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Advocacy Starts with Us: Moving CSD Forward Through Interprofessional Education and Practice

# Advocacy Starts With Us: Moving CSD Forward Through Interprofessional Education And Practice

[How To Start](#)

📅 January 16, 2021    👤 John McCarthy    💬 [Leave A Comment](#)

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### KEY POINTS:

- Interprofessional education (IPE) and practice (IPP) are for everyone in CSD and within the scope of practice and responsibilities for practitioners and researchers
- IPE/IPP offer a valuable pathway for advocating for not only individuals with communication needs, but also for the field of CSD
- IPE/IPP can begin with individuals in CSD through formal or informal partnerships

The gap between practice and research in communication sciences and disorders (CSD) is persistent with real-world implications. As a field that includes practitioners and researchers, practitioners must understand research

findings in the context of clinical practice. Conversely, researchers must understand the significance of their work in clinical settings. This gap holds CSD back from providing the most efficacious services and impactful research. Interprofessional education (IPE) and interprofessional practice (IPP) may help resolve this gap. However, previous work on IPE/IPP has focused on formal opportunities. There is a need to understand IPE/IPP in a wider range of contexts, such as individual, informal partnerships.

Under these conditions, three professionals in CSD collaborated on research projects examining language assessment for culturally and linguistically diverse individuals. These projects were individual endeavors independent of any workplace or university initiatives and arose from a shared interest in understanding language assessment practices for diverse individuals. Further, these projects served as an avenue for IPE/IPP. Team members came from speech-language pathology and education, as well as from academic research, early intervention, and school-based practice. This report describes these research projects within the context of IPE/IPP.

## **Rethinking IPE/IPP**

IPE/IPP are related but separate concepts. IPE refers to activities where stakeholders from various professions learn about, from, and with each other in order to achieve effective IPP and improved outcomes for individuals receiving services (World Health Organization [WHO], 2010). In turn, IPP refers to various practitioners collaborating to deliver services by working with individuals, caregivers, and communities (WHO, 2010). IPE/IPP are within the scope of practice for practitioners in CSD (American Speech-Language-Hearing Association [ASHA], 2016). Considering research as a type of practice, IPE/IPP are similarly within the scope of practice for researchers in CSD. The Envisioned Future 2025 for ASHA (n.d.c) has a strategic objective of advancing IPE/IPP. This objective explicitly includes academic programs integrating IPE in pre-service training and ASHA professionals engaging in IPP (ASHA, n.d.c). In addition, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (2017) adopted IPE in its accreditation standards.

While it is straightforward how academic programs might address IPE (Goldberg, 2015; Myers & O'Brien, 2015; Rosa-Lugo et al., 2017; Suleman et al., 2014; Weir-Mayta et al., 2020), and how universities with medical centers (Health Professions Accreditors Collaborative, 2019) might address IPE/IPP, it is less straightforward how others might engage in IPE/IPP. To this end, the Interprofessional Education Collaborative (2016), of which ASHA is a member, has developed core IPE competencies for transitioning from IPE to IPP. Previous work has focused on implementation science (Douglas & Burschnic, 2018; Molfenter et al., 2009; Musaji et al., 2019) and on formal opportunities for exploring IPE/IPP (Weiss et al., 2019). Thus, while IPE/IPP might happen as researchers move interventions into real-world settings (Olswang & Prelock, 2015), IPP has lagged behind IPE (Pfeiffer et al., 2019). Barriers to IPP include organizational factors (e.g., institutional culture) and limitations in shared knowledge of other stakeholders' roles, as well as workforce and financing policy (Health Professions Accreditors Collaborative, 2019; Pfeiffer et al., 2019; Selin et al., 2019).

A workable solution to IPE/IPP is practice-based research (Crooke and Olswang, 2015). Unlike implementation science, practice-based research is bidirectional and does not assume a unilateral flow of knowledge from research to practice. The tenets of practice-based research are: (a) research should be significant to and emerge from practice; (b) research questions address descriptive or correlational, not causal, relationships; (c) data collection includes regular practice, as well as qualitative and quantitative measures (versus standardized tests alone); (d) practice-based research is formative; (e) practice-based research is a collaborative model that necessarily includes practitioners. Overall, practice-based research offers the opportunity for a symbiotic practitioner-researcher partnership. It lends itself to exploring a range of questions, including assessment practices, and to IPE/IPP opportunities, including informal partnerships.

In all, practice-based research may help overcome barriers to IPE/IPP. Practitioners who are engaged in research are likely to champion the implementation of research in their practice (Douglas & Burshnic, 2018). Researchers who are engaged in IPE/IPP are likely to have stronger scientific communication skills, with the ultimate effect of reducing the gap between practice and research while maximizing the impact of their work.

### **A Model of IPE and IPP**

The model of IPE/IPP described here developed over several years. Figures 1 and 2 show a timeline of how the first and second projects, respectively, developed. Note that these figures exclude the pre-project period and any time after submitting an abstract to the ASHA 2021 Convention, as the outcome is unknown. Central to this partnership were building trust and rapport in a sustainable way.

Figure 1: Project 1 Timeline

Figure 2: Project 2 Timeline

### **Pre-Project: Background of the Current Model**

The team members (i.e., the authors) came from speech-language pathology and education, as well as practice and research. The team members met in the ASHA Minority Student Leadership Program in 2015, which aims to advance minority students in the Association through leadership training (ASHA, n.d.b). After the program, the three remained in contact with one another, as all were interested in using interdisciplinary approaches to address knowledge gaps regarding best practices for culturally and linguistically diverse individuals.

Several years later when the team members decided to develop research projects, they spanned both practice and research (i.e., tenet [e], Crooke & Olswang, 2015). Two were Ph.D. candidates in child language at the University of Kansas. One was a speech-language pathologist (SLP) who had worked in a Midwestern public school and provided early intervention services to culturally and linguistically diverse children prior to doctoral training. The other was a former special education teacher in an urban area in the Northeast and worked with racial/ethnic minority young adults on the autism spectrum in research. The third team member was an SLP in California who worked on a district assessment team supporting culturally and linguistically diverse multilingual students. Thus, while the team members came from a variety of geographic and professional backgrounds, their mutual interest in serving culturally and linguistically diverse individuals was the basis for IPE/IPP.

### **Gauging Interest**

As Figures 1 and 2 show, considering the topics of conversation over the years on language acquisition and assessment for diverse populations, the first author contacted the other authors in 2018 and 2020 to gauge interest in developing research projects using principles from practice-based research (Crooke & Olswang, 2015). Initial communications explicitly conveyed respect for their other life commitments (e.g., family, studies, and work) and their value as a team member. It was also important to establish that meeting modalities and times would be accessible to all. Meetings generally took place via videoconferencing on nights or weekends across three time zones, with email as a supplementary form of communication.

### **Developing Objectives**

The team members decided to pursue two research projects. As Figure 1 shows, the first project included the first and second authors and took place from December 2018 to February 2019, culminating in a poster presentation at the 2019 ASHA Convention (Girolamo & Campos, 2019). As Figure 2 shows, the second project, which includes all three authors, is currently underway and will culminate in a submission to the 2021 ASHA Convention. For each project, the team jointly developed descriptive research questions (i.e., the objectives), considering both questions from practice and research interests (i.e., tenets [a] and [b]; Crooke & Olswang, 2015). On the first project, the objective aimed to characterize the literature on language assessment practices for culturally and linguistically diverse individuals. On the second, the objective was to evaluate the use of standardized language assessments

for culturally and linguistically diverse individuals. This step required an hourlong meeting and several follow-up emails.

### **Setting Guidelines and Expectations**

As Figures 1 and 2 show, after developing objectives, the team members established guidelines and expectations for participation. If the team did not reach consensus, they discussed issues until they were resolved, referring back to the objectives. Reaching consensus fostered a shared sense of ownership and enhanced accountability, in that each team member understood their role. On each project, the first author developed a draft of the timeline and tasks for each team member. This served as a starting point for dialogue. Discussing this draft resulted in joint agreement on project benchmarks and roles that honored each team member's areas of expertise, as well as working out the exact content of the project. On both projects, the first author integrated input from the team members to design the project and explained the reasoning for the design to the other team members. The second and third authors identified clinical considerations for multilingual communities in collecting data and interpreting findings (i.e., tenet [c]; Crooke & Olswang, 2015). After this step, each team member carried out their duties as related to data collection and analysis, reviewal of the findings, and preparation of the conference submission. Overall, setting guidelines required one hourlong meeting and several emails. Subsequent communication took place about once every two weeks to discuss data collection and analysis, reviewal of the findings, conference submission preparation, and revision of the partnership (i.e., tenet [d]; Crooke & Olswang, 2015). Between joint communication, team members worked independently to carry out their project duties.

In sum, this process set the team up for success. Working with an established timeline and roles facilitated the development of each project. Ultimately, however, the end products were the knowledge and skills learned in collaborative partnership.

### **Using Research as an Avenue for IPE/IPP**

In addition to the research itself, these projects were avenues for IPE/IPP. First, effectively communicating research findings entailed addressing all in CSD (i.e., IPE). Each project included discussion of how to present ideation, research design, data analysis, and results to practitioners and researchers. Further, team members treated the projects themselves as opportunities for IPE. Each team member brought in individual expertise and used their perspectives to educate others within the context of project development.

Second, the projects were an opportunity for IPP. On the first project, the first and second authors highlighted the need for greater information on language assessment practices for English learners and for minority young adults on the autism spectrum. They worked as an interprofessional team to address this knowledge gap and identify pathways for developing best practices for culturally and linguistically diverse individuals. On the second project, the team built off of and extended the first project to develop workable solutions (e.g., case studies as a professional development tool). Overall, utilizing research in this way allowed them to build out an instantiated case of IPP.

## Conclusions

### Key Take-aways

The research projects led to several take-aways. First, IPE/IPP are for everyone. All in CSD should feel IPE/IPP are accessible and equally valued in IPE/IPP partnerships. Sometimes, the second author questioned why researchers wanted to partner with an SLP, even though his clinical expertise was integral to exploring language assessment practices for diverse communities. Thus, expressing humility – by stating and valuing the contributions of each member – is critical. Further, appreciating that each individual is at a different place in their CSD journeys is critical. Some must be open to mentoring to bring others into the fold. Otherwise, people may not feel IPE/IPP are accessible to them, and consequently, may elect not to participate (Lewis & Oyserman, 2016).

Another take-away was that stakeholders in IPE/IPP must be in dialogue with one another. Team members must listen to learn from one another, rather than listen to respond. Here, the team established mutual respect by sharing their respective experiences and journeys in CSD. By working to keep an open mind in conversations, the team members were able to identify pathways forward that empowered all.

A third take-away is that advocacy for CSD through IPE/IPP starts with individuals. Individual practitioners and researchers may develop their own IPE/IPP opportunities by connecting with other stakeholders to address the issues, interests, and questions most relevant to them. The authors have worked and engaged in dialogue with other stakeholders informally, including students, practitioners, and school administrators. In addition to working together on research projects, the authors have volunteered on committees in ASHA and CAPCSD that offer opportunities for IPE/IPP. Thus, there is no minimum benchmark for IPE/IPP; all it takes is an interest and a willingness to build bridges.

### A Roadmap for IPP and IPE

The examples of this report are one of many possibilities for IPE/IPP. As Figure 3 shows, the following steps may be useful for others interested in developing IPE/IPP.

Figure 3: A potential process for building an IPE/IPP partnership

**Step 1: Say “Hello”**

A first step involves identifying and contacting others who might be interested in IPE/IPP. Those at higher education institutions might use an organizational chart to identify professionals in CSD-related areas. While departments and schools vary by institution, options within and beyond the health professions include anthropology, area studies, applied behavioral science, biology, education, engineering, genetics, linguistics, medicine, modern languages and literature, nursing, occupational therapy, physical therapy, psychiatry, psychology, public health, and social work. Practitioners might consider reaching out to other professionals who also work with the individuals they serve, as well as utilizing online discussion boards and programs for researcher-practitioner collaboration (e.g., Clinicians and Researchers Collaborating; ASHA, n.d.a). For all, contacting others to introduce

themselves and share their motivation for reaching out is an actionable first step. Assuming there is mutual interest, professionals can discuss potential IPE/IPP activities.

### ***Step 2: Set Goals and Guidelines***

Once both parties have agreed to developing IPE/IPP activities, a next step is to set goals and guidelines. Just as practitioners in service delivery, researchers in project management, and educators in course implementation, setting goals provides an anchor for the development of IPE/IPP activities. Similarly, setting guidelines in terms of roles, responsibilities, and expectations for participation may foster a shared understanding of when, why, and how specific activities take place. Proactively planning, perhaps with timelines, agendas, and shared documents, can minimize the time and energy costs of IPE/IPP.

### ***Step 3: Talk it Out***

Conflicts or misunderstandings may arise. Reviewing misunderstandings as they occur through direct communication, while referring back to IPE/IPP goals, may help resolve issues. For example, on the second project, the first author thought they had well-written instructions on how to complete a template for organizing data. In reality, the instructions were unclear, which resulted in confusion about how to complete the template. Thus, team members shared their respective understandings, referred back to the research objective, and developed a plan to move forward. The template now has explicit directions on how to complete each data field, as well as an example entry. In this way, talking through issues provides an opportunity to resolve conflict and to strengthen partnerships.

### ***Step 4: Reflect and Revise***

The fourth step entails reviewal and revision of IPE/IPP activities. IPE/IPP may take time to become effective. Showing humility by identifying areas for growth and revising IPE/IPP processes is critical. Especially when people come from different backgrounds or are new to a collaborative partnership, being vulnerable may feel intimidating. However, acknowledging that all come from various walks in life, as well as getting to know and honor each other's strengths and preferences, may facilitate IPE/IPP. This willingness to be open is what will strengthen collaborative partnerships, as well as the field of CSD.

In all, the authors used research as an opportunity for developing IPE/IPP. The research projects gave rise to ongoing discussion and a deepened mutual interest in – and commitment to – working to advance language assessment practices for diverse individuals. An underlying current in these projects was addressing the research-to-practice gap by re-envisioning how to bring together stakeholders from various backgrounds. IPE/IPP did not require resources other than those common to higher education institutions and practitioners (i.e., journal articles, many of which were publicly available, and language assessments). The hope is that all in CSD consider how they may work from wherever they are to build bridges and contribute to a stronger field through IPE/IPP.

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