A patient-centred approach is fundamental to effective service delivery. This approach involves collaborating with the patient in order to accommodate dietary, language, cultural, ethnic and personal needs. Not only must the member work in collaboration with the patient, they must also work in collaboration with the caregiver, family and friends, as well as healthcare, community and/or education teams. In addition, many auditory, communication and swallowing disorders result from a number of etiologies and occur in the presence of a wide variety of deficits which require interprofessional involvement. It is therefore essential that members work in collaboration with other professionals. Consent is required when communicating with others involved with the patient or the SDM, as indicated in CASLPO’s Professional Misconduct Regulation and the Personal Health Information Protection Act (PHIPA), 2004.

Communication partners who play a pivotal role in the patient’s environment can determine which interactive skills are important and can provide information about use of these skills in natural communication environments. Family members, Substitute Decision Makers, relatives and friends, health care providers, and teachers/educators may provide information on the patient’s ability to communicate at home, in the social, academic, vocational and healthcare settings. The degree to which collaboration can occur may be dependent on the setting.

Appropriate referrals must be facilitated when there is a need for further assessment or treatment beyond the available resources, scope of practice or expertise of the member. For some patients, there are other areas of concern, for example, psychosocial functioning,
behaviour, family issues etc. The member must recommend involvement with other professionals such as social workers, psychologists or chaplains when indicated.

For other co-occurring issues such as mobility, balance, pain control, hearing, vision, and nutrition, etc. the member must refer, or advocate for referral, to the most appropriate health professional.

Community resources such as support/consumer groups should also be considered for the patient and/or family members to obtain additional information and support.

When patients have complex needs, they must also take into consideration the timing of intervention. In such cases developing an intervention plan also involves considering competing priorities and collaborating with other involved professionals. Similarly, members must inform other professionals regarding the hearing, communication and/or swallowing needs to ensure appropriate integration for the patient.

**Standard 3**

Members must determine if concurrent intervention, when it arises, is in the best interests of the patient.

Concurrent intervention involving two or more CASLPO members must be determined to be in the best interests of the patient and not detrimental to patient care, as indicated by the Position Statement *Concurrent Intervention Provided by CASLPO Members (2015)*. In these situations the following should occur:

- Ensure that the different approaches are complementary and in the best interests of the patient.
- Coordinate management with other members to work simultaneously on different aspects of auditory, communication, and swallowing function.

**Standard 4**

Members must make reasonable attempts to resolve disagreements between Service Providers involved in the patient care.

Should disagreements arise between professionals involved in the care of a patient, CASLPO members must make reasonable attempts to resolve the disagreement directly with the other professional, and take such actions as are in the best interests of the patient. The CASLPO Position Statement on *Resolving Disagreements Between Service Providers* must be followed.