
Research Question: Does interprofessional collaboration interact with knowledge translation?

Articles:

- 1. Exploring obstacles to proper timing of prophylactic antibiotics for surgical site infections.** Tan JA, Naik VN, Lingard L. *Quality and Safety in Health Care* 2006;15:32-38. [PubMed Abstract](#)
- 2. Knowledge translation and interprofessional collaboration: Where the rubber of evidence-based care hits the road of teamwork.** Zwarenstein M and Reeves S. *The Journal of Continuing Education in the Health Professions* 2006;26:46-54. [Abstract](#)

Summary:

Tan et al. interviewed anesthesiologists, surgeons, and perioperative administrators in two academic hospitals to examine their perceptions of barriers to timely administration of antibiotic prophylaxis for surgical wound infection. According to respondents, obstacles to performance of this evidence-based guideline recommendation were perceptions of it being low priority and inconvenient, problems in system workflow and team communication, and issues related to professional roles and boundaries. The authors suggest that interventions that address these individual, team, and organizational barriers, “the sociological realities of a clinical culture”, are required to improve this identified health care gap. *Zwarenstein and Reeves* also illuminate the significance of interprofessional communication and collaboration in the complex process of knowledge translation, and highlight the need for research that would increase our understanding of the effectiveness of interventions in addressing barriers such as those identified by *Tan et al.* *Zwarenstein and Reeves* reviewed the existing research on the effects of interprofessional education and collaboration interventions on evidence-based practice, and, finding a lack of reliable studies, note the need for rigorous multimethod research studies to develop and strengthen this area of inquiry. They then describe a funded pragmatic-cluster RCT involving 20 general internal medicine units in four teaching hospitals, that will evaluate the impact of an interprofessional education and collaboration intervention on the clinical practice of staff and the care that they deliver. Through the use of quantitative and qualitative methods of data collection, the results will provide much needed insight into whether such an intervention can have an impact on components of health care and outcomes, as well as how such an intervention produces the particular outcomes.

Implications:

- These articles illuminate how interprofessional barriers affect health care quality and postulate how interprofessional education and collaboration interventions might affect knowledge translation and evidence-based care, but research is required, and is underway, to identify the evidence-base of these processes and relationships.

Further reading: Effectiveness of pre-licensure interprofessional education and post-licensure collaborative interventions. Zwarenstein M, Reeves S, Perrier L. *Journal of Interprofessional Care* 2005;19 Suppl 1:148-65. [PubMed Abstract](#)

Read More in **JCEHP**: Continuing education, guideline implementation, and the emerging transdisciplinary field of knowledge translation. Davis D. *JCEHP* 2006;26(1):5-12. [Abstract](#)

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