Interprofessional Collaboration

A Framework for Providing Care

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Introductions

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Disclosures

Financial disclosures

- Presenters are employed by Comprehensive Speech and Therapy Center

Non-financial disclosures

- Marissa Swanson is a member of the MSHA advisory assembly
- Scott Thorbjornsen and Marissa Swanson are both MSHA members

HIPAA

- Clients discussed in this presentation have provided informed consent authorizing photographs, audio/video recording, and information pertaining to medical diagnoses and plans of care to be shared for the purpose of education and professional training/presentations.

Questions

Please feel free to raise your hand during the presentation if you have a question about the content.

Time for discussion will be reserved at the end of the presentation.

Introduction to Interprofessional Practice

Interprofessional Education & Practice

Interprofessional education:

- "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."

Collaborative practice:

- "When multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care"

World Health Organization, 2010

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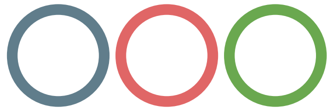
Professional practice approaches/model of practices

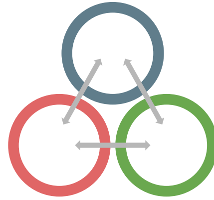
Multidisciplinary	Interdisciplinary	Transdisciplinary
Working with several disciplines	Working between disciplines	Working across and beyond disciplines
Team members function as independent specialists	Team members come together to discuss individual findings and recommendations and develop a plan	Team members work together using a shared framework and transcend disciplinary boundaries
Team members maintain separate but interrelated roles; members stay within the boundaries of their discipline	Team members may surrender aspects of their own disciplinary role but maintain a disciplinary-specific base	Team members may engage in role release and role expansion

Choi and Pak, 2006

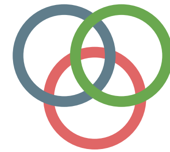
Multidisciplinary



Interdisciplinary



Transdisciplinary



Less involved

More involved

Which professional practice approach is best?

Not all clients need intensive collaboration, and needs will vary over time! Consider:

- Co-occurring diagnoses
- Complex medical needs
- What services the client is receiving
- High client/family support needs
- Barriers impacting the client's success in treatment

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Role Release/Role Expansion Example

Training staff on AFOs (ankle-foot orthosis) to ensure that they are being safely worn

Role Release/Role Expansion Example

Training school staff on how to utilize an eye gaze AAC system, including calibrating/setting up the system, modeling, and opportunities for the student to use the system during the school day.

Client-Centered Care and Interprofessional Practice

Core concepts of client centered care:

- Respect and dignity
- Information sharing
- Participation
- Collaboration

Healthcare services are naturally interdependent, making collaboration necessary and beneficial

- Effective collaboration paired with evidenced based practice promotes service delivery based on shared values, mutual respect and a common purpose

Institute for Patient- and Family-Centered Care Patient- and family-centered care, n.d.

Interprofessional Team and Stakeholders

Members will vary depending on client need, clinical setting, accessible resources, and goals of treatment

IPP Team:

- Client and caregivers
- OT
- SLP
- PT
- BCBA/ABA staff
- CSM or SW
- Psychiatrist and/or psychologist
- PCP
- School support staff

When highly effective collaboration occurs, all stakeholders can benefit

Stakeholders:

- Clients and caregivers
- Practitioners
- Organizations
- Payors

Interprofessional Teams in Other Settings

School

- Student and parents/caregivers
- Teacher
- Paraprofessional
- Special education teacher
- General education teacher
- Assistive technology expert
- Psychologist
- Social worker or counselor
- Administrative staff

Hospital

- Patient and caregivers
- Nursing
- Rehab staff
- Doctors and/or specialists
- Discharge coordinator
- DME providers

Ethics/Professional Guidelines

AOTA Code of Ethics

- Standards of Conduct section 4: Service Delivery
  - Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidenced based, and consistent with occupational therapy's values and philosophies.

AOTA Standards of Practice for Occupational Therapy

- Standard I. Professional Standing and Responsibility
  - An occupational therapy practitioner is an **integral member of the interprofessional collaborative team and works to ensure the client-centeredness of the service delivery process.**

American Occupational Therapy Association, 2020

Ethics / Professional Guidelines

ASHA Principle of Ethics I

- Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.
  - B. Individuals shall use every resource, including **referral and/or interprofessional collaboration when appropriate**, to ensure that quality service is provided.

ASHA Principle of Ethics IV

- Individuals shall uphold the dignity and autonomy of the professions, **maintain collaborative and harmonious interprofessional and intraprofessional relationships**, and accept the professions' self imposed standards.
  - A. Individuals shall **work collaboratively with members of their own profession and/or members of other professions**, when appropriate, to deliver the highest quality of care.

American Speech-Language-Hearing Association, 2023

Ethics / Professional Guidelines

BACB Ethics Code: 2.10 Collaborating with Colleagues

- Behavior analysts **collaborate with colleagues from their own and other professions in the best interest of clients and stakeholders**. Behavior analysts address conflicts by compromising when possible and always prioritizing the best interest of the client. Behavior analysts document all actions taken in these circumstances and their eventual outcomes.

Behavior Analyst Certification Board, 2020

Ethical Dilemma Example

The OT for a client recommends use of a sensory diet throughout the day. The SLP and BCBA wonder if the recommended strategies are really helping the client.

Photo by National Cancer Institute on Unsplash

Ethical Dilemma Example

What to do:

- The client's best interests are most important, but it is also important to develop and maintain a collaborative and harmonious relationship with other providers.
  - It could be detrimental to the client if your relationship with other providers becomes contentious.
- If the sensory diet is being well-tolerated by the client, be supportive. Collect quantitative and qualitative data and discuss what you see with the OT in a thoughtful way.
  - E.g., "We have been using X strategy at the beginning of our sessions, but CLIENT is still having difficulty staying calm and regulated. Do you have any ideas for us to try?"
- If the client is not tolerating the sensory diet, let the OT know and ask for suggestions.

Summary of Ethics & Professional Guidelines

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Healthcare providers, including speech-language pathologists, are required to provide client-centered care and collaborate with others in the best interest of clients and stakeholders.

American Speech-Language-Hearing Association, 2023

Evidence-Based Practice

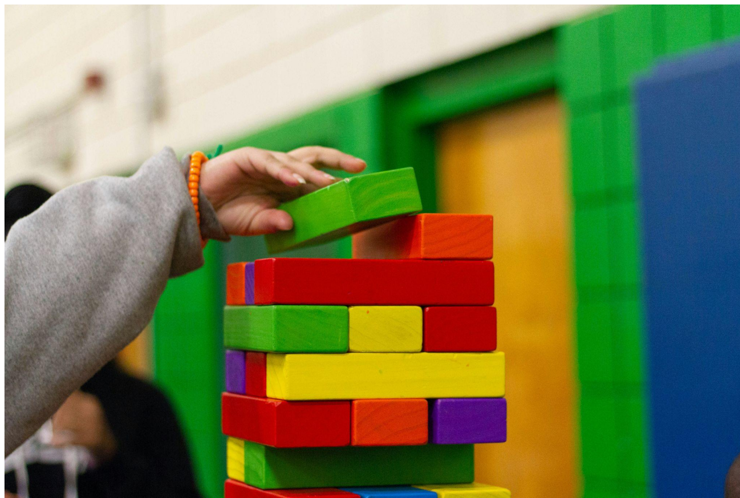
Effective collaboration paired with evidence-based practice promotes service delivery based on shared values, mutual respect and a common purpose

Interprofessional collaboration is beneficial for both clients and clinicians

- IPP improves patient care, outcomes, and clinician satisfaction
- IPP can help improve relationships with other disciplines and reduce clinician burnout

American Speech-Language-Hearing Association, n.d.

It takes a village!



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Evidence-Based Practice

Interprofessional collaboration benefits entire care systems across multiple levels-individual, practice and systemic

- Improved efficiency, improved skills mix, greater levels of responsiveness, and more holistic services
- Improved outcomes in family health, infectious disease, humanitarian efforts, responses to epidemics, and noncommunicable diseases
- Improvements in access to care and coordination of services, appropriate use of specialty care, and chronic disease outcomes
- Reduction in the fragmentation and duplication in service delivery
- Enhanced patient satisfaction and job satisfaction

Bowman et. al., 2021

Myths

- Goals cannot overlap due to differences in treatment delivery.
- Collaboration is a sort of "hodgepodge" of care with little overlap.
- A more eclectic approach is effective.

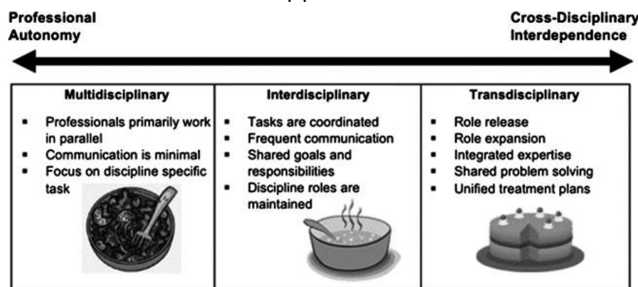


Figure 1. Black and white picture depicting models of professional collaboration. From "Standards for Interprofessional Collaboration in the Treatment of Individuals With Autism" by Bowman et. al., 2021, Behav Anal Pract.

Facts

- There is the potential for conflict in collaborative practice; however, "the diverse perspectives available through multidisciplinary models may offer a more comprehensive analysis than what might otherwise be achieved via a monodisciplinary (i.e., only one professional from one field) endeavor."
- "Professionals work in parallel with an emphasis on the solitary development of goals and interventions."

Bowman et. al., 2021

Goal Examples

Occupational Therapy

- CLIENT will demonstrate an isolated R index finger to manipulate/push various buttons/icons/etc given MAX A. 10x per session, on 3/5 trials, in support of improved functional play and AAC device.

Speech Therapy

- To increase expressive language, CLIENT will navigate her SGD by finding the related folder to her immediate want from the home page in 80% of opportunities given moderate cues.

Occupational Therapy Session

Speech Therapy Session

Barriers

- “Management of any conflict to arrive at a benefit for the customer is a necessary step in building an effective collaboration.”
- Logistics and timing.
- Funding/insurance.
- Communicating with other professions.
- Biases about other disciplines.
- Professional scope of practice and overlaps, potential disagreements about treatment plans.
- Potential conflict in determining clients’ best interests.

Green and Johnson, 2015

Barriers

Most or all clinicians want to collaborate with others.

Interprofessional practices and collaboration are significantly limited in traditional healthcare and educational settings due to productivity requirements, caseload sizes, and other logistical and financial issues.

Many changes are needed to provide clinicians with the opportunity to collaborate more and to make interprofessional practices more sustainable.

Photo by Linus Nylund on Unsplash

Application of Interprofessional Practices

Comprehensive Speech and Therapy Clinic

- Located in Jackson, MI
- Created by two SLPs
- Speech therapy, occupational therapy, applied behavior analysis (ABA), and physical therapy
- ~80 employees
- Works with Medicare, Medicaid, and most private plans
- Serves pediatric and adult populations; majority of clients are children/adolescents

Our Clinic Initiatives

Photo by Chetan Kolte on Unsplash

- Clinic Rounds
- Co-treatments
- Cross-training
- Client collaboration meetings and IPOS (Individual Plan of Service) meetings
- Clinic processes
- Collaboration with outside agencies

Clinic Rounds

What is it?

- Treatment teams (SLP, OT, BCBA, behavior techs, PT) meet and discuss the status and treatment plan(s) of shared clients. The team focuses on sharing information and strategies, problem-solving, and planning for continued collaboration.

How do you do it?

- The clinic was shut down for 3 hours with no clients/no treatment during rounds. We held rounds for the first time in Quarter 4 and will hold them again in Quarter 2.

Photo by Suhyeon Choi on Unsplash

Clinic Processes

What is it?

- Development of a standard operating procedure (SOP) for interprofessional collaboration
- Use of a referral form to refer clients to other disciplines and/or refer clients to have an interprofessional collaboration meeting scheduled

How do you do it?

- Ongoing project development by our team to incorporate interprofessional practices into the daily operations of our clinic
- Ongoing communication with leadership and administration regarding ideas, logistics, barriers, and priorities

Co-Treatments

What is it?

- Two therapists provide treatment together. This is considered when other options have not been successful for clients who:
  - Have significant sensory needs + communication needs
  - Have significant safety and/or behavioral concerns + require OT/speech/PT

How do you do it?

- We provide co-treatments on a case-by-case basis. Some insurers will compensate for co-treatments, others will not. In some situations, the therapists can only bill for part of the session.

Cross-Training

What is it?

- Training individuals from other disciplines on strategies so they can support progress and carryover
  - E.g., an OT training an SLP on calming strategies, an SLP training a behavior technician how to model on an AAC device, an OT educating school staff on w-sitting and alternative positions

How do you do it?

- Video recorded trainings
- Meetings
- Written resources
- Emails

Collaboration with outside agencies

What is it?

- Reaching out to other providers/stakeholders involved in a client's care
- Responding to outreach from others
- Presuming positive intent, holding space for new ideas, using your knowledge and experience to educate, and finding common ground (the client's best interests!)

How do you do it?

- Asking clients/families about other providers/stakeholders
- Reaching out by phone or email and scheduling meetings if needed
- Asking to observe treatment sessions, visit the school, etc.
- Welcoming observers from other disciplines

Client collaboration meetings and individual plan of service (IPOS) meetings

What is it?

- IPOS meetings: inservice held for clients with Lifeways (medicaid+medical autism diagnosis)
  - SLP, OT, and BCBA meet with client, parents/guardians, and case manager to discuss the client's treatment plan.
- Client collaboration meetings: meeting is held with clinicians/treatment team, may also include client and parents/guardians

How do you do it?

- IPOS meetings are held on a yearly basis (or more often).
- Client collaboration meetings are held approximately 2-4x/year depending on the client's needs.

Time is a huge barrier, and my opportunities to collaborate during the workday are very limited! What can I do?

Photo by Marcel Strauß on Unsplash

"Quick and Dirty" Collaboration Recommendations

- Record your session
  - E.g. Send a video that shows how you model on an AAC device during play
- Invite others to attend sessions
  - E.g. Request that the student's paraprofessional attend the session
- Enlist help where you can - if you train one staff person, can they train others?
  - E.g. If you trained the client's BCBA how to turn on and set up the AAC device, can they teach the behavior technician how to do this? If you train the student's 1:1 paraprofessional, can they demonstrate this to the teacher?
- Find time-saving resources
  - Create and use resources that you can utilize over and over. Don't re-invent the wheel!

Case Studies

CLIENT 1: SW

PHOTO

Client 1: SW

Background Information

- 5 year old female with cerebral palsy and autism spectrum disorder.
- Currently receives ST, OT, and ABA at Comprehensive. Receives episodic PT services at outside agency.
- Medically complex. Frequent communication with parent and therapists regarding medical appointments, medications, symptom management, and medical equipment.
- Adaptive equipment includes: SMOs/AFOs, (past) gait trainer, wrist splints, specialized cup.

Strengths:

- Determined, resilient, motivated by songs and music. Additionally, very receptive to encouragement from familiar adults!

Client 1: SW

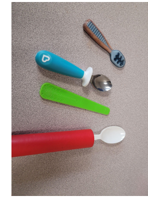
Communication

- Some single words (infrequent, occur most often in home setting)
- Utilizes an Tobii-Dynavox tablet with TD Snap
  - Individualized with her favorite songs

Motor skills

- Was using a gait trainer when she began ABA, beginning to take some independent steps
- Working on isolated point with right hand, reaching/using left UE for more activities, bilateral coordination, and visual motor tasks (shape sorter, etc.)

Client 1: SW



Feeding

- Eats finger foods independently
- Working on utensil use (uses different adapted utensils)
- Utilizes adapted weighted cup for drinking

Behavioral/safety concerns

- Hand-biting when frustrated (has caused bruising, skin breakdown)
  - Addressed by offering use of a chewy, giving alternatives when denied access, teaching protesting on AAC device

Client 1: SW

Collaboration

- Began with OT and ST services
- Initially started ABA using a family education only model (Project Impact)
- BCBA collaborated with SLP to incorporate AAC device during Project Impact sessions
- Once direct care ABA services began, OT, SLP and BCBA collaborated to create cross training videos for technicians
- Continued collaboration between ST, OT, and BCBA related to AAC device access given client motor impairments
- Ongoing collaboration re: feeding adaptations (OT, SLP, BCBA), school needs, etc.

CLIENT 1: SW

VIDEOS

Client 2: MT

Client 2: MT

Background information:

- 4 year old male with chromosomal abnormalities
- Sensorineural hearing loss
- Autism spectrum disorder and sensory processing differences
- Currently receives: OT, ST, and ABA at CSTC. He was previously discharged from PT services.

Strengths:

- He is resilient, puts forth good effort, has awesome pretend play skills, and likes to explore new things when given time and support

Client 2: MT

Medically complex:

- Frequent communication re: medical updates, upcoming appointments with specialists, parent concerns, etc. using shared chat space

Sensory supports:

- Weighted compression and/or trunk support vest
- Z-vibe and/or chewy tools
- Heavy work activities, deep pressure input, and vestibular input

Communication

- Vocalizations and gestures
- Trialing PECs and various AAC programs

Feeding:

- Sensory differences and picky eating
- Difficulty self-feeding with utensils and drinking from an open cup

I	me	how	who	why	again	please	thank you	problem	now	bad	good
my/mine	am	to	be	feel	give	listen	happy	sad	tired	okay	cool
it	is are	will	come	hurt	hear	know	that	a	the	and	more
you	can	eat	drink	finish	get	love	make	need	all	at	some
your	do	go	help	open	put	say/talk	see/look	first	then	for of	on
here	have	like	play	read	stop	walk	show	wait min	in	up	off
yes	no/don't	want	take	tell	turn	watch	wear	work	out	down	with

Client 2: MT

Collaboration:

- Began ST/OT co-treatment initially, then started ABA
- Strategically reduced service hours and discontinued co-treatment in order to improve client participation and therapeutic benefit
- Cross training, communication, and common goals
    - Sensory strategies
    - Hearing aid placement
    - Communication strategies
    - Positive behavior support strategies
    - Exposures with non-preferred and new foods

Client 2: MT

VIDEOS

Client 3: GM

PHOTO

Client 3: GM

- Background
  - 11 year old male with severe receptive-expressive language disorder secondary to autism spectrum disorder, also diagnosed with ADHD.
  - Receives speech, OT, and ABA services (has been a client at our clinic since 2016!)
  - Increasingly independent, treatment focused on increasing independence and safety
- Strengths
  - Willing to try new/hard tasks, happy and positive nature, fun sense of humor, quick learner with practice

Client 3: GM

- Communication
  - Some spoken words
  - AAC user (tablet with the LAMP Words for Life program)
- Motor skills and sensory processing
  - Working on fine motor skills, strength, sensory processing, visual-perceptual skills, activities of daily living
  - Often fluctuates between high and low energy/arousal levels
- Behavioral/safety concerns
  - Elopes from family/caregivers
  - Voiding (urinating/BMs), spitting, climbing
  - Difficulty expressing internal events such as pain and discomfort

Client 3: GM

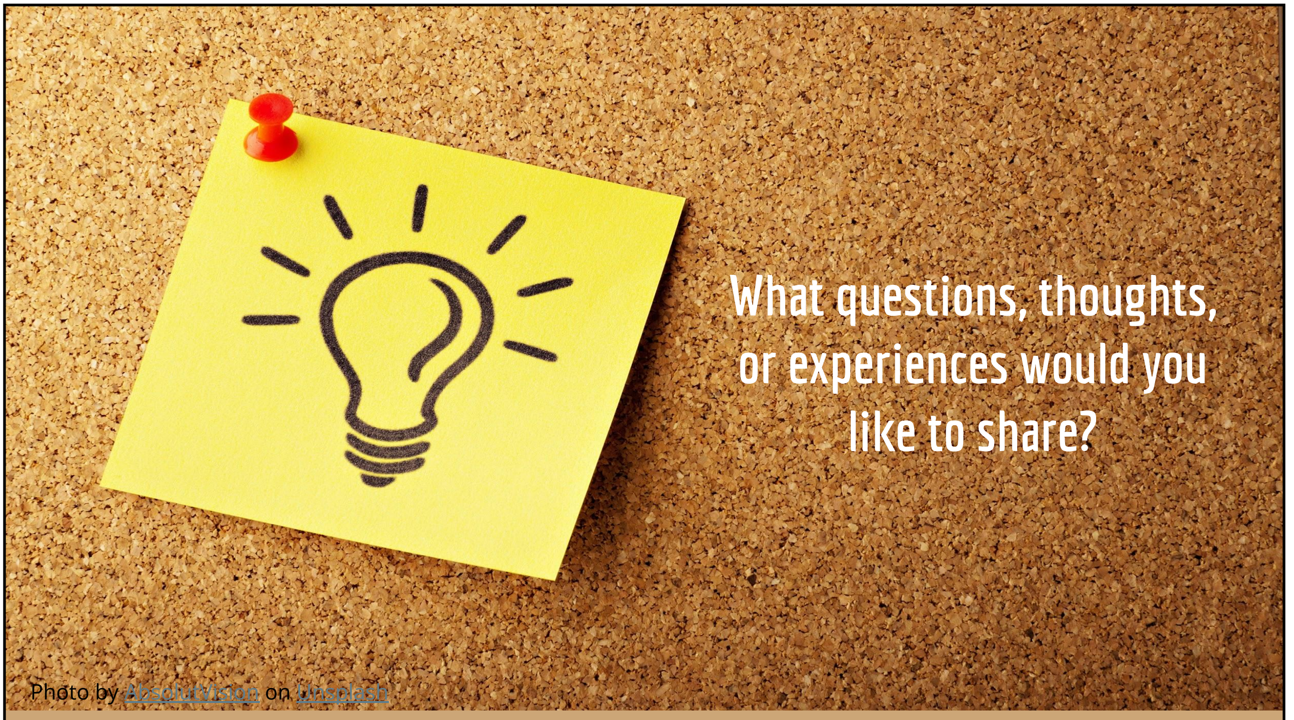
Collaboration

- Previously completed school training
  - Discussed strategies to facilitate learning, utilize AAC, redirect unsafe/maladaptive behavior, and promote regulation
- Ongoing collaboration and communication regarding medical updates, sensory strategies, and priorities in treatment
  - Identifying and labeling internal events including physical sensations (hot, sick, tired) and emotions (mad, happy, silly)
  - Communicating desire to end an activity or take a break
  - Answering basic safety questions: what's your name, where do you live, etc.
- Team meeting held with SLP, QBHP, OT, and behavior technicians to discuss treatment plans, goals, and barriers
  - Difficulty with maintaining regulation/arousal level for learning due to quick fluctuations between high and low energy
- Additional team meeting held with SLP, QBHP, OT, parent, and client with a focus on parent concerns/priorities and planning for discharge from OT
  - How do we determine that GM should be discharged from services? What goals do we want to achieve first? How can we support the family and make sure that they feel included in this process?

Client 3: GM

VIDEOS

Panel Discussion



Panel Discussion

Do you have any questions for the panel?

Do you have any examples of collaboration successes or challenges?

What formal or informal interprofessional practices are used in your work setting?

How can we make bigger, systemic changes to support interprofessional education and practice?

Do you have any "quick and dirty collaboration" tips?

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