

## CONCURRENT INTERVENTION PROVIDED BY CASLPO MEMBERS

**Members may provide concurrent intervention where they have determined that such intervention is in the best interests of the patient/client.**

### ASSUMPTIONS

1. Concurrent intervention is considered intervention provided to a patient/client by more than one clinician over the same time period.
2. Provision of care provided by more than one clinician to a patient/client must be consistent with CASLPO's Code of Ethics. The following statements are reflected in this position:

#### LEGAL CONSTRAINTS ON PRACTICE

1.4 Audiologists and speech-language pathologists will respect the patient's/client's choice of practitioners;

#### PERSONAL CHARACTERISTICS

3.7 Audiologists and speech-language pathologists will develop and maintain positive professional relationships with their colleagues, students and other professionals

3. This position statement is consistent with CASLPO's regulations, in particular, the following section from the Draft Regulation for Records (1996):
  8. (1) The following are acts of professional misconduct for the purposes of clause 51(1)(c.) of the Health Professions Procedural Code:
    - a. Allowing any person to examine a patient or client record or giving any information, copy or thing from a patient or client record to any person except as required by law or as required or allowed by this section;
    - b. Failing to provide copies *within a reasonable time* from a patient or client record which the member has kept himself or herself, as required by this section.
4. This position statement is consistent with CASLPO's position statement on Guidelines for the Use of Supportive Personnel, (June, 1997). Specifically, the following General Principle would apply:

The supervising member bears the legal and ethical responsibility for client/patient management including all services provided or omitted.

As such, all communication regarding concurrent intervention should be between the member and the other clinician.

5. There are instances where concurrent intervention may be beneficial to the patient/client; however, in other instances the concurrent intervention may be detrimental to care or result in inappropriate duplication of services. Members are advised to use the guidelines below to decide whether to participate in the provision of concurrent intervention.

## **BACKGROUND**

Patient/clients may desire care to be provided by more than one audiologist or speech-language pathologist. This has commonly occurred when the patient/client wants to augment publicly funded services by hiring a private clinician; however, other situations may also occur such as engaging different clinicians to take advantage of different approaches to intervention or accessing more than one type of publicly funded services, simultaneously. Concurrent intervention does not refer to a speech-language pathologist and an audiologist managing different aspects of communication within their respective scopes of practice. Such an example would be a speech language pathologist treating a language disorder and an audiologist testing hearing. However concurrent intervention would be occurring if a speech language pathologist and audiologist were providing treatment for the same condition such as aural rehabilitation or treatment for central auditory processing disorders. Concurrent therapy may also be provided by members of the same profession, such as one speech-language pathologist treating dysphagia and the another treating language.

## **GUIDING PRINCIPLES**

1. In the course of taking a history from the patient/client and requesting information about previous interventions, members should inquire if concurrent intervention is occurring or is planned.
2. When a patient/client indicates that concurrent intervention is occurring the member must determine whether this is in the best interest of the patient/client. In order to make such a decision the member must contact the other clinician(s) with the patient/client's consent.
3. When the patient/client chooses not to consent to contact with the other clinician(s) or the member is unable to contact the other clinician(s), the member should withdraw on-going services until contact is possible. This would not preclude the member providing a second opinion to a patient/client while still under the care of another member.
4. When the patient/client agrees to communication between clinicians providing concurrent intervention the following factors need to be considered and documented:
  - a) the rationale to support the provision of concurrent intervention ;
  - b) the goals of intervention and the role of each clinician in achieving those goals;
  - c) the method of ongoing communication between the clinicians;
  - d) the frequency of ongoing communication;

- e) the method of communication with others involved with the patient/client's care (such as significant others, teachers, health care personnel or home/school care providers);
5. When one member discharges the patient/client and the care is taken over by the remaining member(s), the responsibilities of all members should be documented.
  6. The provision of concurrent care may be appropriate when: a) the intervention is complementary and the clinicians consult; b) the clinicians belong to the same team providing intervention to the patient/client; c) the concurrent care provides intervention that one of the members is unable to provide either due to funding or caseload constraints or where the member is not fully competent in a specific practice area; d) the patient/client requests a second professional opinion.
  7. The provision of concurrent care is not appropriate when:
    - a) clinicians are using conflicting approaches; b) there is no opportunity for clinicians to consult during on-going intervention; c) one of the clinicians is bound by a policy which discourages concurrent intervention; d) it is determined that concurrent care is not in the patient/client's best interest.

## **CONCLUSION:**

In the provision of concurrent intervention, CASLPO members must determine if the care is in the patient's/client's best interest.

## **REFERENCES:**

College of Physiotherapists of Ontario (1998) *Concurrent Treatment of a Client by a Physiotherapist and a Second Practitioner*

Kamp, L., Armstrong, H. (1999) Two Therapists Experience with Co-therapy Agreements in an Educational Setting, reprinted in *the OSLA Connection*, Vol.27 #3, November/December 2000: 19.

Speech Services Niagara Policy and Procedures (2000) Concurrent Intervention, Private Speech Services and Speech Services Niagara, reprinted in *the OSLA Connection*, Vol.27 #3, November/December 2000: 18-19.