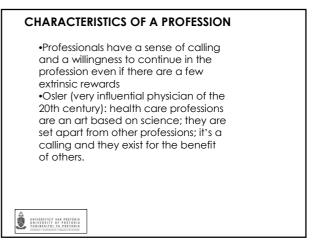




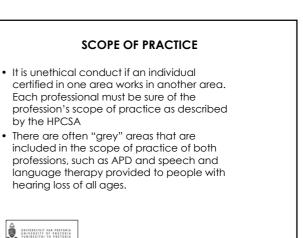
CROSS-REFERRALS BETWEEN AUDIOLOGISTS AND SPEECH-LANGUAGE THERAPISTS

Two related and very important professions-according to the new SASLHA guidelines: "ECI is a transdisciplinary field where Aud's and SLT's not only share roles, but each discipline also contributes uniquely to services directed at high risk infants and their families"

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Characteristics of a profession (cntd) Loh (2000)notes 5 common characteristics of a profession: A profession has a specialized body of knowledge that has value to the society. Entrance requirements include a unifying academic degree, a defined level of competency, and license to practice. Members uphold high ethical standards and adhere to a code of conduct. Professionals function autonomously they are accountable to the persons they serve, regulatory agencies, and their peers



SCOPE OF THE PROFESSION: AUDIOLOGIST

- Client population of the Audiologist: The person with auditory pathology consisting of:
- Organic disorders of the auditory and balance system
- Functional hearing disorders
- Auditory processing disorders
- Development or acquired disorders of language and language processing disorders caused by a hearing loss
- Development or acquired speech disorders caused by a hearing loss (including articulation-, phonology-, voice disorders)

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SCOPE OF THE PROFESSION: SPEECH-LANGUAGE THERAPIST

- Client population of the SLT: The person with speechlanguage pathology consisting of:
- Development or acquired speech disorders
- Development or acquired disorders of language and language processing, as well as auditory processing and the modalities concerned with oral, written, graphic and manual modes of communication;
- Development or acquired disorders of oral, pharyngeal, oesophageal and related functions (including feeding and swallowing disorders);
- In the case of people with communication disorders, related to hearing loss, the following tasks are excluded: diagnostic audiometric assessment; selection, fitting and dispensing of hearing aids; diagnosis an management of balance disorders, functional hearing loss and auditory neuropathy.

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Intrinsic and extrinsic threats to professional stature

- We must stay within the boundaries of our scope of training and competence
- We must adhere to a standard of practice and excellence that is based upon knowledge, character and achievement
- Professionalism is threatened externally by technological advancements that may reduce the role of health-care practitioners in the diagnosis and management of clients to a technician role and impersonal care; more emphasis on profits than on client care

The health-care industry

- The health-care industry is a complex set of moral cross-currents involving many participants, many interests, and many conflicting motivations and incentives
- Health-care professionals face issues of truth-telling, integrity, advocacy, fraud, confidentiality, honesty, informed-consent, loyalty, commercialization
- For these reasons, health-care professionals need a well-developed awareness of ethical issues and an effective process for making good decisions

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TRANSDISCIPLINARY COLLABORATION BETWEEN AUD'S AND SLT'S The critical importance of early auditory stimulation and mother-infant communication interaction is best understood by AUD's and SLT's AUD's and SLT's working in the field of ECI should create opportunities for sharing knowledge and skills between the two professions ECI therefore has a transdisciplinary nature in South Africa (SASLHA Guidelines 2010)

COLLABORATIVE CONSULTATION
 SLP'S and A's are encouraged to adopt a holistic approach to assessment and treatment by forming partnerships with parents, educators and related professionals Collaborative consultation is a systematic process of planning and problem solving that involves team members from diverse backgrounds. It is a process for making
decisions about how to best serve a child. (Coufal, 1993:1)
4

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Collaboration

To work together, especially in a joint intellectual effort According to ASHA Code of Ethics SLT's and AUD's should:

- provide services competently
- use every resource including referral to ensure high quality service
- recognize personal limitations
- seek consultation and referral when client's care exceeds SLT's / or AUD's competence beyond training and experience

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Barriers to collaboration

- Lack of communication between team and SLT/ AUD
- Limited training and experience
- Differing practice guidelines



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DEFINING COLLABORATIVE CONSULTATION

- It is an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems (Coufal, 1993:2)
- The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently
- No single professional can address the diverse needs of infants born at risk and their families

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PRINCIPLES OF COLLABORATION

- Teams of individuals from various disciplines work together to serve the person with a communication disorder more effectively
- One of the biggest obstacles to its success can be the attitudes of service providers toward each other
- Collaboration requires time, interpersonal effort and subordination of self-interest

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FEATURES OF COLLABORATIVE CONSULTATION

- Outcomes are better
- More effective and integrated program
 Triadic relationship: consultant, client and the person making the referral (consultee/ mediator)
- The parties are voluntary engaged in shared decision making as they work towards a common goal
- Through: joint problem definition, planning and provision of services to extend one's own thoughts, actions and knowledge so as to improve service delivery

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COMPETENCIES OF A PROFESSIONAL WHO SUCCESSFULLY COLABORATES WITH OTHERS

- Establishing and maintaining rapport
- Willingness to learn from others
- Facilitating consultation by modeling coping behaviors and flexibility
- Respecting others' opinions
- Communicating clearly
- Utilizing active listening and responding (e.g. acknowledging, reflecting, clarifying, elaborating).

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COMPETENCIES cntd.

- Utilizing effective interviewing to elicit information
- Giving immediate objective feedback
- Crediting the ideas of others
- Managing conflict
- Generating alternatives (brainstorming)
- Integrate ideas

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• Maintaining availability

continued..

- Requirements:
- Family consent and participation
- Frequent communication between SLT's & AUD's
- Power sharing between professionals(who is expert, trusted?)
- Mutual desire to improve child's communicative abilities
- Atmosphere of openness and respect between professionals

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RESPONSIBLE REFERRALS: Questions to be asked and answered when making referrals)

- Does the referral source provide the services the client requires?
- Does the client meet the criteria of the referral • source?
- Can the client cover the costs entailed in the referral?
- Are there restrictions with respect to location, hours of service, and other such matters that will make the referral impractical?
- Is the client motivated?
- Is the purpose of the referral clear to the referral source

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THE RESPONSIBILITIES OF RECEIVERS OF REFERRALS

- Encourage the selection of appropriate clients for ٠ referral
- To ensure that the client receives the required
- services promptly To coordinate services with other therapeutic services
- To keep referral sources informed about the services that are provided To ensure continuity of care after the purpose of the referral has been accomplished

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IMPLICATIONS OF COLLABORATIVE CONSULTATION

- The process requires that the consultants share in the process
- A process of observation and ongoing interview between team members is critical
- Shared accountability implies ownership for the success or failure of an intervention
- Such relationships must be founded on a strong network of trusting relationships and framed within the context of natural settings

Have all significant factors been taken into account? Can all possible interaction of factors be predicted? What new behaviors will constitute a new and better system? Can a successful transition be devised?

COLABORATION (steps in the process)

- Can we predict the effect of the new system on the participants? Can we monitor the changes?
- Does the plan have adequate self correcting mechanisms? (will the new behaviors be maintained?)

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THE PROFESSIONAL WORKING WITH THE PERSON WITH Com Path

Cunningham, in McConkey (1985:33): Human experts and rabbits have much in common. Firstly, they multiply at a prolific rate. Secondly, they are both susceptible to infection: rabbits catch myxomatosis and experts catch expertosis. The symptoms are common to both: the head swells and the person goes blind

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Guidelines Conflicts arise Process of decision making Requires : systematic critical reflection about obligations acknowledgement and acceptance of differences commitment to collaborative decision making

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Take home message !

Collaboration :

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- desirable and necessary
- welcomes regular and frequent opportunities for interchange, critical thinking and problem solving
- enhances client care and outcomes



