

Interprofessional Practice Trends Inform Best Practices in IPE in Speech-Language Pathology & Audiology

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Introduction

Speech-language pathology (SLP) and audiology (AUD) programs should facilitate interprofessional education (IPE) opportunities since these programs are considered “two professions but one discipline” (ASHA). Implementation of IPE has renewed interest in providing SLP and AUD students with team-based IPE in meaningful clinical contexts to prepare them for interprofessional practice (IPCP) by increasing interprofessional competencies (IPEC Expert Panel, 2016), knowledge, and clinical skills. However, IPCP patterns and attitudes specific to SLPs and AUDs remain unknown.

Aims of the Study

- A collaborative practice survey was developed to:
- determine attitudes of clinical SLPs and AUDs towards collaborative practice;
 - identify barriers to collaboration in clinical practice;
 - identify common disorders and hearing treatment options for which SLPs and AUDs collaborate.

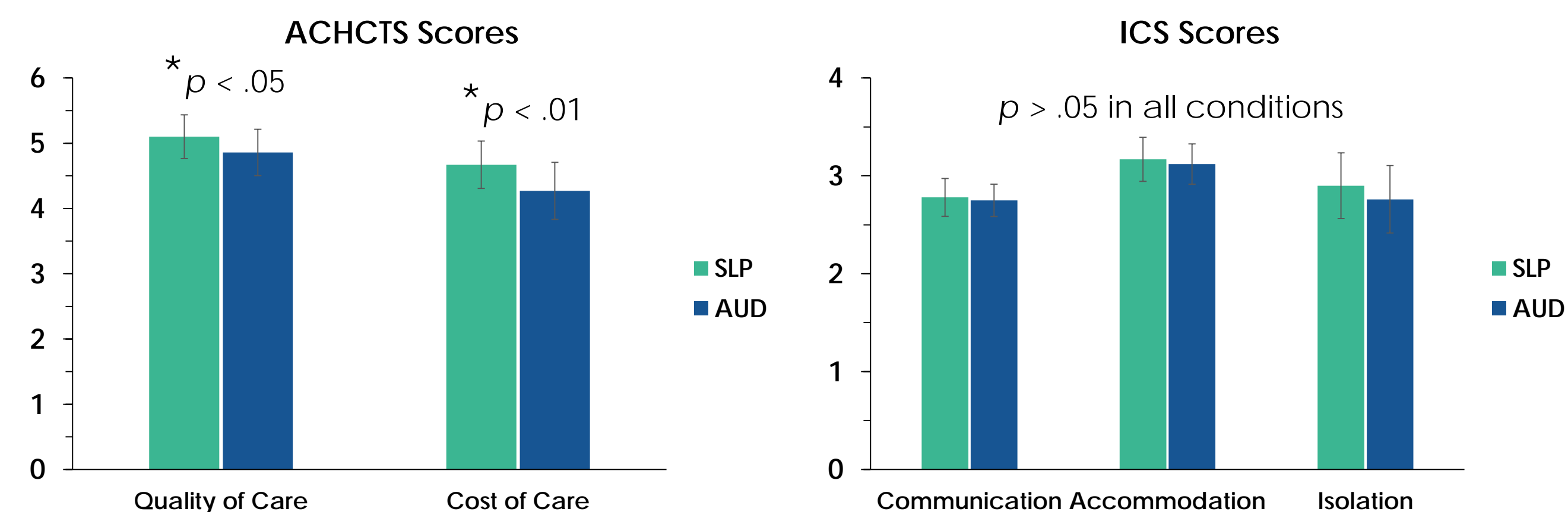
Methods

Participants, 131 SLPs and 106 AUDs, completed an anonymous, online survey via Redcap. Open-ended, scaled, and multiple choice questions were included. The outline of the survey is provided below.

Six sections of the survey

- Demographics
- Speech-language/hearing disorders caseload trends
- Collaborative practice trends
- Perceived barriers to collaborative practice
- Attitudes Towards Health Care Teams Scale (ATHCTS; Heinemann et al., 1999): to assess clinicians’ general attitude toward interprofessional practice
- Interprofessional Collaboration Scale (ICS; Kenaszchuk et al., 2010): to assess clinicians’ perceptions on the effectiveness of their interprofessional health care team

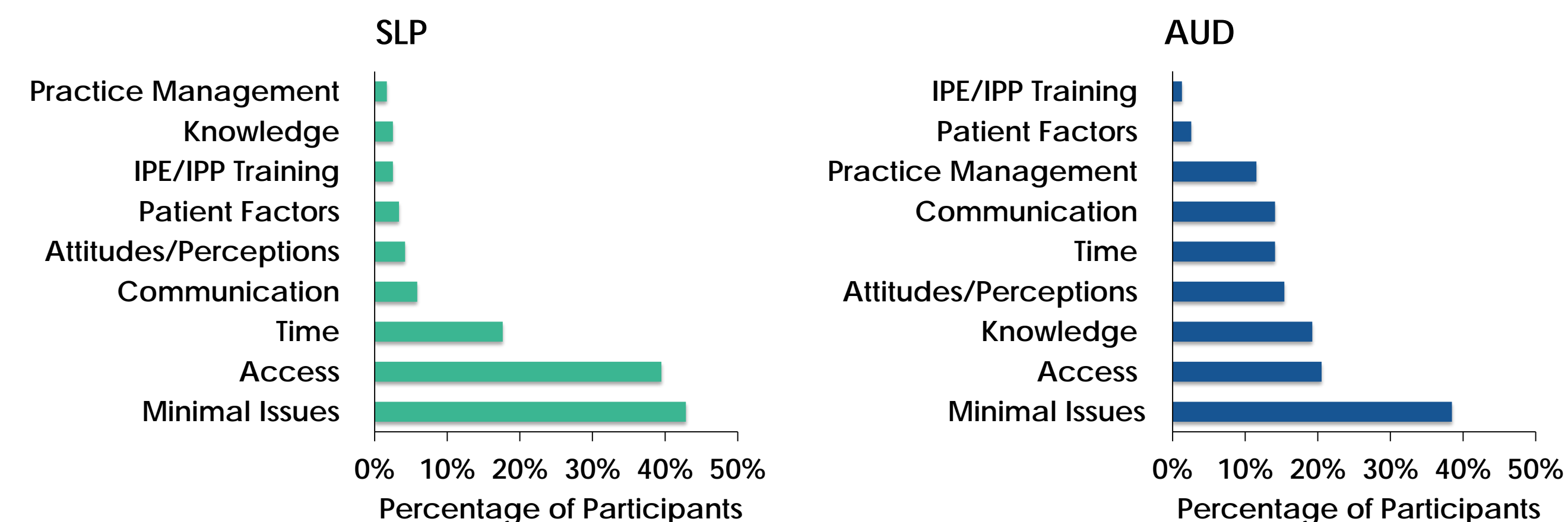
Results



Finding 1a: SLPs showed significantly higher scores on both subscales of the ATHCTS than AUDs.

Finding 1b: There were no significant group differences in ICS subscale scores.

Top Barriers to Collaboration by Work Setting



Finding 2: SLPs and AUDs considered “access” as the top barrier to collaboration with each other, although access was mentioned more frequently by SLPs (AUD: 20.5%; SLP: 39.5%). AUDs were more likely to mention knowledge and attitudes/perceptions as barriers to collaboration (AUD: 19.2% & 15.4%; SLPs: 2.5% & 4.2%, respectively).

Finding 3: Of speech-language disorders, AUDs reported most frequently collaborating with SLPs for patients with autism, language disorders, speech-sound disorders, dementia, and traumatic brain injury. Of hearing treatment options, SLPs reported most often collaborating with AUDs for patients with hearing aids, cochlear implants, and personal FM systems.

Conclusions

SLP participants had more positive attitudes toward IPCP than AUD participants.

AUDs & SLPs had similar perceptions of their healthcare team with regard to communication, accommodation, and isolation.

Although there were differences in the top barriers identified, most clinicians reported minimal issues with collaboration. The most frequently described barriers included access and time.

Findings inform the need for building positive attitudes towards collaboration through meaningful IPE experiences. By identifying IPCP barriers, IPE can include strategies for reducing those barriers and improving access to partners in collaborative care. IPCP patterns reveal areas to address as IPE content to coordinate and optimize team-based health outcomes.

References

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