Editorial:
How Many Ways Are There to Build a Bridge?

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The prefix "inter" in "interprofessional" can refer to a bridge that joins two professional "locations." However, as in real life, this metaphoric bridge also separates two locations. The metaphor draws attention to the flexibility and indeterminacy of the term "interprofessional."* There can be as many forms of interprofessionality as there are professions—how many ways are there to build a bridge? Probably as many different ways as there are bridges.

I take it as a sign of vitality of a field when its practitioners combine elements from different sources. Eclecticism characterizes fields that are complex and multifaceted, like interprofessional practice and education (IPE). No one set of theoretical and methodological orthodoxy can confine the ways we construct bridges between professions. Likewise, no such limit can be imposed on how we investigate the linkages between concepts, processes, and ways of implementing and assessing IPE in the real world.

The articles in this issue reflect this eclecticism. **Anderson et al.,** using a quasi-experimental design, ask whether there is a dose-response between the exposure to interprofessional learning and improvement in knowledge, attitudes, and skills among pre-licensure students [1].

Vingilis et al. used a participatory action approach and a pre-experimental design for a formative evaluation of nine pre-licensure workshops on interprofessional, client-centred mental healthcare [2].

Hall et al. describe a formative evaluation of what they call the Interprofessional Day, an innovation in educational programming for first- and second-year health professions students at the Medical University of South Carolina [3].

Tashiro et al. describe how they developed an interprofessional framework to create computer-based simulations that can automatically assess interprofessional competencies of undergraduate health sciences students [4].

Suter et al., using a framework grounded in complexity science, examined factors essential to building capacity to sustain an intervention in interprofessional collaboration in three different healthcare settings [5].

Weaver et al. report their exploration of how complexity science can explain the experiences of a group of stakeholders as they developed learning activities for an IPE placement in a non-acute-care hospital [6].

Finally, **Rowland** reports on the Coordinated Management of Meaning Model as an analytic tool to support scholars, practitioners, and educators to reflect critically on the meanings they make within interprofessional education initiatives [7].

How many ways are there to build a bridge between professions? Perhaps as many different ways as there are individuals who think of building them. Each

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bridge entails a specific arrangement of knowledge that permits certain ways of operating while excluding others. Our job as readers, practitioners, researchers, and policy-makers is to use those bridges—not only to move between professions and ways of thinking, but also to explore the vistas they offer. After all, the journey over a bridge matters as much as its final destination.

Note

* Joe Moran applies a similar argument to the term interdisciplinary in *Interdisciplinarity*. 2nd Edition. The New Critical Idiom. Routeledge, Taylor & Francis Group, 2010.

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