

Webwords 47

Interprofessional education and practice in SLP

Caroline Bowen



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The World Health Organization (WHO, 2010) says that interprofessional collaborative practice occurs “when multiple health workers from different professional backgrounds work together with patient, families, carers and communities to deliver the highest quality care”. Observing that elements of collaborative practice include respect, trust, shared decision-making and partnerships, the WHO document goes on to say that interprofessional learning (IPL) exists, “when two or more health professionals learn about, from and with each other to enable effective collaboration and improve health outcomes”.

One of the ways IPL can be achieved is through active interprofessional education (IPE), and the terms IPL and IPE are often used synonymously in the health workforce research literature. Integral to interprofessional collaborative practice are the skills of effective interprofessional communication, patient- client- family- community-centred care, role clarification, effectual team functioning, collaborative leadership and interprofessional conflict resolution.

SNAP!

By some strange synchronicity, the neatly plastic bagged 1 June 2013 issue of *The ASHA Leader*¹ plummeted into Webwords’ letterbox, and the *ASHA Leader Live*² (feeless, always attention-grabbing, and anyone can subscribe) appeared in her inbox, at the precise moment that she was coming to grips with the theme for the November 2013 issue of our *JCPSLP*. Our topic? Interprofessional education and practice. ASHA’s topic? The power of interprofessional education and practice: Full team ahead.

So, rather than reinventing the wheel, let’s explore the bumper harvest of articles in this fascinating issue of the *Leader*, starting with Prelock (2013) and “The magic of interprofessional teamwork”. Prelock (2013) deftly canvasses the relevant issues, proposing that communication sciences and disorders (CSD) curricula developers would do well to incorporate the IPE competencies established in 2011 by the **Interprofessional Professionalism Collaborative**³.

Disdaining the unhelpfulness of institutional silos and divisive academic structures, she emphasises that the curricula of several health-related professions (such as audiology, nursing, nutrition, physiotherapy, social work and SLP) incorporate skill development in similar areas. The areas she names are advocacy, effective communication, ethics, evidence-based practice, family, client- or patient-centred care and teamwork. We could add counselling, health education, mentoring, professional writing, research methodology, student and peer supervision and more. Dr Prelock, who is a Dean of Nursing, Professor of Communication disorders and the 2013 President of ASHA, sees the presence of these curricular commonalities as an opportunity to bring pre-professionals together in the classroom or clinical education unit for IPL. Such a coming together in learning spaces might serve to break down

potential professional competition, sticking points, rivalries and territorial and other conflicts, while promoting mutual understanding, cooperation and collaboration.

Warming to the policy aspects of the interprofessional collaborative practice topic, ASHA staffer McNeilly (2013) outlines the findings of ASHA’s 2012 Health Care Landscape Summit, which highlighted IPE as a top priority. She notes that a new committee whose membership will include a physician, a nurse and a physiotherapist, will identify specific strategies and actions to help prepare ASHA members to be actively engaged in collaborative education and practice.

In a feature-length contribution entitled “So long, silos” Pickering and Embry (2013) argue the need for graduate programs to teach CSD students how to work with other professionals, suggesting how it might be done. In the course of their elucidation of 10 steps we can take to cultivate interprofessional collaboration in classrooms, clinics and communities, they link to the WHO (2010) discussion of the global significance of interprofessional collaboration in its Framework for Action on **Interprofessional Education and Collaborative Practice**⁴.

Addressing the issue from the viewpoint of practising clinicians who did not learn about interprofessional collaboration as students, Fagan, Knoepfel, Panther and Grames (2013) review opportunities to learn about other disciplines that are provided by the many employers who recognise that “joint learning” can help break down interdisciplinary barriers.

Asserting that IPE leads to better patient outcomes, Rogers and Nunez (2013) perceive some of the challenges to making it happen. Stressing the need for interprofessional collaboration as a means of reducing duplication of effort, enhancing safety and delivering higher quality health care, the authors point to a 26-item behavioural assessment developed by ASHA in collaboration with 10 other professional associations. When it has been appraised and refined, clinical educators in a range of disciplines will be able to use this tool, called the “Interprofessional Professionalism Assessment”, to rate supervisees on their professionalism when interacting with other health professionals. The assessment is being evaluated in terms of its validity and utility in a pilot project that is ongoing until June 2014.

A curious aspect of the *Leader*’s special issue on interprofessional education and practice is that all the authors were SLPs (though one of them had dual qualifications in audiology), meaning that none of the articles were prepared in collaboration with colleagues from other fields; and we don’t hear from consumers who are integral to any transdisciplinary team. Just saying. Overall, the articles are imbued with an optimistic energy and enthusiasm for the topic, coupled with a sharpened awareness of the difficulties associated with implementing the policies and procedures that are presented.

Slim pickings

What do the other five Mutual Recognition of Professional Association Credentials (MRA) signatories have to say about interprofessional education and practice on their publicly available pages? Well, compared with ASHA's abundant offerings we find slim pickings. Starting at home, Speech Pathology Australia has a 2009 Position Statement on Transdisciplinary Practice. CASLPA's open access CJSLPA/RCOA journal includes a 2003 article "Knowledge of the roles of speech-language pathologists by students in other health care programs". Digging deep down into the depths of the IASLT site, Webwords discovered two relevant sentences in its Code of Ethics:

A member must share information, knowledge and skills with fellow professionals, students and support staff as appropriate. A member may liaise with other professionals as appropriate for the purposes of providing the best service to the client unless it is contrary to the wishes of the client.

NZSTA models interprofessional collaboration by including links to Allied Professional Associations in New Zealand on its website (they are the Allied Health Professional Associations Forum AHPAF, Audiology NZAS, Occupational Therapy NZAOT, and Physiotherapy NZSP), while the **RCSLT**[®] has an interesting page on professionalism at work and another containing information about the Health and Care Professions Council (HCPC).

A view from medicine in Australia

Taking stock of interprofessional learning in Australia from a **medical standpoint**[®], Brooks, Greenstock, Moran and Webb (2012) aver that IPL is a debated topic in health professional education and in the related research literature, with those staunchly in favour pitted against those firmly opposed to it. The authors make six key assertions, slightly paraphrased below.

- Changes in health service delivery and issues of quality of care and safety drive interprofessional practice, and IPL is now a requirement for the accreditation of medical schools.
- There is international agreement that learning outcomes frameworks are required for the objectives of IPL to be fully realised, but debate over terminology persists.
- Interprofessional skills can be gained from formal educational frameworks, at pre- and post-registration levels, and in work-based training.
- Research suggests that many consider that IPL delivers much-needed skills to health professionals, while some systematic reviews show that evidence of a link to patient outcomes is lacking.
- Australian efforts to develop an evidence base to support IPL have progressed, with new research drawing on recommendations of experts in the area, and the focus has now (in 2012) shifted to curriculum development.

- The extent to which IPL is rolled out in Australian universities will depend on engagement and endorsement from curriculum managers and the broader faculty.

Professionals can acquire knowledge, learn important skills from each other, and gain valuable insights in IPL/IPE settings, possibly leading to enhanced client/patient/student care, more harmonious workplaces and enriched job satisfaction. Speech and language professionals can also learn much from the specific interprofessional collaborative practice experiences and research, including IPE and IPL, coming from other disciplines such as medicine. Can we look forward to reading, contributing to and citing a *Journal of Interprofessional Collaborative Practice* one day, crammed with articles co-authored by health practitioners from a range of professions, with consumers as transdisciplinary team members all infused with the IPL/IPE bug? Oh, as you were, Webwords, **there's this!**

References

- Brooks, P., Greenstock, L., Moran, M. & Webb, G. (2012) Taking stock of interprofessional learning in Australia. *Medical Journal of Australia* 196, 707. Available at <https://www.mja.com.au/journal/2012/196/11/taking-stock-interprofessional-learning-australia>
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Links

1. <http://www.asha.org/leaderissue.aspx?year=2013&id=2013-06>
2. <http://www.asha.org/Publications/enews/Leader-Live/>
3. <http://interprofessionalprofessionalism.weebly.com/>
4. http://www.who.int/hrh/resources/framework_action/en/index.html
5. http://www.rcslt.org/speech_and_language_therapy/health_professions_council
6. <https://www.mja.com.au/journal/2012/196/11/taking-stock-interprofessional-learning-australia>
7. <http://informahealthcare.com/jic>

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