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BACKGROUND: Students with disabilities benefit from a team-based approach to support their needs. Individuals from occupational therapy (OT), physical therapy (PT), and speech-language pathology (SLP) partnered to form an interprofessional (IP) workgroup to address the topic of student-centered collaborative goal writing in the context of school-based practice. **METHOD:** This IP workgroup engaged in a collaborative process centered around a shared goal which integrated reflection and discussion surrounding barriers to teaming, collaborative goal writing, and summarizing best practices from the healthcare and special education literature. This process required development of a shared goal, common language, and collaboration across professions and organizations. **RESULTS:** The workgroup process created a consensus document, the Joint Statement on Interprofessional Collaborative Goals in School-Based Practice, to provide guidance for school-based practitioners to support student success. Following inter-organizational expert review, the statement was endorsed by three professional organizations and disseminated to practitioners via their respective organizational websites. **CONCLUSIONS:** This paper outlines the innovative process used by an interprofessional, inter-organizational workgroup to develop and disseminate a consensus document outlining practical guidelines for interprofessional teams working in the educational setting. Additionally, this workgroup created associated professional development materials and presented them to OTs, PTs, and SLPs at a national level. *J Allied Health* 2023; 52(2):e87–e92.

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THE THREE PROFESSIONS of occupational therapy (OT), physical therapy (PT), and speech language pathology (SLP) have collaborated previously to create interprofessional (IP), rehabilitation-focused consensus documents. This paper describes an inter-organizational collaboration between these professions to create an IP resource for school-based practitioners across the United States entitled the Joint Statement on Interprofessional Collaboration Goals in School-Based Practice.¹ The authors aim to clearly describe and document the process of inter-organizational collaboration from inception to publication and dissemination of the Joint Statement. Our goal is to add to the literature by sharing a resource that can serve as a model for innovative collaborations across professions to support providers and benefit patients.

Background

In the 2019–2020 school year, over 7 million students in the United States between the ages of 3 to 21 years old received special education services under the Individual with Disabilities Education Act (IDEA).² This federal law guarantees children with disabilities receive a free and appropriate public education which emphasizes “special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.”³ IP collaboration, a central component of IDEA, is key to the development of a student’s individualized education program (IEP) that includes annual goals. The IEP is developed by an IP education team including the child’s parents/caregivers, educators, and related service providers (e.g., OT, PT, SLP). Currently, over 75,000 OTs, PTs, and SLPs are working in schools throughout the United States.^{4,5}

Effective implementation of the IEP, and consequently success of the student, is dependent on effective IP collaboration and teamwork.^{6–8} The Interprofessional Education Collaborative (IPEC) framework defines teamwork as the “levels of cooperation, coordination and collaboration characterizing the relation-

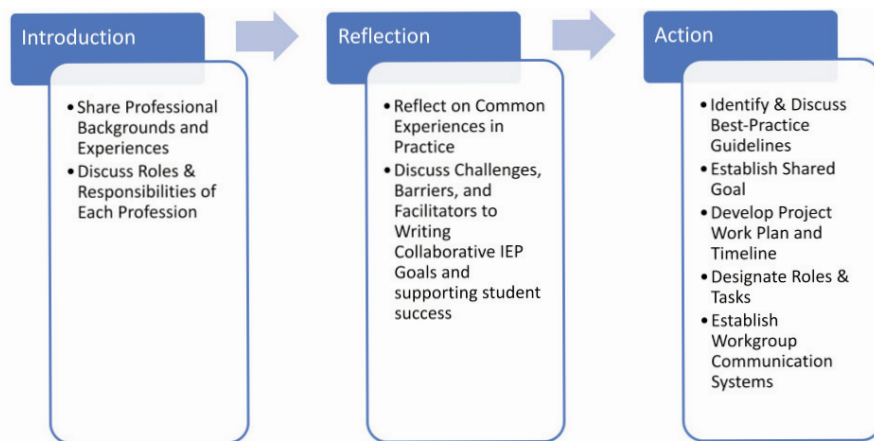


FIGURE 1. Inter-organization collaboration: Phase 1.

ships between professions in delivering patient-centered care.”⁹ Additionally the World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice emphasizes healthcare providers practicing collaboratively, to ultimately strengthen health systems and improve health outcomes.¹⁰ Effective teamwork goes beyond agreement and basic communication, requiring skills such as mutual trust, effective communication, and role clarification which enable teams to collaborate and develop shared goals.¹¹

Inter-Organizational Process

Phase 1: Developing the Inter-Organization Workgroup

IDEA requires an integrated team-based approach to develop students’ IEP goals to fully address a student’s overall participation in their educational program.³ OTs, PTs, and SLPs frequently collaborate with one another during IEP meetings to develop individual student goals.^{12,13} The professional organizations representing these professions^{14–16} have long been committed to advancing IP collaboration across healthcare settings. The lead author reached out to the national OT, PT, and SLP associations to gauge interest in developing a guideline on collaborative goal writing for school-based practitioners. The focus of this project was to identify strategies and delineate a process to guide IP teams of OT, PT, and SLP providers in developing student-centered, collaborative IEP goals that are not discipline-specific, but holistically address student needs.

Two volunteers from each of the three professions (OT, PT, SLP) agreed to work on the initiative. Each individual had a minimum of ten years’ experience working on IEP teams, in school-based administration, and mentoring colleagues and students. Collectively, the workgroup had more than 50 years of practical

experience in school-based contexts. This workgroup represented different geographic regions throughout the U.S. and recognized the need to provide guidelines that supported school-based practice across states and local school districts.

Establishing a Shared Goal

The first step to learn “from, with, and about each other”¹⁰ involved introductory meetings where each individual shared their professional backgrounds and reflections on team experiences in developing student-centered IEP goals. In these discussions, the workgroup identified common challenges and their experiences with varied and disjointed team approaches to goal writing. Although research shows that many practitioners view collaborative, student-centered goals as best practice, they frequently experience resistance from administration and other team members to develop stand-alone, discipline-specific goals.¹⁷ Building upon the barriers described in the literature and experienced by the workgroup, the impact that time constraints and a lack of resources or systematic training can have on collaborative goal-development within health care was discussed.^{17,18}

Understanding the value in clarifying roles and responsibilities to achieve optimal collaboration across professions is important for both the leadership of organizations as well practitioners participating in these efforts.¹⁹ Early in the process, this workgroup recognized the need to devote time to share experiences and ideas in order to better understand and clarify the role of each profession. Figure 1 provides details about this initial collaboration process.

Through regular virtual meetings, the team progressed through Tuckman’s stages of group development: forming, storming, norming, and performing²⁰ that enabled us to meet our goals and develop the Joint Statement. We prioritized the creation of a trusting, psychologically safe environment which enabled

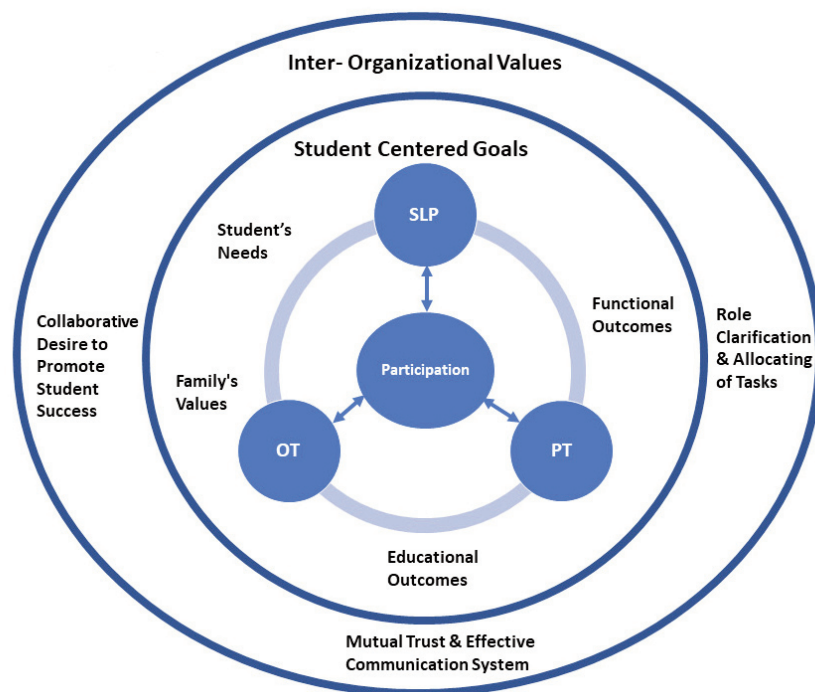


FIGURE 2. Inter-organization model of student-centered participation. Adapted from Wynarczuk et al.²⁴

frank discussions to occur. Through these conversations, differences in terminology and practice patterns between the professions were uncovered; these were also supported by research findings.¹³ Our workgroup members demonstrated key traits and characteristics cited in research that positively affect interdisciplinary dynamics, such as relatability, openness to compromise, willingness to listen, and strong organizational skills.²¹

In addition to profession-specific frameworks,²² the workgroup utilized the WHO's International Classification of Functioning, Disability, and Health (ICF) framework to guide their discussions. The ICF framework is well known to the three professions and emphasizes health and participation across the lifespan.²³ The ICF defines participation as "involvement in a life situation,"²³ which in the context of school-based practice can be described as student interaction with peers in different educational activities (e.g., eating lunch with peers or completing a science experiment with a lab partner). The ICF was helpful in anchoring discussion as it provided a common language across our professions and emphasizes a holistic approach to overall well-being, health, and participation.²³ Figure 2 illustrates the shared student-centered participation model, that was used by the workgroup to guide communication and development of the Joint Statement.

To address known variations in goal-writing practices across IEP teams, the authors considered the following question: *How can we outline a process that provides a best-practice approach for IEP teams to identify a student's*

needs, design a collaborative participation-centered goal, and evaluate student outcomes? In response, the Joint Statement was developed as a best practice guideline.

Phase 2: Collaborative Writing

The Joint Statement was written by the workgroup participants with equal contribution across the three professions. The first draft was shared with content experts from each profession for critical review and feedback. The expert reviewers were identified by each professional organization at the national level from the American Occupational Therapy Association, American Physical Therapy Association, and American Speech-Language-Hearing Association. Reviewers provided constructive comments, however the nuances of each reviewer's feedback required additional time for our team to review, understand in context, and synthesize. In hindsight, it may have been beneficial to provide a standardized rubric with a structured approach to review the document and facilitate a common format and commenting procedure. The breadth and depth of feedback received from the different organizations demonstrated the overall commitment to IP collaboration beyond the core workgroup.

The workgroup met to discuss and incorporate suggestions, edits, and revisions. Consensus on the proposed feedback was reached by identifying and adopting pragmatic language that would be useful and acceptable to the majority of practitioners across the professions. Once all professional organizations reviewed and

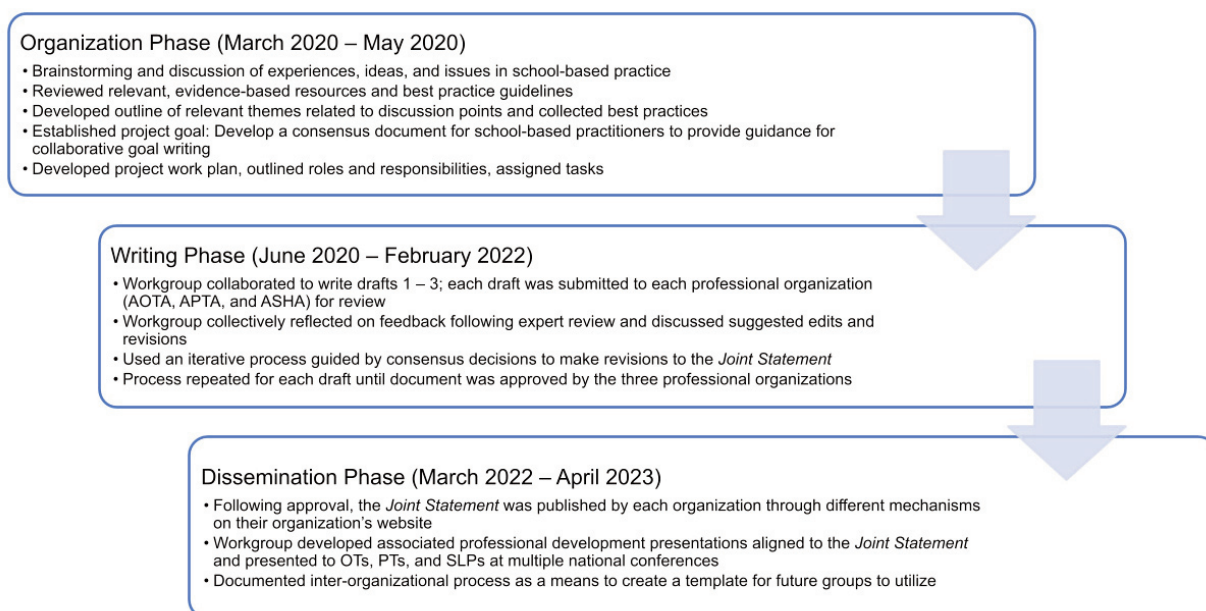


FIGURE 3. Timeline of the process.

approved the final draft of the document, it was formatted to include all three organization's logos.

Dissemination

The Joint Statement was published on all three partner professional associations' websites, enabling the document for OT, PT, and SLP practitioners to access and use. The document has also been shared on state educational agency's websites and social media channels related to special education. The extensive and rapid dissemination across different networks, validates our initial assumption of the gaps between policy and practice as well as the value to the frontline practitioner. The workgroup did not intentionally create a structured plan to capture feedback on how colleagues used the Joint Statement; this is recommended as an area for future study and evaluation. Figure 3 summarizes the timeline used by this workgroup to develop and disseminate the Joint Statement.

Evaluating the Process

Our workgroup addressed and overcame many of the challenges identified in the literature around collaborative writing that crosses professional organizations²⁵ as well as within our own workgroup. The process and discussions related to preferred terminology across the different professions (e.g., related service provider versus specialized instructional support personnel) were critical to the success of the Joint Statement and documentation of the process.

The workgroup acknowledged that while we shared a common purpose to create a clearly defined inter-

organizational joint written statement, our process and collaboration required more explicit discussion of shared goals, role clarification, and development of a safe, trusting environment.²⁶ In addition to the unique document review process by each professional organization, this process takes time. One key lesson learned was the importance of identifying a specific liaison within each professional organization, at the project's outset, which would have improved the overall flow of the project, development, and review process. The iterative process of discussing and integrating feedback from multiple stakeholders strengthened the Joint Statement and provided new meaning and insight to the process of collaboration.

Reflecting on our experiences, the workgroup would recommend the creation of an inter-organizational checklist to provide a defined structure outlining development of the shared purpose, workgroup accountability measures, the decision-making process, and plans for dissemination to the larger community. This type of template would help facilitate a planned structure for inter-organizational scholarship and foster better communication between the authors and their respective organizations.^{19,26} Upon reflection, we used different aspects of these points intuitively or based upon our professional experience. However explicitly stating and applying these in a more systematic and comprehensive manner may have been more effective and efficient.

Discussion

This paper documents the inter-organizational process used to develop a Joint Statement on collaborative goal writing for school-based OT, PT, and SLP practitioners.

This process demonstrates that IP collaboration can extend beyond the clinical arena, and still include many components of effective IP practice such as: role delineation, establishing effective communication systems and sharing experiences; setting deadlines, allocating tasks and organizing the workload; establishing and abiding by systems of accountability; and employing joint decision making to reach goals and deadlines.⁹⁻¹¹ We highlighted ways to improve the process and experiences of inter-organizational teams, such as this one.

Through the collaborative inter-organizational process, this workgroup focused on the following outcomes and 1) produced a Joint Statement for school-based OT, PT, and SLP practitioners to use in everyday practice that was disseminated by the three professional organizations, 2) provided professional development opportunities related to the Joint Statement nationally for our colleagues in OT, PT, and SLP, and 3) documented a process for inter-organizational collaboration and teamwork that may be used to develop similar consensus documents within special education and/or healthcare.²⁷

Future work may also embed opportunities and tools for school-based practitioners to engage in reflection on both the process and principles underpinning collaborative goal development. Based on our experiences and reflection from the development of the Joint Statement, we would advise that future inter-organizational collaborations designate a specific and structured approach to collecting feedback and establish a formal evaluation process a priori.

In conclusion, our workgroup plans to incorporate existing feedback into the development of future professional development activities and resources for members of IEP teams. Currently, this workgroup is developing a follow-up presentation that highlights feedback, includes robust examples of strategies specific to IEP teams, and shares expanded case studies for students ages 3–21. Future research could expand initiatives to improve the inter-organizational collaboration, particularly in relation to health practitioner driven initiatives. Establishing a structured collaboration process between our three professional organizations could be beneficial for a multitude of future endeavors, including professional development and interprofessional resources.

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