



# Inter-Professional Collaborative Practice

Applies to Audiologists, Hearing Instrument Practitioners, and Speech-Language Pathologists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Speech and Hearing Health Professionals of British Columbia and will be updated to reflect the amalgamation.

Standard Category:	Standard Title:	Standard #:
Professional Standard	Inter-Professional Collaborative Practice	SOP-PROF-01
<b>Regulation   Bylaw Reference:</b>		<b>HPA Reference:</b>
		Section 16(2)(k)
<b>Authorization:</b>	<b>Date Approved:</b>	<b>Date Revised:</b>
CSHBC Board	September 13, 2013	June 29, 2020

## SCOPE

All registrants of CSHBC.

## STANDARD

Registrants are responsible for ensuring they are aware of and can utilize the principles and core competencies of ICP. They must also be aware of their unique professional contributions to various client populations and in individual client circumstances.

Inter-professional Collaborative Practice (ICP) is vital to quality client healthcare and is an expectation of CSHBC registrants. ICP aligns with the CSHBC Registrant Code of Ethics which states that registrants must ensure:

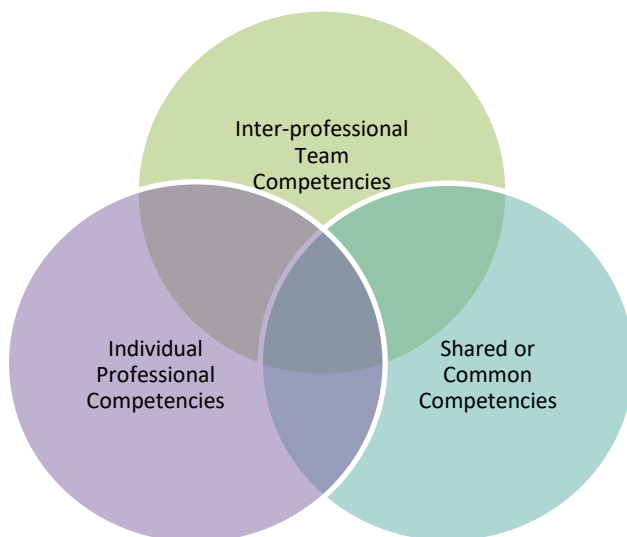
- That the health and well-being of a client is their primary concern;
- Respect the client’s right to be cared for by their choice of care provider, where possible, including care provided by communication health assistants and students;
- Respect previous and concurrent services provided by other registrants or other health care providers.

According to Barr, there are three primary components of ICP (see Figure 1). These overlapping competency areas include:

- The individual professional competencies which are based on the unique aspects of a professional’s practice based on a unique body of knowledge, skills, attitudes, and judgments. The individual contribution to the overall care of the client varies in scope and importance depending on the profession’s role with a given client population and the needs of each individual client;
- The shared or common competencies are those which overlap across more than one health profession but not necessarily all health professions. These are often a source of tension between professions and this overlap does not necessarily mean interchangeability;
- The ICP team competencies are those competencies that all professionals need to work together with others including those within a profession, between

professions with clients and families, non-professionals and volunteers, and at a broader policy level.

Registered Audiologists (RAUD), Registered Hearing Instrument Practitioners (RHIP), and Registered Speech-Language Pathologists (RSLP) frequently work with inter-professional teams, regardless of their work settings. It is important that registrants understand and utilize their individual professional competencies and in addition, understand and utilize the competencies required for ICP. This includes being deliberate about working with others who impact the services to clients. There is a need for registrants to understand areas of overlap with other professions and to balance individual and team competencies (i.e. not to focus exclusively on one or the other).



***FIGURE 1: Components of Inter-Professional Collaborative Practice***

### ***Principles of Inter-Professional Collaborative Practice***

In the course of Inter-professional Collaborative Practice (ICP), registrants will:

- Understand the concepts of ICP and apply them in daily practice;
- Support inter-professional education, where applicable, with educational institutions and students;
- Understand and be able to clearly articulate the unique roles and responsibilities of the registrant's profession as information for other professionals;
- Understand and respect the roles of other professionals in care of the client;
- Be able to assemble the right team for specific client needs and recommend altering the participants as required;

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- Ensure that registrants are communicating clearly and using common terms with other professionals (i.e. speaking the same language);
  - Ensure that goals and objectives are in place for clients (e.g. care plan) and have involved client and family, caregivers and community as appropriate;
  - Provide appropriate follow-up as part of a team and assist in deciding who is the best person(s) to provide the follow-up based on the client's goals.

### **Core Competencies for Inter-Professional Collaborative Practice**

ICP begins with inter-professional education and requires mastery of numerous core competencies including but not limited to:

- Work with providers of other professions to maintain a climate of mutual respect and shared values;
- Set a common vision and objectives for the client with the team;
- Use the knowledge of one's own role and those of other professions to appropriately address the healthcare needs of clients and populations served;
- Communicate with clients, families, communities and other health professional in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease and disorders;
- Apply relationship-building values and the principles of team dynamics to perform effectively in various team roles to plan and deliver patient-population centered care that is: safe, timely, efficient, effective and equitable.

***NOTE: Client refers to all patients, residents, and clients who may receive services by registrants of CSHBC.***

## **CSHBC RELATED DOCUMENTS**

*Attaining & Maintaining Practice Competence (SOP-PROF-02)*

*Professional Accountability & Responsibility (SOP-PROF-05)*

*Registrant Code of Ethics (SOP-PROF-08)*

*Registrant Code of Ethics (Annotated) (SOP-PROF-09)*

*Unique & Shared Scope of Practice (SOP-PROF-03)*

## **REFERENCES**

Barr, H (1998) *Competent to Collaborate: Towards a Competency Based model for Inter-professional Education*, Journal of Inter-professional Care, 12, 181-187.

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Inter-professional Education Collaborative Expert Panel (2011). *Core competencies for Inter-professional Collaborative Practice. Report of an Expert Panel*. Washington, D.C., Inter-professional Education Collaborative.

## RESOURCES

General Resources:

[Canadian Inter-professional Health Collaborative \(CIHC\)](#).

[Core Competencies for Inter-professional Collaborative Practice: Report of an Expert Panel \(2011\)](#).

[ICP on the Run](#), UBC College of Health Disciplines.

[Making Inter-professional Collaboration Happen](#), ASHA.

[Polarity Management, Polarity Management Associates](#).

Resources for Health Care Team Roles (for Specific Patient or Client Groups):

[ALS: A Guide to Patient Care for Primary Care Physicians](#).

[Dementia: Dementia Care Practice Recommendations for Professionals Working in Home Settings. Alzheimer's Association](#).

[Head and Neck Cancer: Scottish Intercollegiate Guidelines Network, Interprofessional Education Initiatives](#).

[Myasthenia Gravis: A Manual for the Health Care Provider. Myasthenia Foundation of America Inc: www.myasthenia.org](#)

[Parkinson's disease](#).

[Parkinson's disease: Parkinson's Society of Central and Northern Ontario](#).

[Stroke & TIA Collaborative Resource Kit, Stroke Services BC, A program of the Provincial Health Services Authority](#).

[Stroke: Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning. A national clinical guideline](#).