Integrating Interprofessional Education and Practice with Implementation Science : A 'backwards design' approach

Effective interprofessional collaboration amongst healthcare providers is a well-known key component of quality improvement, patient safety and outcomes. Nonetheless, the creation of models of interprofessional education and practice (IPEP) that can be successfully implemented in an effective and sustainable manner is a 'wicked' problem[1] for healthcare educators and systems around the world. In recent years, there has been a steady rise in the IPEP research in education and clinical practice in the field of communication sciences and disorders (CSD). The key foci across the field appears to be on the interprofessional design and co-teaching of collaboration competencies; the acquisition of non-technical teamworking skills at an individual level; and the identification of barriers and facilitators to the effective implementation of interprofessional collaborative practice in the classroom, and in clinical settings [2–4]. But what is given less attention is the question of what kind(s) of teamworking in the clinical setting is actually required in the field of CSD? To meet what kind of clinical service delivery challenges? Which leads to further questions: What kinds of implicit or explicit concepts of teamwork are driving IPEP interventions in this healthcare field? Are they driven by ideology and/or by clinical service delivery problems? I suggest an implementation science problem-oriented approach to IPEP education and research in CSD that is characterised by the identification of, and a more deliberate connection between, existing teamwork configuration(s) and the design and implementation of IPEP interventions. To not do so would risk adopting generic forms of IPEP with a 'solution in search of a problem' logic that may ill-prepare students and healthcare professionals alike for the 'realities' of teamwork in the clinical context. The future of the effective design and implementation of IPEP interventions in the field of CSD lies in the identification of the types of teams and teamwork practices needed to pursue the ultimate goal: the best possible patient outcomes. This Main Report will outline a context sensitive typology of teams and the need for a 'backwards design'[5,6] approach to IPEP interventions in CSD.

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