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Interprofessional Early Intervention

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 afternoon, everyone. As you take your seats, please visit menti.com, that's M‑E‑N‑T‑I dot C‑O‑M on your phone with the code 1690 to respond to the following prompt. When you think of the term interprofessional practice, what word comes to mind? Your answers will show up on the screen.

 As you do that, I'm going to make our introduction.

>> Maybe we'll make our introduction.

>> Hello, and welcome to our presentation, interprofessional early intervention, how an IPEI program prepares SLPs to serve young children who are deaf and hard‑of‑hearing and their families. My name is Alex. This is ‑‑

>> You can just introduce me.

>> This is Allison. And this is Emily. We are second year graduate student clinicians from Fontbonne University in St. Louis, Missouri. We are members of the first cohort of grant H325K170008, interdisciplinary preparation of teachers of the deaf and speech language pathologist to provide early intervention services to young children who are deaf and hard‑of‑hearing and their families.

 Through this grant, students become teachers of the deaf and speech language pathologist qualified to serve young children who are deaf and hard‑of‑hearing and their families.

 It is six‑semester evidence‑basad program that prepares students speaking masters degrees in early intervention and deaf education or speech language pathologist to provide family centered early intervention to children who are deaf and hard‑of‑hearing including those who are culturally and linguistically diverse to participate on interdisciplinary teams to implement and evaluate intensive individualized interventions, to enhanced language and literacy acquisition, to facilitate use of hearing through evidence‑based strategies and technologies, and to support instruction and inclusive environments.

 For more information on our grant, you can visit the Fontbonne website which is F‑O‑N‑T‑B‑O‑N‑N‑E dot E‑D‑U.

 So if you missed earlier, if you go to menti.com or Menti.com and use the code 16090, you can you can answer this prompt. And ‑‑

>> I don't know if this is working because I'm sending it in ‑‑

>> It does sometimes take a second.

>> It could be because of the internet.

>> That could also be.

>> Here we go. Woo. Thank you all. These are wonderful words and they will all come up in our presentation. So thank you for your participation. That is wonderful. So exciting.

 One common definition of interprofessional education comes from the World Health Organization and has been used or adopted in the literature for many health services organizations. They state, interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. They continue with emphasis on application by students. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.

 The American speech language hearing association, also known as ASHA, has a similar definition for practitioners. Interprofessional practice occurs when multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers, and communities, to deliver the highest the call of care across settings.

 Thinking about these definitions as well as what we have learned over the course of our program, the three of us created our own working definition of interprofessional practice. We defined interprofessional practice as a process by which one creates parity amongst diverse team members, including the family, to engage in continuous information sharing and to establish accountability across shared outcomes.

 Now I will turn it over to Allison who will provide insight on the expectancies we have been studying.

>> And Alex included a nice graphic from the World Health Organization which really places interprofessional practice in the context of health and education systems. So here, in EHDI, we are talking a lot about how we can bridge the gap between the health field and education field and the World Health Organization does a really nice job of placing both of these systems in overlapping context which we all really enjoyed.

 But moving forward, for our grant program, it's a goal that we become competent in interprofessional practice, if you could not tell by the name of our grant. But what exactly does it mean to be competent? Competency to me is an assurance that our actions as professionals appropriately meet the needs of families, children, communities, and the colleagues with whom we work.

 So American Speech Language Hearing association, ASHA, requires graduate training programs to prepare future SLPs or speech language pathologists, I don't think that we ever actually fully said what an SLP is, but they prepare future SLPs to be competent in areas known as the big nine, and these areas include such topics as articulation, augmentative and alternative communication, cultural and linguistic diversity, which we still need to work on, and hearing.

 Currently, ASHA does not mandate that we be equipped or be competent in interprofessional practice. Although the soon to be issued 2020 ASHA standards does include it as a competency which is a huge move and definitely reflects the growing need for this kind of collaboration.

 But we know, as professionals, that the individuals with disabilities education act, or the law, mandates that we as professionals work collaboratively with families to improve service delivery. So if they tell us we collaborate as SLPs but ASHA says, maybe not, how do we ensure that we become competent in interprofessionally serving deaf children and their families?

 Insert Fontbonne University. So our university was founded in 1923 by the sisters of St. Joseph of Carondelet. The nuns had a mission to educate children who are deaf mand this really grew in to the mission of our university as a whole and it really reflects the programs and the colleges that are on our campus.

 And this actually, in 1923, that the impetus and that was the founding of our deaf education program. So if you did not know, that's why Fontbonne exists for deaf education. Furthermore, they have a 50‑year plus history of serving speech language pathologist to be competent in working with children who are deaf and hard‑of‑hearing.

 So our programs, SLP, and deaf education, as indicated by a long‑standing emphasis in deafness for SLPs and by indicated by previous federal grants we've received to prepare SLPs to be prepared with specific knowledge and skills regarding cochlear implant and augmentative and alternative communication or, as we like to call, AAC.

 Our current interprofessional early intervention grant is an intentional extension of this collaboration that our programs have previously undertaken. So it just really naturally flows in to what we've already been doing and how can we make this better.

 So next I'm going to walk us through the project expectancies of our programs. So there are eight expectancies that after we graduate, we will be prepared to best serve children and families who are deaf. And actually we are well versed in these expectancies because we just, the three of us, completed a portfolio which was a quite, quite lengthy project but it was very nice to see that we've done all of the things in our program that reflect the expectancies so we know as we graduate we are ready to do what we set out to do.

 And so competency one is development, and that's a very natural part of speech language pathology and of deaf education. We have to know how children develop, right, and we have to know specifically what the differences are for children who are deaf. And how can technology best support and facilitate this development? Collaboration, of course, why else would we be here? But not only just to collaborate with professionals but to collaborate with families in order to provide those high intensity family centered services for children who are deaf and hard‑of‑hearing.

 Assessment. We have to be competent in providing assessments not only to the children but also to the families. We've heard a lot here at EHDI about routines based interviews but also scales such as McArthur Bates so these parent surveys which help us really understand the whole child and family. And these, of course, help us prepare IFSPs and also share this information with other professionals and with the family.

 Relationships. These are crucial to establishing a great partnership with families, but we can't establish a partnership without recognizing and valuing the cultural and linguistic background of those families and recognizing that families bring a lot to the table and we can also learn from them. Evidence‑based practice, of course, we all know the classic EBP triangle but how can we develop instructional plans and curriculum based on these nodes while also making sure that they are evidence based?

 As IPEI scholars, we also have unique administrative knowledge, so we, of course, are given a crash course in coaching but yet we take those skills and we're able to coach our colleagues and our professionals in order to best understand hearing loss, so when we're thinking about lost to follow‑up and educating pediatricians and nurses and technicians, we are the ones who do that and we do through that through our coaching skills and relationships with other service providers.

 And of course, advocacy. So we advocate through policy, through educational plans in order to provide high quality services for children who are deaf. And this includes programming in the natural environment and the least restrictive environment. But it's all based on the individual, so having ‑‑ it's very hard to separate the expectancies because they also naturally intertwine, so you can't really advocate for services without understanding first what the family's goal is, and so these expectancies kind of just become one overarching goal in mind but we have to try to tease them out.

 And our last competency, of course, is professionalism, and this includes demonstrating critical thinking, lifelong learning, lots and lots and lots and lots of reflection, lots of reflection, and Emily will talk extensively about ways in which we intentionally reflect as future professionals. But we do this in order to apply evidence based practice, and as it relates to early intervention and early childhood education.

 And now Emily will talk about how we apply these expectancies in our actual learning.

>> So Allison walked you through all of the skills and expectations for educational experience, so the next question is, how do we do this? So as students who are part of this grant, we are provided multiple opportunities to practice and participate in interprofessional collaborative practice in a variety of ways, and I will talk through each of these.

 So firstly we have professional forums and conferences such as the one we are attending this weekend. These provide us the opportunity to attend Fontbonne's annual professional forum in order to increase ability potentially complex needs in the deaf and hard‑of‑hearing population and it also allows us to participate in professional learning opportunities and discussions with a variety of professionals.

 Our journal clubs are meetings that occur once a semester that allow us to select journal articles and lead and engage in discussions regarding current issues and research in the field of early intervention with peers.

 Our cohort meetings, we have an all cohort meeting and a individual cohort meeting that occur once a semester. These provide opportunities for us to share out about personal experiences and observing and implementing interprofessional practice, its benefits, and its challenges. It's another opportunity for rich discussion among peers from different professional backgrounds as we navigate the challenges of collaboration, discuss potential solutions and celebrate successes with the support from faculty who are also diverse in their professional backgrounds.

 With regard to our course work, while a large portion of our coursework has worked to support the interprofessional practice, I would like to highlight two courses in particular. Early family intervention, speech pathology schools and EHDI scholars discuss the rationale for family centered intervention and the use of coaching to support families with infants and toddlers of did with disabilities. We apply principles of evidence‑based practice to promote caregiver competence using case studies. He implement lesson planning that has coaching strategies and caregiver progress.

 We describe characteristics of effective teams and collaborative partnerships in representation, assessment, and intervention for infants and toddlers at risk for communication disorders. We gain a knowledge of how risk factors may have a negative impact on typical infant and toddler and preschool development, particular pertaining to language during the first five years and how early interventionists can benefit provide language prevention, assessment, and intervention to serve these children and their families. And finally, we are given the opportunity to engage in a simulated patient experience to practice the use of these coaching strategy.

 The second course that I want to talk about is a collaborative seminar in which speech language pathologists and teachers of the deaf engage in a rich discussion about the role of interprofessional service delivery in working with users of alternative and augmented communication systems or AAC and assistive listening technology, including cochlear implants, hearing aids, and FM systems.

 So during the seminar, we are allowed to demonstrate knowledge of interdisciplinary collaboration. We analyze learner needs with respect to the gen ed indication curriculum. We use technology to facilitate participation in the classroom and determine what this technology would look like. And then we also utilize a variety of methods to assess learner outcomes. And we are provided with hands‑on experience working interprofessionally during this seminar. All of our assignments and discussions are completed on teams consisting of both students from speech language pathology and early intervention.

 And finally, the last opportunity we have for professional collaborative practice is our practicum. This provides us with experiences working with caregivers and natural in natural environments. We focus intervention in this practicum in the use of family centered coaching practices. It is a really unique experience as speech language pathologist to participate in this practicum. Typically our supervisors are also speech language pathologist. However, during this practicum, our supervisors are teachers of deaf. So we're already getting that opportunity as students to have that professional relationship with a supervisor.

 In addition to home visits, we were also provided with multiple other opportunities to experience this interprofessional collaboration. We attended audiology appointments including hearing aid fittings, testing, and mapping, IFSP meetings and transition meetings. We, some of us, attended CI surgeries. We observed listening and spoken language video training sessions. And then we were given multiple opportunities to reflect on our practice. This includes writing journals about our experiences, as well as a final conference that takes place between our cooperating practitioner, our university supervisor, and ourselves, and during these meetings, we discuss what we learned during the practicum, the strengths we have as professionals and areas for professional growth, what kinds of interprofessional practice we observed during the practicum and how family learning was impacted by our participation.

 And now that we've given you a overview, we would like to open it up for discussion. We've prepared a few questions that we like to share with you to see what your thoughts are. We would love to hear how you're incorporating this practice.

 Yeah, what are you trying to do to incorporate this in to your program?

>> Or do you feel that your program might want to ‑‑

>> You can use your mic.

>> The more interprofessional practice?

>> I'm at Texas University ‑‑ and I'm at TW Texas Women's University, and we do have programs ‑‑ a program in both deaf ed and speech pathology. And we are looking at integrating more collaborative practices, and there are some challenges. So, for example, our deaf ed program is on‑line, and our SLP program is, you know, is they're local. And so there are challenges because they're not the same. And so some of what we've tried to do is have some synchronous, like, you know, we use Blackboard Collaborate and there have been some advantages, and some of the advantages are not just in terms of the content but in terms of the dialogue. So about a third of our deaf ed students are deaf and hard of hearing themselves, so they come with a lot of lived experiences.

 And so our SLPs and, unlike your SLPs who maybe went to Fontbonne because they wanted to know more about deafness, our SLPs are more general practitioners and maybe they've taken my course out of curiosity but not ‑‑ that's not necessarily their background. And so for them to be exposed to somebody who is a deaf adult, to somebody who uses captioning or maybe signing through video, to hear lived experiences, again, like why it is frustrating to listen in noise or why I feel uncomfortable sometimes using my hearing aids, those are a valuable experiences.

 I think we have some similar things in that sometimes we'll have a supervisor. I carry ASHA as well as deaf ed, and so I swing back and forth between both programs pretty comfortably. Yeah, I think there's a lot of commonalities. But part of what we've tried to do is leverage the technology to make those cohorts accessible to each other.

>> Yeah. So it should, we also have synchronous learning at Fontbonne so not only are we ‑‑ within our actual cohort we have early intervention and deaf education students on campus with us as SLPs but most of our classes are shared with students from the Northeast, so we call it the Fontbonne Clark Northeast collaborative, and this is a synchronous learning program and so these deaf education students in the Northeast are actually becoming trained as itinerant. So even having that perspective as another side of deaf education is only enriching our understanding of deaf education as a whole even further so yeah.

 Awesome. Does anybody have any other questions, or a classic question that we open seminar with every Friday is what are some examples of interprofessional practice you've seen this week? Anyone brave enough? Yes.

>> Wait time.

(Laughter)

>> Yeah, count to 19.

>> Well‑done, so far. I think, I love that you're asking our question back to us, but I think this conference is, in particular, a really brilliant example of interprofessional practice in action. It's not often that we come out of our silos and have people like CDC and department of health, much less deaf ed and SLP and audiology. So I think you have observed how sometimes that's bumpy when we don't all share the same priorities and also really productive when we come together. I also love that the family presence here is significant in reminding us of the reason we do this work and that we have a lot to learn from the family. So I appreciate that you included the families as a, while they may not be classically falling in the professional category, they're certainly a discipline that we need to be including at the table.

>> I have a question for you. Do you work with specific family‑based orgs in your area?

>> So for our practicum where we were working in early intervention, we worked with the central institute for the deaf in St. Louis. It is an oral‑based school. They use listening and spoken language strategies that we've also been trained in. We also have opportunities occasionally o to work with the Moog school and St. Joe is another oral school that's based in St. Louis. And then the Northeast collaborative has programs as well that are dedicated to deaf education.

>> So what about collaborating with professionals and families, what about collaborating with professionals and families who use a signed base approach?

>> Our program, because those three schools are so close to us, and St. Louis is sort of a hotbed for listening and spoken language, we have a focus on that, but all of us have an interest and a little bit of experience with sign that we would like to build on. We would all like to take classes, we're not fluent, but we have practicums where we've used sign with our students as well as listening and spoken language and assistive technology as well as AAC.

>> So as you think about yourself as professionals and serving a continuum of students, that might be an area to continue to grow on and look to build some collaborations in folks that had a different expertise than you're exiting with.

>> We're trying to work with all modalities. We don't want to promote one over the other and try and give as ‑‑ the least biased information as we possibly can when we work with families. So it is while we're based in LSL, it doesn't mean that we don't know about other modalities and we are very happy to work with anyone for whatever their needs are, what works for the family is going to be how we help them. Does that answer your question?

>> And also I feel like given our intensive family‑centered instruction, we've so often talked about the value of parent choice and so emphasizing that parents are the agents of their child's education, right, lake they're the ones who know their child the best, they're the experts, and so we are here to support them in whatever means possible and so leaving your biases at the door a bit but then having those collaborative partners ships with other organizations so that we know who to bring in on the team in order to best serve this family and best allow the family to continue to make their own decisions. Yes.

>> I'm a speech language pathologist, and one of the needs that I see in our field, especially with LEAD‑K coming through and bilingual for Deaf children and there's a hide hie need for SLPs who can do diagnostic language evaluations in both English and ASL assessments, and it is really difficult to find a speech language pathologist to do who can do a diagnostic language evaluation of a child's ASL skills. And I do professional development training all over the place to help schools and early intervention programs figure out how do you do a language evaluation on a child who is deaf and you need to look at their ASL skill set. And I do a lot of collaboration with a team of professional using a speech language pathologist and a teacher of the deaf and early interventionist, whatever. We have a whole lot of teachers of the deaf out there and early interventionists who are trained in deaf hard‑of‑hearing who know DHH really well and can sign really well but they have no training in doing a diagnostic language evaluation and writing a diagnostic language report and knowing how to do that. And then we have all of these SLPs out there who are excellent at doing a diagnostic language evaluation in English. And we don't have professionals that are getting trained right now have both of those skill sets combined together. And I really think that's a huge need that we have right now in this field because we have so many kids outs there who need language evaluations and we have hardly any professionals who can actually do those evaluations, and it's just a huge feed knead in our field right now. So I was really glad you asked the question about signing because I didn't hear much about signing, and it's not about parent choice, it's about being ‑‑ it is about parent choice, I'm not saying it is not about parent choice, what I'm saying as a speech language pathologist, I want to see other speech language pathologist who can serve all kids, and if you don't have the all the skills, then you can't serve all kids. And I love what you said about, you know, continuing your education. You guys are amazing, first of all. This was an amazing presentation. I love what you're saying.

>> Thank you so much.

>> You guys rock. You're rock stars. You are. This was great. I just have a passion about young SLPs coming into the field and being automobile to serve all of our deaf kids, not just some of our deaf kids but all of our deaf kids, and I hope that you guys do continue to learn everything and not just be on one side of this very large field.

>> We are lifelong learners, that is one of our expectancies so.

>> And we are kind of running out of time, so if there are any more questions, I would absolutely encourage you to grab them after out in the haul.

>> And thank you again for coming. We really appreciate your participation today.

(Applause)