

Editorial: Published Research, Data, and the Promise of Understanding

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There is something comforting about categorizing objects and events in the world. Categories provide structure to what we see and what we talk about. They are often useful real-world distinctions that extend our capacity to understand and intervene in the world. Scientific instrumentation extends that capacity further, and I believe that scientific publications can do the same. Scientific articles can serve as springboards for reflection, conception, and intervention in the same way that a telescope can open the skies to our eyes and expand our knowledge of the cosmos; hence, my commitment to JRIPE as an open access journal for the dissemination of peer-reviewed research.

In this issue, we publish seven new research articles for which I offer the following categorization. The first three articles can be grouped on the basis of their research method. Using a Participatory Action Approach, **Huijbregts et al.** [1] describe a pilot study of the implementation of a Canadian mental health guideline in a long-term care residence; **Baker et al.** [2] use Action Research to develop an educational module on Adult Suctioning for multi-professional groups of students; and **Brynes et al.** [3] report on the development and evaluation of collaboration in three clinical settings in Southeastern Ontario, Canada, using a quasi-experimental research design.

The next two articles have their unit of analysis as their most salient aspect. Not that these studies were without method; they used specific research designs to collect data, but their particular distinction was in the target of their analyses; namely, students and their interprofessional learning needs. **Baerg et al.** [4] explore collaboration learning needs among health professionals, teachers, and students, while **Flynn et al.** [5] report on differences between Family Medicine Residents and other healthcare learners.

The last two studies have common ground in their research settings: rural communities in Australia. **Jacob et al.** [6] investigate the perceptions of and opportunities for interprofessional education from the perspectives of staff from three rural health services, and **Woodrofe et al.** [7] report on three years of results from a mixed methods evaluation of the Australian Interprofessional Rural Health Education Pilot. As both studies seem to suggest, the rural context may be an ideal place to showcase effective interprofessional practice.

We will never have an omniscient view of the nature of interprofessional learning and practice. We can only have categories and forms of reasoning about it. You will find plenty of both in the articles in this issue. How accurate those forms are is an empirical question which only sustained data collection can answer—more or

less completely, and more or less precisely, depending on research design and the string of limitations that all scientists worth their salt acknowledge unabashedly. May the data keep coming and may our understanding of interprofessional education keep improving.

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