MGH INSTITUTE
OF HEALTH PROFESSIONS
Communication
Sciences and Disorders

Building Capacity for Interprofessional Collaborative Practice to Improve Educational Services for Students with Dyslexia and/or Developmental Language Disorder

A partnership between the Tewksbury Public Schools and the Speech and Language (SAiL) Literacy Lab at MGH Institute of Health Professions

Report created by Rouzana Komesidou, PhD
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Introduction

According to the World Health Organization, interprofessional collaborative practice occurs **"when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers, and communities to deliver the highest quality of care across settings"** (WHO, 2010, p.13). In school settings, this implies the creation of interprofessional teams consisting of teachers, speech-language pathologists, special educators, reading specialists, psychologists, physical therapists, occupational therapists, social workers, paraprofessionals, administrators, case managers, other support staff, and parents/caregivers. An interprofessional team works together to determine and implement evidence-based practices to support students' learning needs.

Dyslexia and **developmental language disorder (DLD)** are common but under-identified disorders. Dyslexia is characterized by difficulties in word reading and DLD is characterized by difficulties with understanding and/or using spoken language (Lyon et al., 2003; McGregor, 2021). Approximately 50% of children with dyslexia have DLD and vice versa. **It takes a team to support students with dyslexia and DLD** and It requires interprofessional knowledge sharing and learning to guide decisions around tailored assessment and intervention practices (ASHA, 2006).

Our Partnership

In 2020, a partnership was formed between **Tewksbury Public Schools** (Richard Pelletier & Lynn Noyes) and the **Speech and Language (SAiL) Literacy Lab at MGH Institute of Health Professions** (Tiffany Hogan, PhD & Rouzana Komesidou, PhD). The primary objectives of this partnership are:

1. To identify enablers and barriers to interprofessional collaborative practice and to promote effective strategies that will strengthen collaboration in the district.

2. To strengthen knowledge about dyslexia and DLD, assessment, instruction, and intervention through professional development.

3. To increase awareness about different professionals' roles and responsibilities (e.g., speech-language pathologists, special needs teachers) in supporting students with dyslexia and/or DLD.

Our overarching goal with this partnership is to **build capacity for interprofessional collaborative practice to improve the quality of educational services for students with dyslexia and/or DLD.**

Partnership Activities

To date, we have completed three professional development (PD) sessions with staff at Tewksbury Public Schools:

- *PD1*: The language basis of reading and why some children struggle to understand what they read (Presented by Rouzana Komesidou, PhD, Principal Investigator).
- *PD2*: Interprofessional collaboration in language and literacy (Presented by Tim Deluca, MS, CCC-SLP, doctoral student at the SAiL Literacy Lab)
- *PD3*: Overview of dyslexia and DLD (Presented by Norma Hancock, M.Ed., CAS, WDP, doctoral student at the SAiL Literacy Lab)
- *PD4*: Assessing for dyslexia and developmental language disorder (Presented by Norma Hancock, M.Ed., CAS, WDP, doctoral student at the SAiL Literacy Lab)
- *PD5*: The language basis of reading disabilities: Case studies from the field (Presented by Norma Hancock, M.Ed., CAS, WDP, doctoral student at the SAiL Literacy Lab)

A sixth PD in evidence-based intervention practices for dyslexia and DLD is currently in preparation.

In addition, Dr. Rouzana Komesidou has presented to parents and administrators about language and reading development, why some children struggle with reading, the work conducted at the SAiL Literacy Lab, and the goals of this partnership.

We also provide case consultation to support decisions around diagnosis and intervention.

Finally, a survey has been administered to district staff in Fall 2021, to better understand potential factors that may influence interprofessional collaborative practice and seek staff's perspectives about the district's current processes and needs. The remainder of this report will focus on the results from this survey.

Survey Methods

We developed a survey of interprofessional collaborative practice (see attachment at the end of this report) to examine potential factors that influence behaviors and perceptions around collaboration and to seek staff's perspectives on how the district is supporting their collaboration needs and what else is needed. The survey included close-ended questions about training, knowledge about dyslexia and DLD, roles and

responsibilities, current collaborative practices, and district resources. In addition, the survey included open-ended questions asking participants to share their perspectives about current efforts to support interprofessional collaborative practice and needs.

The survey was administered to staff via an online application (REDCap) between November and December 2021. All procedures were approved by the Mass General Brigham Institutional Review Board.

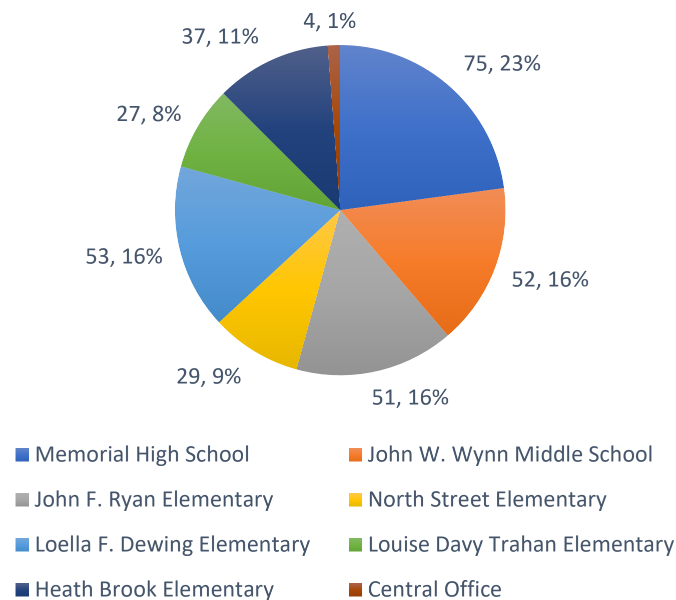
Participants

A total of 296 participants took the survey. **Table 1** lists the number of survey participants by professional group, in alphabetical order. 228 out of 296 participants were female (77%), 51 participants were male (17.2%), and 1 participant was non-binary (0.3%). Participants reported the following race/ethnicity categories: 1 American Indian or Alaska Native (0.3%), 2 Asian (0.7%), 2 Black or African American (0.7%), 1 Latino (0.3%), 1 Native Hawaiian or Other Pacific Islander (0.3%), 269 White (90.9%), and 12 Other (4.1%). The majority of participants (258 out of 296, 87.2%) had a master's degree, 3 participants had a high-school degree (1.0%), 2 participants had some college (0.7%), 25 participants had a bachelor's degree (8.4%), and 4 participants had a doctoral degree (1.4%). Years of experience working in the field of education ranged between 4 months and 45 years. **Figure 1** shows the number of participants per school and department.

Table 1. Number of survey participants by professional group.

Profession	**Number of Respondents**
Building Administration	1
Counselor	6
District Administration	2
General Educator	172
Librarian	1
Media Specialist	1
Moderate Special Educator	42
Occupational Therapist	4
Other (BCBA, coordinator, teaching aide, case manager, COVID support staff, math coach, Delta-T)	14
Physical Therapist	1
Reading Specialist/Literacy Coach	6
School Psychologist	4
Severe Special Educator	8
Social Worker	3
Speech-Language Pathologist	8
Subject Specialist (e.g., Music, PE, Art)	23
Total Respondents	**296**

Figure 1. Number of survey participants by school/department.



Survey Topics

This survey aimed to examine potential factors that characterize interprofessional collaborative practice in the district, within the broader categories of training, knowledge about oral and written development and disorders, roles and responsibilities of team members, current collaborative practices, and district resources. In this report, we are presenting mainly descriptive data that emerged from participants' responses. We are currently in the process of applying quantitative and qualitative statistical analysis models to examine these categories for two manuscripts and a conference presentation, which we will share with our district partners in due time.

Topic 1: Training

1. Current training

This section of the survey sought to gather information about participants' current training experiences (lecture, experiential learning, observation, no training, other) in oral and written language development, oral and written language disorders, reading instruction, and core competencies of interprofessional collaborative practice (values/ethics, roles/responsibilities, interprofessional communication, teams and teamwork) (Interprofessional Education Collaborative Expert Panel, 2011). **Figure 2** illustrates percentages for each type of training.

For core competencies of interprofessional collaborative practice (values/ethics, roles/responsibilities, interprofessional communication, teams and teamwork), the

majority of participants reported receiving training from lectures and experiential learning.

- *Values/ethics* refers to working with other professionals, students, and families, to maintain a climate of mutual respect and shared values.
- *Roles/responsibilities* refer to using knowledge of own roles and the roles of other professionals to appropriately assess and address the educational needs of students and families.
- *Interprofessional communication* refers to communicating with other professionals, families, and communities in a responsible and responsive manner that supports a team approach.
- *Teams and teamwork* refer to using principles of relationship building values and team dynamics to work effectively in different team roles.

These findings are encouraging as they suggest that opportunities are available for district staff to build knowledge and skills in collaboration. The district should continue leveraging on lectures and high-quality experiential learning opportunities to strengthen interprofessional collaborative practice.

Lectures were also reported more often to support training in teaching reading comprehension and writing. Regarding training in oral and written language development/disorders and reading instruction (e.g., word reading, spelling), the majority of participants reported that they received no training (see **Figure 2**). The lack of training in these areas is concerning and potential gaps in knowledge and practice may negatively impact interprofessional collaborative efforts to support students with dyslexia and/or DLD. More active training opportunities in these areas are needed to support staff's knowledge and skill development.

Figure 2. Current training in language development/disorders, reading instruction, and collaborative principles.

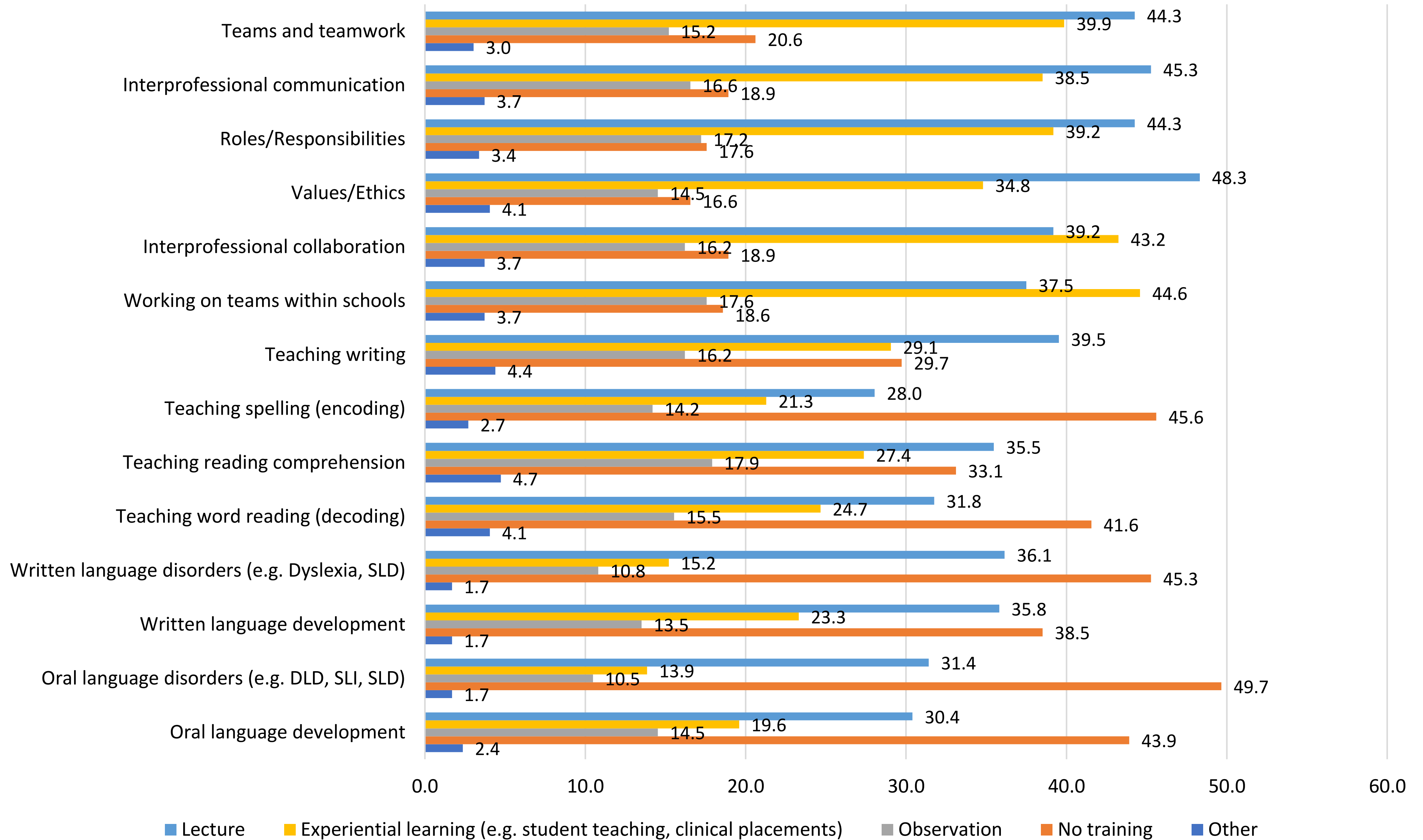
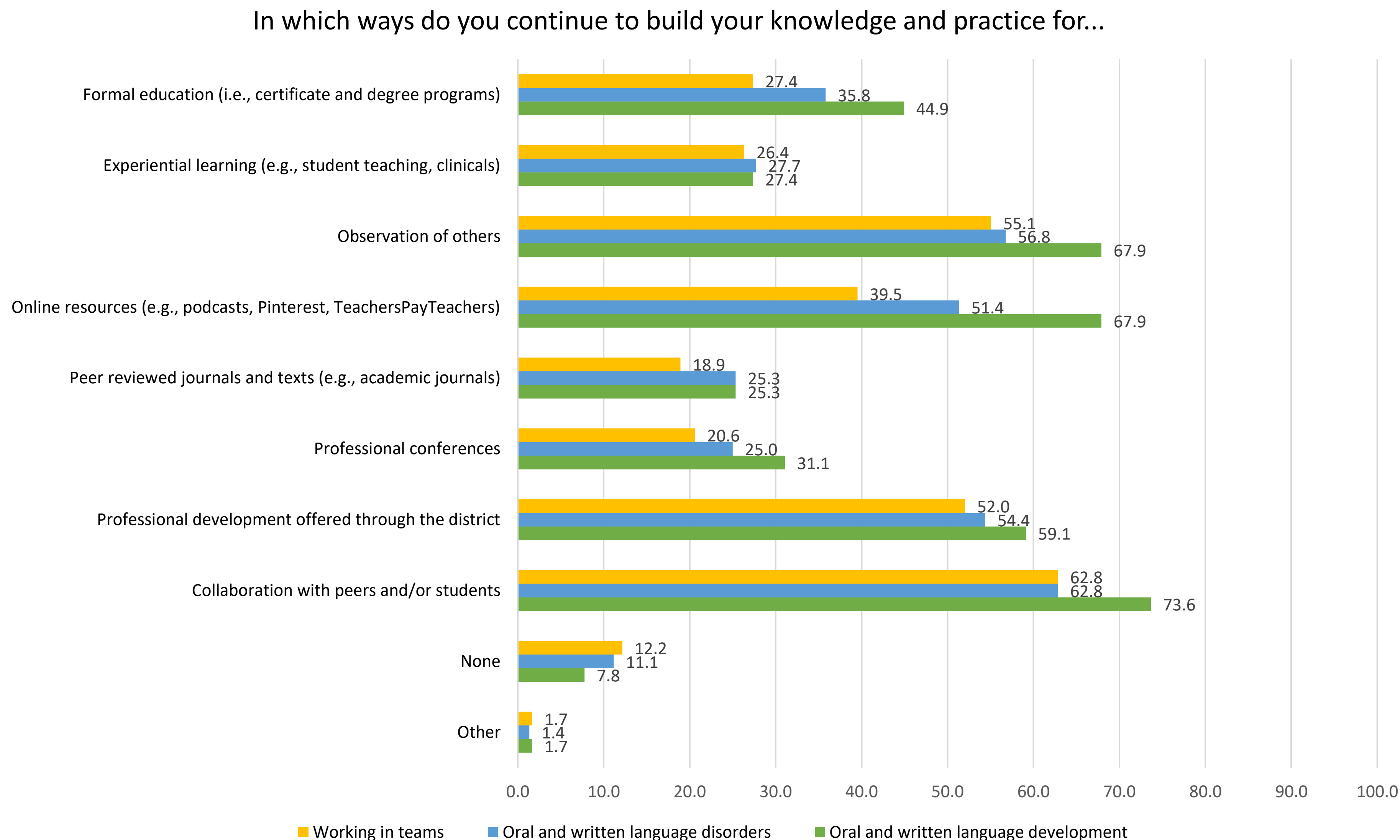


Figure 3. Ways that professionals continue building knowledge in language development/disorders and teamwork.



2. Continuous learning

This section of the survey sought to gather information about ways that participants continue to build knowledge and practical skills in oral and written language development, oral and written language disorders, and working in teams. As shown in **Figure 3**, popular ways included collaboration with peers and/or students, observation of others, professional development offered through the district, and online resources. The district should continue maximizing high-quality professional development opportunities and active collaboration time. In addition, the district should identify strategies to increase engagement in formal learning opportunities such as formal education (e.g., certificate and degree programs), professional conferences, and reading peer-reviewed articles (e.g., journal clubs).

Topic 2: Knowledge About Oral and Written Language Development and Disorders

This section of the survey examined participants' overall knowledge about oral language development and disorders (e.g., DLD) and written language development and disorders (e.g., dyslexia). For example, participants were asked to provide a definition of dyslexia and DLD, identify areas to evaluate when suspecting dyslexia and DLD, and identify best practices in intervention.

1. Defining dyslexia and DLD

Dyslexia is formally defined as "a specific learning disability that is neurobiological in origin. It is *characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities*. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge." (International Dyslexia Association, 2002). Nearly 65% of participants provided a definition of dyslexia that included accurate statements about its characteristics (e.g., "Dyslexia is a reading disability that impacts a child's ability to read, write and comprehend", "dyslexia is the inability to decode", "Difficulty with reading at the level of the single word with adequate listening comprehension"). The rest of participants did not provide a definition, defined dyslexia using broad and non-specific statements (e.g., "kids who can't read good"), or defined dyslexia as seeing letters in reversal or backwards. Letter reversals are not necessarily a sign of dyslexia and many children with dyslexia do not reverse letters.

DLD is a specific learning disability characterized by difficulties in understanding and/or using spoken language. Nearly 65% of participants provided a definition of DLD that

included accurate statements about its characteristics (e.g., “Oral language impairment is a disorder that affects a child's ability to read and understand both written and spoken information, but the child does not have any medical or cognitive issues that could be of cause.”, “Difficulty with vocabulary, decreased sentence length, immature grammar, less complex sentence structure, word finding difficulty, difficulty following directions.”, “A specific learning disability which most often presents with weaknesses in comprehension. Students will often have good automaticity and word level reading skills but have weak comprehension skills.”). The rest of participants did not provide a definition, were unsure, provided broad and non-specific definitions (e.g., “impairment”), or defined DLD as difficulties with speech. While speech difficulties can be a risk factor for DLD and there are children who struggle with both language and speech, DLD refers to difficulties expressing one’s thoughts and/or understanding the meaning of what is being said.

Overall, these findings indicate that most participants have a good understanding of what dyslexia and DLD are. Professional development should continue addressing basic knowledge and misconceptions (e.g., letter reversals in dyslexia, differences between DLD and speech impairments), toward a shared understanding of these conditions.

2. Areas to evaluate when suspecting dyslexia and DLD

In the case of dyslexia, participants selected provided choices as follows (from higher to lower): word reading (91.9%), reading fluency (88.9%), spelling (84.5%), reading comprehension (78.4%), phonological awareness (73.3%), phonology (62.5%), rapid automatic naming (59.1%), working memory (57.1%), syntax (55.4%), listening comprehension (51.7%), morphology (51.4%), semantics (50.3%), attention (47.6%), pragmatics (47.6%), and speech production (47.3%).

In the case of DLD, participants selected provided choices as follows (from higher to lower): speech production (75.3%), listening comprehension (72%), phonology (65.9%), phonological awareness (64.2%), working memory (60.5%), syntax (58.4%), semantics (57.1%), morphology (53%), reading comprehension (52%), pragmatics (52%), word reading (51.4%), rapid automatic naming (49%), attention (47%), reading fluency (48.6%), and spelling (35.8%).

These findings indicate promising trends toward a shared understanding of evidence-based assessment practices for dyslexia and DLD. The overall purpose of this subsection was to illustrate that comprehensive assessments that include most or all of these areas are necessary considering the high comorbidity between dyslexia and DLD, and between dyslexia and/or DLD and other conditions (e.g., ADHD).

3. Identifying best practices in treating dyslexia and DLD

Participants were provided with lists of potential interventions and were asked whether they reflect best practice for treating dyslexia and DLD. We define an intervention as best practice when there is high quality and rigorous evidence about its effectiveness, and it aims to address core deficits in dyslexia and DLD. Responses for each condition are provided in **Tables 2 and 3**. The green cells in the tables indicate the correct answer. For example, corrective eyewear does not reflect best practice for treating dyslexia. Similarly, SLP treatment beginning after third grade does not reflect best practice for treating DLD.

As shown in **Table 2**, most participants correctly identified whether an intervention reflects best practice for treating dyslexia in only 5 out of 13 cases: corrective eyewear (No), systematic phonics instruction (Yes), book clubs (No), systematic sound-symbol correspondence instruction (Yes), there are no evidence-based interventions (No).

Table 2. Do these interventions reflect best practice for treating dyslexia?

Intervention	Yes	No
Corrective eyewear	30.7%	61.5%
Systematic phonics instruction	92.9%	3.4%
"Just Right" leveled books	72.6%	21.6%
Whole class read alouds	49.3%	41.9%
Book clubs	41.6%	49.7%
Repeated readings	76.4%	16.2%
Audio books	80.7%	13.2%
Enlargement of text	51%	38.9%
Font changes	72%	21.3%
Colored text and/or highlighting	76.4%	16.2%
Treatment of auditory processing	52.7%	36.5%
Systematic sound-symbol correspondence instruction	85.5%	7.8%
There are no evidence-based interventions.	8.1%	73.3%

As shown in **Table 3**, most participants correctly identified whether an intervention reflects best practice for treating DLD in 4 out of 7 cases: explicit instruction in vocabulary (Yes), explicit instruction in grammar and syntax (Yes), explicit instruction in morphology (Yes), and there are no evidence-based interventions (No).

Table 3. Do these interventions reflect best practice for treating DLD?

Intervention	Yes	No
Listening therapy	77.4%	14.5%
Explicit instruction in vocabulary	76.7%	16.2%
Explicit instruction in grammar and syntax	76.4%	17.2%
Explicit instruction in speech sound production	87.8%	6.8%
Explicit instruction in morphology	79.4%	13.2%
SLP treatment beginning after third grade	51.4%	38.2%
There are no evidence-based interventions.	7.5%	70.9%

Overall, these findings suggest the need for further education on evidence-based intervention/instructional practices and clarifications on certain misperceptions (e.g., text and font changes for students with dyslexia, delaying treatment for DLD until after third grade).

Topic 3: Roles and Responsibilities

This section of the survey examined participant's perceptions about their roles and responsibilities and the roles and responsibilities of other team members, especially as related to supporting students with dyslexia and/or DLD. Participants were asked to rate various statements related to roles and scope of practice on a 5-point scale (1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree).

Table 4. Median scores (i.e., middle value in a set of numbers) for statements related to roles and responsibilities.

Statements about *Roles and Responsibilities*	Median
I understand my role within this school.	2
I can describe my role to others.	2
My role in this school includes supporting oral language development.	2
My role in this school includes supporting written language development.	2
My role within this school includes collaboration with families or caregivers of students.	1
My knowledge allows me to adequately perform my role.	2
My role in this school includes working as a part of an interdisciplinary team.	1.5
I understand my scope of practice.	2
I can describe my scope of practice to others.	2
My scope of practice includes supporting oral language development.	2
My scope of practice includes supporting written language development.	2
My scope of practice includes working as a part of an interdisciplinary team.	2
My scope of practice includes collaboration with families or caregivers of students.	2
My knowledge matches my scope of practice within a school system.	2
My role in this school matches my scope of practice.	2
When my role does not match my scope of practice, I can advocate for change.	2
I understand the role of other professionals within this school.	2
I can describe the role of other professionals within this school.	2
I understand the scope of practice of other professionals with whom I interact.	2
I can describe the scope of practice of other professionals with whom I interact.	2
The role of others within my school matches their scope of practice.	2

Note. Scale values: 1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree. A median value below 3 indicates that most respondents agreed, whereas a median above 3 indicates that most respondents disagreed. A median value of 3 indicates that most respondents neither agreed nor disagreed.

As one of the core competencies of interprofessional collaborative practice, roles and responsibilities refer to *using knowledge of own roles and the roles of other professionals to appropriately assess and address the educational needs of students and families*. Successful collaboration depends on the clear understanding and communication of one's roles and the roles of other professionals (Interprofessional Education Collaborative Expert Panel, 2011). **Table 4** shows the median values (i.e.,

middle value in a set of numbers) for each statement. Overall, the findings indicate that most participants have a clear understanding of their roles and responsibilities and the roles and responsibilities of other team members.

Topic 4: Current Collaborative Practices

This section of the survey examined participants' perceptions of current collaborative practices and values in the district. Participants were asked to rate various statements related to collaborative practices on a 5-point scale (1 = Always True, 2 = Often True, 3 = Sometimes True, 4 = Rarely True, 5 = Never True). **Table 5** shows the median values (i.e., middle value in a set of numbers) for each statement.

The findings indicate that (1) the scope of practice and shared knowledge of team members often matches the requirements in service delivery; (2) collaborations, decisions, and planning (e.g., intervention, referral, instruction) happen more at the school level rather than the district level; and (3) teams incorporate the values of families when making decisions. In the case of disagreements, most participants indicated that having action plans for how to resolve disagreements and feel comfortable and supported to advocate for themselves and their students is sometimes true. This suggests the need for better processes to address team conflicts and to encourage communication and self-advocacy.

Topic 5: District Resources

This section of the survey sought to understand available district resources that aim to support students with dyslexia and/or DLD. Participants were asked to rate various statements related to resources on a 5-point scale (1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree). **Table 6** shows the median values (i.e., middle value in a set of numbers) for each statement.

The findings indicate that most participants did not agree nor disagree regarding the availability of various resources related to personnel, assessment, intervention, progress monitoring, instruction, community partnerships, and time to collaborate with stakeholders. Most participants also reported that they did not have the time in their schedules to support all learners. We recommend a further evaluation of available resources to better understand what is needed. Limited time is a common barrier to service delivery, and it can impact the quantity and quality of supports delivered to students with dyslexia and/or DLD (see Fulcher-Rood et al., 2020). It is important to understand how contextual and operational factors contribute to time constraints and to identify appropriate solutions for better time management and support of all learners.

Table 5. Median scores (i.e., middle value in a set of numbers) for statements related to teamwork.

Statements about *Teamwork, Decisions, and Values*	Median
When I work on teams, the scope of practice of the members of my team matches the work we must do.	2
When I work on teams, our shared knowledge matches the work we must do.	2
If the scope of practice of the members of my team does not match the work we must do, I am able to advocate for change.	2
If our shared knowledge does not match the work we must do, I am able to advocate for change.	2
Decisions regarding tiered intervention happen at the school-building level.	2
Decisions regarding tiered intervention happen at the district level.	3
Decisions regarding special education referral happen at the school-building level.	2
Decisions regarding special education referral happen at the district level.	3
Decisions regarding special education qualification happen at the school-building level.	2
Decisions regarding special education qualification happen at the district level.	3
Decisions regarding special education intervention happen at the school-building level.	2
Decisions regarding special education intervention happen at the district level.	3
Decisions regarding students are made with families or caregivers of students.	2
Decisions regarding tiered intervention are made as a team.	2
Decisions regarding referral for special education are made as a team.	2
Decisions regarding assessment for special education are made as a team.	2
Decisions regarding qualification for special education are made as a team.	2
I am following a lesson plan provided by a curriculum when I work with students.	3
I am following a lesson plan that were created with colleagues when I work with students.	3
I plan instruction independently.	2
I plan instruction with my colleagues in my building.	2
I plan instruction with colleagues across the district.	4
I share student data with colleagues in my school.	2
I share student data with colleagues in my district.	4
I incorporate the needs and opinions of families or caregivers of students when making decisions.	2
My teams incorporates the values of families or caregivers of students when making decisions.	2
When members of my school disagree, there are action plans for how to resolve disagreements.	3
When members of my district disagree, there are action plans for how to resolve disagreements.	3
When members of my school disagree, I feel comfortable and supported to advocate for myself and my learners.	3
When members of my district disagree, I feel comfortable and supported to advocate for myself and my learners.	3
Respectfully sharing opinions and ideas is valued within my school.	2
Respectfully sharing opinions and ideas is valued within my district.	3
Note. Scale values: 1 = Always True; 2 = Often True; 3 = Sometimes True; 4 = Rarely True; 5 = Never True. A median value below 3 indicates that most respondents agreed, whereas a median above 3 indicates that most respondents disagreed. A median value of 3 indicates that most respondents neither agreed nor disagreed.	

Table 6. Median scores (i.e., middle value in a set of numbers) for statements related to district resources.

Statements about *District Resources*	Median
We have the personnel to support all learners.	3
We have assessment resources to support all learners.	3
We have intervention resources to support all learners.	3
We have progress monitoring resources to support all learners.	3
We have instructional resources to support all learners.	3
We have community partnerships to support all learners.	3
I have the time in my schedule to support all learners.	4
I have the time in my schedule to collaborate with stakeholders.	3

Note. Scale values: 1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree. A median value below 3 indicates that most respondents agreed, whereas a median above 3 indicates that most respondents disagreed. A median value of 3 indicates that most respondents neither agreed nor disagreed.

Topic 6: Additional Perspectives

Finally, the last section of the survey included two open-ended questions seeking participants' perspectives on current efforts by the district to support interprofessional collaborative practice and additional needs.

1. What specific actions is the district taking to support interprofessional collaborative practice?

Participants shared that the district supports interprofessional collaborative practice with professional development, staff meetings, instructional meetings, common planning time (CPT), professional learning communities (PLC), conference attendance, course reimbursement, student support teams, webinars/pre-recorded lectures, math coaches, Ed campus, IEP meetings, emergency meetings, summer curriculum work, open-house nights, parent-teacher conferences, and co-teaching. We have included some supporting quotes for reference.

Supporting Quotes:

"My school district supports my inter professional collaboration practice because they support how I work and know I work my best."

"We have department meetings to share curriculum that we're developing, and we are provided with the opportunity to complete curriculum work over the summer months so that we can work on the details of our units."

"The district allows daily time in our schedule to plan with our academic team. We have a team leader that facilitates our team each day so we can communicate with families and support students."

"My school district has PLC teams where we meet together twice a week to discuss best practices for our special education students."

"At times we're given time with our partner teachers, grade-level teams, and colleagues at the district level. I know the SPED department is trying to put in more efforts to bring together a Dyslexia/specialized reading team, so we've had collaboration opportunities."

"Weekly reading meetings to collaborate with other special education teachers who are also teaching reading, weekly meeting with PLC groups, common planning time, routine PD opportunities."

"Ed Campus - where colleagues present for each other, and we get to "sign up" for different presentations. We are a great resource for each other!"

"The Special Education Department has been very generous with online tools, materials, budgets for after school meetings which have fostered some inter-professional collaborative practice. The district has also set aside time weekly for grade level TEAMS to meet to work on shared professional goals which continuously improves practice."

2. **What specific actions should the district take to support interprofessional collaborative practice?**

Participants shared that the district should further support interprofessional collaborative practice with more time for common planning and collaborative practice, collaboration across the district, hire psychologists for evaluations to alleviate workload of special educators, better and more professional development, more support staff, meetings within contracted hours, flexibility within PLCs to work on department-specific needs, targeted PLCs and common planning time for those in specialized roles, clearer goals and structures in PLCs, consistent and regular early release days, better communication among stakeholders and listening to feedback, and rotation of leadership among staff. We have included supporting quotes for reference.

Supporting Quotes:

"Provide opportunity for inclusions teams to have shared planning time during the school day to meet and discuss lessons/assessments. More choice for professional development."

"Hire a psychologist to do testing so that special ed teachers are not pulled from servicing their students."

"It would be helpful to meet with our colleagues at the other elementary school for curriculum planning."

“Our district should give us more time to collaborate as a team (without mandated agendas). They should trust us a master's level professionals to do what we need to do to support our students.”

“More engaging professional development More opportunities to collaborate during PD.”

“Our district does not hire or use support staff (paraprofessionals, specifically) adequately or effectively to reach all of our learners and collaborate with instructors.”

“We have plenty of PLC time allocated to us. We are often given items we must collaborate on rather than allowing us to collaborate on what matters to our department.”

“My school district offers professional development, PLCS and common planning time in order to collaborate professionally. However, PLCS are not always geared to the special educators, and we are often in groups talking about content that does not apply to us. More targeted common planning times for special educators would be appreciated.”

“Allow time to meet with specialized staff (not grade level specific) to learn more about how I can best support their learners within the classroom.”

“Interdepartmental opportunities should be provided for general education teachers (within that 1-hour time period, not additional required time) to interact and communicate with special education teachers, guidance staff, speech therapists, ELL staff, and psychology staff to be able to better support challenged students.”

“The district should: a) listen to teacher's feedback about what is most important in our limited professional development time, b) allow teacher's to lead our development opportunities just like we encourage student-led instruction, c) provide appropriate supports throughout the school day to ensure that students receive the supports that they need, and as a natural consequence, teachers can be present during meetings, d) have the special education staff present on areas that they feel impact student learning the most in regards to oral and written language impairment.”

“It would be great to have additional planning time at the school and district level for collaboration. This may include 1-2 half days a month where we are given several hours to collaborate with colleagues. We would love continued professional development in Dyslexia and Special Education programming.”

“A unified approach to interventions (i.e., unified access to interventions), a unified approach to qualifying students for special education, a unified approach/plan when handling certain situations (i.e., behaviors, academic struggles, etc.). This isn't to say that all students should have the same intervention, this is to say students at all grades

should have access to the same resources and the district should have a more unified approach so that things are relatively consistent throughout the grade levels."

Discussion and Next Steps

The purpose of this survey was to examine potential factors that characterize interprofessional collaborative practice in the district, within the broader categories of training, knowledge about oral and written development and disorders, roles and responsibilities of team members, current collaborative practices, and district resources.

The descriptive findings in this report indicate several positive steps toward successful interprofessional collaborative practice, including available opportunities for knowledge and skill development, high-quality professional development and other learning opportunities, active collaboration time, shared understanding of what dyslexia and DLD are, and clear understanding and communication of roles and responsibilities.

However, the district should consider additional ways to strengthen interprofessional collaborative practice, including (1) more active training opportunities in language and literacy topics, (2) participation in formal learning opportunities (e.g., certificates, professional conferences, journal clubs), (3) more opportunities to increase understanding of dyslexia and DLD, address misconceptions, and best practices in assessment and intervention/instruction, (4) better processes to resolve disagreements and encourage self-advocacy, (5) effective communication channels, (6) ameliorate collaborative time, and (7) further evaluate needed resources.

We look forward to continuing this partnership and developing tailored processes around interprofessional collaborative practice to improve the quality of educational services for students with dyslexia and/or DLD. We are also excited to continue analyzing the data from this survey using quantitative and qualitative methods to further understand current practices and avenues for improvement. We hope that this work can inform others in their efforts to build capacity in interprofessional collaborative practice to support all learners. We are planning to disseminate these findings through two scientific manuscripts and an upcoming presentation at the 2022 Symposium on Research in Child Language Disorders held in Madison, Wisconsin (June 2-4, 2022).

Acknowledgements

We thank Richard Pelletier and Lynn Noyes for their continuous trust, support, and guidance in this partnership.

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Contact Information

Rouzana Komesidou, PhD
Speech and Language (SAiL) Literacy Lab
MGH Institute of Health Professions
Email: rkomesidou@mghihp.edu
Follow on Twitter @rkomesidou