



## Frequently Asked Questions (FAQs) Professional Considerations in Collaborative Practice

### Introduction

This FAQ has been developed by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) to support understanding of collaborative practice, including regulatory considerations for speech-language pathologists (SLPs) and audiologists working in an interprofessional context. It is important to note that SLPs and audiologists in Alberta are regulated under the *Health Professions Act (HPA)*. As such, the term “health care provider” as used in this document, applies to all SLPs and audiologists, regardless of practice setting.

### Frequently Asked Questions

#### 1. What is Collaborative Practice?

According to the World Health Organization (WHO), “collaborative practice in health care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings” (2010, p. 13). Practice includes both clinical and non-clinical work, ranging from diagnosis and treatment to communications and management.

Key concepts related to interprofessional collaboration include *partnerships* between health care providers and clients which result in *shared decision-making* regarding health and social issues [Canadian Interprofessional Health Collaborative (CIHC), 2010].

Irrespective of the size of the team, effective interpersonal relationships are really at the heart of collaboration. Schrage (1995) talks about collaboration as “shared creation” where two or more individuals with complementary skills develop an understanding that they could not have developed on their own. The end product is greater than the sum of its parts.

#### 2. Why Bother with Collaboration?

The benefits of collaboration are many, not the least of which are improving health outcomes and improving health systems. Examples include increased client safety, decreased length of hospital stays, and improved client satisfaction with the health care experience.

Professionally, the benefits of collaboration include expanded knowledge, skill sets, and respect for other disciplines, as well as increased job satisfaction (Suter and Deutschlander, 2010).

“Collaborative practice is not the goal in and of itself: rather, it is a means to move the system to a higher level of quality and safety while maintaining a focus on the needs of the individual seeking health services” (Government of Alberta, 2012, p. 10).

### 3. What Skills Do You Need to Practice Collaboratively?

The CIHC (2010) has identified six competency domains highlighting the knowledge, skills, attitudes and values deemed essential for collaborative practice:

- **Interprofessional communication** - Health care professionals talk and work together in a collaborative, open and responsible manner.
- **Client/family/community-centred care** - Health care staff work in partnership with the client, family, and community, and actively seek their input in order to develop and implement a plan of care.
- **Role clarification** - Individuals from each profession know their own role and the roles of others. They use this knowledge to establish and achieve client, family, and community goals.
- **Team functioning** - Practitioners understand the principles of team dynamics and processes resulting in effective collaboration.
- **Collaborative leadership** - Team members understand and apply leadership principles that support a collaborative practice model.
- **Interprofessional conflict resolution** - Team members engage themselves and others, including the client/family/community, to positively and constructively address disagreements as they arise.

CIHC (2010) also states that while competencies such as client-centred care and interprofessional communication will be relevant in all settings, a competency domain such as team functioning will be more relevant to clinicians who work in a formalized team setting than for those whose work with others is episodic and short term. Please refer to the [National Interprofessional Competency Framework \(2010\)](#) for further details.

### 4. What Does Role Clarification Mean?

Role clarification involves knowing one's own profession and the boundaries of that practice, clarity regarding one's own expertise, and understanding the roles of others on the team.

Under the *HPA* in Alberta, descriptions of services provided by each health profession are referred to as "practice statements" rather than "scopes of practice." The *HPA* provides practice statements for each profession regulated by this legislation. It is possible that there may be overlap across professions.

SLPs' and audiologists' practice statements from Schedule 28 of the *HPA* state:

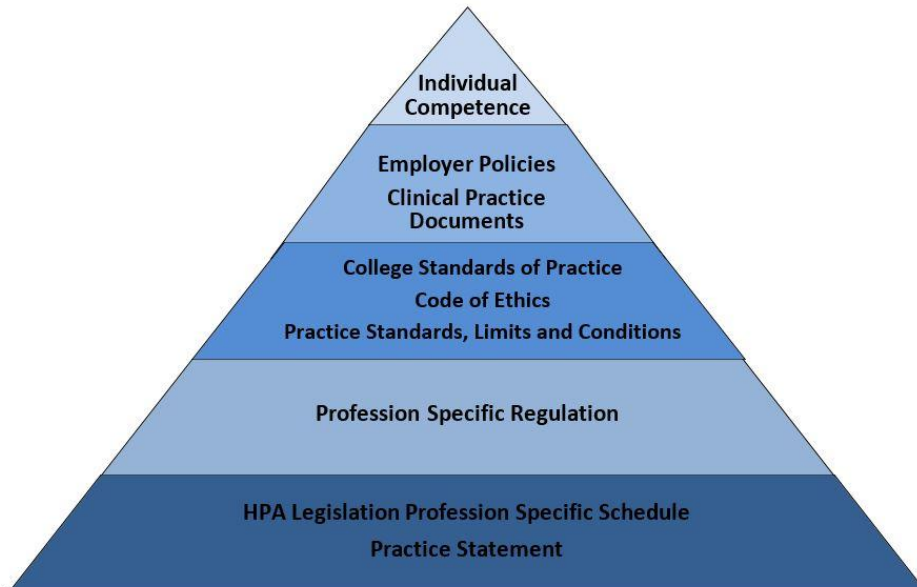
- 3(1) In their practice, speech-language pathologists do one or more of the following:
  - (a) Assess, diagnose, rehabilitate and prevent communication and oral motor and pharyngeal dysfunctions and disorders,
  - (b) Teach, manage and conduct research in the science and practice of speech-language pathology, and
  - (c) Provide restricted activities authorized by the regulations.
- (2) In their practice, audiologists do one or more of the following:
  - (a) Assess auditory and vestibular function and diagnose, rehabilitate, prevent and provide appropriate devices and treatment for auditory and vestibular dysfunction,
  - (b) Teach, manage and conduct research in the science and practice of audiology, and
  - (c) Provide restricted activities authorized by the regulations.

In terms of knowing one's own profession, SLPs and audiologists in Alberta are expected to practice in compliance with several key governing documents. Overlaid on these requirements will be employer requirements which may enable or limit professional scope of practice through their respective policies, standards or guidelines. Finally, individual regulated professionals are also expected to be aware of their own competency levels and to recognize when client care requirements may exceed their current competencies.

To aid in understanding role clarity, the complete list of links to key governing documents for SLPs and audiologists in Alberta, including the *HPA, Speech-Language Pathologists and Audiologists Profession Regulation, College Bylaws, Standards of Practice, Code of Ethics, Competency Profiles, Restricted Activities, and Position Statements and Guidelines* is available at: <http://acslpa.ab.ca/for-slps-audiologists/key-college-documents/>.

SLPs and audiologists are also encouraged to observe and ask questions about the roles and responsibilities of other members of the team. Colleagues may suggest different resources to review, including information accessible from their respective association and college websites.

Following is a visual depiction taken from Alberta Health Services (AHS) (2013) *Scope of Practice and Role Clarity Exercise for Health Professionals Working on Inter-Professional Teams*. The HPA serves as the base of the pyramid, laying out consistent rules by which all health professions must provide competent, safe professional services to the public.



## 5. Why Does Role Clarity Matter?

Health care professionals who understand the boundaries of their own practice and the roles and expertise of other professionals are better able to establish and meet client and family goals (CIHC, 2010).

Clear understanding of scope of practice by each team member allows the opportunity to objectively discuss where there might be overlap and determine where a particular level of expertise exists amongst the team. Knowledge of restricted activities, standards, ethical expectations, and individual competence also ensures that team members are aware of when they are and are not able to participate in particular activities, and when a request by another member of the team can be accommodated.

ACSLPA members are encouraged to respectfully share with others the skills and expertise they bring to the table and to advocate for participation in activities where they are competent, and where they feel these are provided in the best interests of the client.

As practice evolves, re-examining roles and responsibilities may identify opportunities whereby professions can work more fully to scope and improve benefit to clients. Sometimes a change in practice may be perceived as intimidating by other members of the interprofessional team, or indeed, by the professional themselves. In these situations, the SLP or audiologist should consider the changes being requested in light of their own professional requirements (e.g., practice statement, standards, restricted activities, ethical expectations). If the practice change meets those requirements and there is a plan to ensure that the individual obtains any additional competencies required to do the job, then the practice change may be a reasonable way to proceed.

Please refer to the [practice competencies for SLPs and audiologists](#) in Canada regarding professional expectations related to both advocacy and collaborative practice.

## 6. How Can I Promote a Collaborative Working Environment?

Alberta Education (2011) has identified several components of collaboration including:

- Setting collective priorities
- Blending differing perspectives, expertise, and resources, and
- Sharing accountability and responsibility.

Consistent with four categories of barriers that can impact collaboration, McCartney (1999) has outlined some practical strategies within each of these categories to minimize barriers and promote a collaborative working environment:

### A. Functional (the reasons guiding the interaction, the aim or intent):

Share your working context with one another. For example:

- Are you full-time or part-time?
- Are you dividing your time between clinical assignments?
- If you are working across systems, are you even aware of another's working hours or vacation entitlements?

Although these may seem like trivial points, misunderstandings regarding work context can impact working relationships, including trust and respect.

**B. Structural:** Consider the formalized ways in which various parts of a service or a team interact.

- Are there specific times/locations where colleagues can interact?
- Are there set meeting times?
- Do you have access to shared work spaces?
- In educational environments, is there a shared understanding of curriculum?
- Are there common definitions of key terms (i.e., language)?
- What are each team member's responsibilities?

**C. Process:**

- Is there a shared understanding of documentation requirements?
- Which clients have specified goals and which ones are being seen in a less structured manner?
- What are the consent requirements and how are they being managed?

**D. Systems – Working at an inter-organizational or systemic level:**

- Have you been able to sit down and discuss your respective mandates and philosophies of care?
- Where do they overlap and where are they different?
- How do the needs of the client interface with service mandates and philosophies?
- What is the family looking for and have their needs been considered?

## 7. What Can I Do When Collaborative Practice Doesn't Seem to be Working?

ACSLPA members have shared examples of situations where collaboration has gone astray, or where collaboration never really got off the ground to start with. Some of these examples include the following:

- Limitations or restrictions placed on the type or focus of the intervention completed by SLPs;
- Restrictions or barriers created by other professionals attempting to limit SLPs' and audiologists' involvement in clinical interventions that fall within our legislated scope, practice statement, and authorized restricted activities. For example: A physician disallows audiologists from performing auditory brain stem response testing; a psychologist specifies which assessments they require of the SLP and independently reports those findings.
- Concerns that some agencies do not want to abide by the ACSLPA recommendations regarding supervision of support personnel; and
- Questions regarding when it is appropriate for SLPs and audiologists to mentor and/or supervise professionals from other disciplines (e.g., dysphagia assessment and intervention), and how the mentoring should occur.

In all situations, effective communication regarding the issue is key. Consider:

- Staying focused on the best interests of the client or clients involved.  
Why do you think there is an issue that needs attention? What are the potential risks and benefits to the client? How could any risks be mitigated?

- Taking the time to reflect on 1:1 and team interactions. As stated in the University of Alberta’s [Interpersonal Reflection Guide](#), “the purpose of reflection is to develop a greater understanding of both the self and the situation so that future encounters can be informed by previous encounters.” Refer to the guide for further information.
- Maintaining an open and honest approach during discussions with collaborators. Listen to the concerns of all participants, ask questions when you require more information, and don’t presuppose the outcome. For helpful communication strategies, refer to the following:
  - [Ground Rules for Effective Teams](#) (Schwarz, 2014).
  - Physiotherapy Alberta’s (2007) [Managing Challenging Situations: A Resource Guide for Physiotherapists](#) (Appendices I, IV, and VIII).
- Considering your approach to decision-making. For a helpful Alberta Health Services (AHS) resource, see [Decision Making](#) (PDF).
- Being prepared with an understanding of your own professional requirements and the College’s stance on an issue. An initial conversation is often an opportunity for education and sharing of relevant resource material.
- Checking with your College when you are unsure regarding professional responsibilities and accountabilities.

The College can also be contacted at any time via [audiology@acslpa.ca](mailto:audiology@acslpa.ca) (audiology issues) or [dpp@acslpa.ca](mailto:dpp@acslpa.ca) (speech-language pathology issues).

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