that happens to a client as a result of a drug or medical care that they have received.^{vi}

Authorized health professional: a health professional who is authorized to perform a restricted activity without supervision under the *Health Professions Restricted Activity Regulation* and their standards of practice. Authorized health professionals have the education, training, and approval through regulations to perform a particular high-risk professional service.

Authority: refers to the power or right to give orders, make decisions, and enforce obedience. It can also mean the appropriate person to give orders or make decisions.

Authorized: having legal permission to do something or for something to happen.

Baseline: refers to basic client data gathered and recorded before a process such as a medical treatment begins. The client's baseline data can indicate the client's functional level at a specific time. This data is used as a starting point for comparisons when observing and assessing the client's condition.

Collaboration: the process of working together with clients, their families, and other members of the healthcare team to determine and achieve a shared goal in the client's interest.

Collaborative practice: a planned, committed way of working together that improves communication and decision-making. It creates a culture where everyone's knowledge and skills work together to provide better care, outcomes, and safety for clients.^{vii}

Competent: having the ability, knowledge, or skill to do a task.

Govern: to lead, control, or manage an organization or group, often by creating rules and making decisions that guide their actions.

Holistic: care that addresses the physiological, psychological, sociological, emotional, relational, and spiritual aspects of the client.^{viii}

Investigation: healthcare activities that aim to clarify one or more health conditions of a client and guide medical decisions.

Prognosis: the likelihood of recovering from a disease or condition or a prediction of the course and outcome of a medical condition.^{ix}

Timely: done or occurring at the right or useful time.

REFERENCES

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- ⁱ Alberta Health Services. Health Care Aide. Facilitating Daily Life
- ⁱⁱ AziloTraining. The Importance of Observation in Health and Social Care Setting. What is Observation? Para. 2.
- ⁱⁱⁱ National Cancer Institute. (2015). Definition of assessment
- ^{iv} National Library of Medicine (NIH). Toney-Butler, T.J., & Unison-Pace, W.J. Nursing Admission Assessment and Examination. August 28th, 2023. Para. 2.
- ^v Health Professions Act (HPA). Schedule 21. Professions of Physicians, Surgeons, Osteopaths and Physician Assistants. Section 3(1)(a-e).
- ^{vi} Skelly CL, Cassagnol M, Munakomi S. (2023). *Adverse Events*. In: StatPearls
- ^{vii} College of Licensed Practical Nurses of Alberta. *Collaborative Practice in Nursing*. (2019).
- ^{viii} Lucia Thornton, A Brief History and Overview of Holistic Nursing, 2019.
- ^{ix} Hansebout RR, Cornacchi SD, Haines T, Goldsmith CH. (2009). How to use an article about prognosis. Can J Surg.