



ELSEVIER



Healthcare Simulation Standards of Best Practice™ Simulation-Enhanced Interprofessional Education

INACSL Standards Committee, Kelly Rossler, PhD, RN, CHSE,
Margory A. Molloy, DNP, RN, CNE, CHSE, Amy M. Pastva, PT, MA, PhD,
CHSE, Michelle Brown, PhD, MS, MLS(ASCP)^{CM}, SBBCM, CHSE,
Neena Xavier, MD, FACE

KEYWORDS

interprofessional
education;
collaborative practice;
interprofessional
communication;
teamwork

Cite this article:

INACSL Standards Committee, Rossler, K., Molloy, M.A., Pastva, A.M., Brown, M., & Xavier, N. (2021, September). Healthcare Simulation Standards of Best Practice™ Simulation-Enhanced Interprofessional Education. *Clinical Simulation in Nursing*, 58, 49-53. <https://doi.org/10.1016/j.ecns.2021.08.015>.

© 2021 Published by Elsevier Inc. on behalf of International Nursing Association for Clinical Simulation and Learning.

As the science of simulation continues to evolve, so does the need for additions and revisions to the Healthcare Simulation Standards of Best Practice. Therefore, the Healthcare Simulation Standards of Best Practice™ are living documents.

Standard

Simulation-enhanced interprofessional education (Sim-IPE) enables learners from different healthcare professions to engage in a simulation-based experience to achieve linked or shared objectives and outcomes.¹

Background

The complex health care needs of today's society require health care professionals to work as a collaborative team. Safe, quality health care depends on the ability of the health care team to cooperate, communicate, and share skills and knowledge appropriately. Sim-IPE is the overlap of the pedagogy of simulation and interprofessional

education (IPE), providing a collaborative approach for the development and mastery of interprofessional practice competencies.^{2,3,4} Overwhelming support and recognition of the need to cultivate interprofessional education and to develop interprofessional collaborative practice has grown substantially.⁴ Simulation-based experiences remain recognized as an effective way to promote IPE teamwork.

Sim-IPE is designed for individuals to “learn about, from, and with each other to enable effective collaboration and improve health outcomes” (p.31) therefore, creating opportunities for purposeful learning.² Creating these rich learning opportunities can be difficult given the many natural variables present in simulation education (e.g., simulation, simulator, simulation program, curriculum, schedules, learners, and educators) that may impact learning. As a way to achieve the highest interprofessional learning that can best withstand these variables, educators should

use published theories (educational, organizational, and/or management), concepts, frameworks, standards, and competencies to guide the development implementation and evaluation of Sim-IPE.^{5,6,7}

Strategies from simulation-based education and IPE should be integrated into all aspects of the experience. Additionally, research incorporating strategies from human factors and team performance are essential for gaining insight into effective communication and collaboration in Sim-IPE.^{4,8,9,10} An evaluation plan should be considered when designing a Sim-IPE activity to measure the outcome(s) of the methodology, experience, and learning outcomes to contribute to the body of science specific to Sim-IPE.^{3,11} Research and evidence-based quality improvement projects utilizing valid and reliable measures designed to link Simulation and IPE to quality care and patient safety has markedly increased.^{7,12,13,14} Research focused on exploring the effectiveness of Sim-IPE to include changes in attitudes, changes in clinical practice behaviors, and changes in patient care outcomes continues to emerge in the literature.^{15,7,16} However, educators and researchers from all professions are encouraged to disseminate outcomes from Sim-IPE experiences to demonstrate the impact of IPE on interprofessional practice and patient care.^{17,18} Guidelines for this standard are provided that apply to interprofessional learning opportunities which promote professional trust and respect, role clarity, and effective collaborative relationships.^{4,19}

Criteria Necessary to Meet This Standard:

- 1 Conduct Sim-IPE based on a theoretical or a conceptual framework.
- 2 Utilize best practices in the design and development of Sim-IPE.
- 3 Recognize and address potential barriers to Sim-IPE.
- 4 Devise an appropriate evaluation plan for Sim-IPE.

Criterion 1: Conduct Sim-IPE based on a theoretical or a conceptual framework.^{5,6,7}

Required Elements:

- Include adult learning theories, frameworks, standards, and competencies to structure the development of Sim-IPE.
 - Explore teamwork or crisis resource management framework(s) with consideration to adopt for consistency.
 - Intentionally design Sim-IPE using published theoretical models, frameworks, and/or competencies (e.g., nationally accepted core competencies, certifying and accrediting bodies, professional societies).
 - Current theories or frameworks to consider are: Kolb's Adult Learning Theory^{7,13,20}; Team-Based Learning^{21,22}; Team Reflexivity²³; Situated Cogni-

tion^{24,15}; and The NLN Jeffries Simulation Theory²⁵.

- Conduct curricular mapping to identify potential and/or appropriate integration of Sim-IPE.
- Integrate the theoretical and philosophical models of each health care profession involved in the Sim-IPE.

Criterion 2: Utilize best practices in the design and development of Sim-IPE. (Follow the Healthcare Simulation Standards of Best Practice (HSSOBP™) Design and Prebriefing).

Required Elements:

- Best practices for Sim-IPE should:
 - Develop the design in consultation with experts and representatives of the targeted interprofessional learners.
 - Consider multiple experiences to achieve expected outcomes.
 - Incorporate authentic, challenging, reality-based activities/scenarios developed and reviewed by the professions involved in the simulation.
 - Develop mutual goals among the professions involved in the experience.
 - Base activities on learning objectives, learners' knowledge, skills, needs, and experiences.
 - Ensure a safe learning environment.
 - Provide appropriate team-based structured prebriefing, debriefing, and feedback as appropriate for the goal of the simulation^{9,13,26}.
 - One curricular example to consider is: Team-STEPPS®, an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals²⁶.
 - Conduct a prebriefing with learners when sensitive topics occur in or as a part of the scenario (such suicide or delivering difficult news).
 - Have adequate resources for learners in need of support after participating in a scenario inclusive of sensitive topics.

Criterion 3: Recognize and address potential barriers to Sim-IPE. (Follow the HSSOBP™ Prebriefing: Preparation and Briefing, Simulation Design, The Debriefing Process, and Professional Development for more information).

Required Elements:

- Perform a needs assessment to determine if the organization or program is ready for Sim-IPE and that stakeholders will be able to benefit.²⁷
- Determine if the simulation-based experience meaningfully involves all learners.²⁸
- Ensure current and future practice relevance.²⁴
- Determine institutional and leadership commitment to Sim-IPE through supporting dedicated time for training

facilitators and simulationists and for participating in simulation as a part of role/job responsibilities.^{2,5,11}

- Utilize Sim-IPE champions and stakeholders throughout the development, planning, and implementation processes.²⁸
- Review and ensure adequate resources including financial support, simulation space, equipment, supplies, time, support for staff/simulationists, and a budget plan to ensure sustainability, as Sim-IPE can be resource intensive.^{5,25,29}
- Provide formal education and training to effectively utilize Sim-IPE.^{30,31}
 - Provide simulationists and/or facilitators with professional development on simulation and simulation-based experiences (pre-briefing, scenario, and debriefing).
 - Provide professional development for simulation roles such as embedded simulation participants.
- Design the simulation to meet the needs of a diverse learner population.^{32,33}
 - Develop the learning objectives based on the level of the learners.
 - Consider scheduling constraints and discordant curricula across disciplines.
 - Increase collaboration between colleges and between universities.
- Prepare learners to meaningfully participate in an interprofessional focused simulation.^{10,28,33,34}
 - Provide formal education and training so that learners can demonstrate knowledge and skills.
 - Align simulation complexity and taxonomy with progress in program and training.
- Opportunity to reflect on the simulation experience.^{7,35}
 - Ensure a structured debriefing is led by trained IPE simulationists.
 - Reflect on learners' decisions, actions, and frames in addition to facts to promote a culture of behavior change.
- Consider that additional barriers to Sim-IPE may occur in some countries.⁴

Criterion 4: Include an appropriate evaluation plan. (Follow the HSSOBP™ Evaluation of Learning and Performance).

Required Elements:

- Develop the evaluation in consultation with experts and representatives of the targeted interprofessional learners (i.e., faculty educators, statisticians, researchers, or psychometricians).³⁶
- Incorporate data collection instruments which demonstrate reliability and validity across the professions.
 - Current or emerging instruments to consider are: Health Professional Collaboration Scale^{32,37}; Interprofessional Collaborative Competency Attainment Survey³⁸; Interprofessional Activity Classification Tool³⁹; Inter-

- professional Socialization and Valuing Scale⁴⁰; KidSim Team Performance Scale¹²; Readiness for Interprofessional Learning Scale (RIPLS; Revised)^{18,22,41}; Student Perceptions of Interprofessional Clinical-Education Revised Instrument⁴²; TeamSTEPPS Teamwork, Attitude Q¹²; Team Readiness Assurance Test/Individual Readiness Assurance Test²²; Interprofessional Collaborator Assessment⁴³
- Investigate effectiveness of Sim-IPE after integrated into various curricula or healthcare institutions (pre and post licensure).⁴⁴
- Measure impact of Sim-IPE on individual and team behavior.⁴⁴
- Explore use of Sim-IPE to develop and assess interprofessional competencies.^{32,42,45}
- Measure impact of Sim-IPE on learner's understanding of interprofessional teams, to include role clarity, effective communication, mutual respect, and shared values.^{4,23,32}
- Measure impact of Sim-IPE on culture change and leads to change in team culture.²³
- Explore Sim-IPE on achieving sustained learning that impacts patient outcomes.⁴⁶

References

1. Lioce, L., Downing, D., Chang, T. P., Robertson, J. M., Anderson, M., Diaz, D. A., & Spain, A. E. (2020). *Healthcare Simulation Dictionary* (2nd ed). Rockville, MD: Agency for Healthcare Research and Quality AHRQ Publication No. 20-0019. <https://doi.org/10.23970/simulationv2>.
2. World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Retrieved from http://www.who.int/hrh/resources/framework_action/en/.
3. Palaganas, J., Epps, C., & Raemer, D. (2014). A history of simulation enhanced interprofessional education. *Journal of Interprofessional Care*, 28(2), 110-115.
4. Interprofessional Education Collaborative Expert Panel (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, DC: IPEC.
5. Abu-Rish, E., Kim, S., Choe, L., Varpio, L., Malik, E., White, A. A., & Zierler, B. (2012). Current trends in interprofessional education of health science students: A literature review. *Journal of Interprofessional Care*, 26(6), 444-451. <https://doi.org/http://dx.doi.org/10.3109/13561820.2012.715604>.
6. Labraguea, L. J., McEnroe-Petite, D. M., Fronda, D. C., & Obeidat, A. A (2018). Interprofessional simulation in undergraduate nursing program: An integrated review. *Nurse Education Today*, 67, 46-55.
7. Boet, S., Pigford, A. A., Fitzsimmons, A., Reeves, S., Tribby, E., & Bould, M. D. (2016). Interprofessional team debriefings with or without an instructor after a simulated crisis -scenario: An exploratory case study. *Journal of Interprofessional Care*, 30, 717-725. <https://doi.org/10.1080/13561820.2016.1181616>.
8. O'Brien, B. C, Warren, J., Wamsley, M., Cook, J. G., Yuan, P., Rivera, J., Ciancolo, A. T., Dahlgren, M. A., Ng, S. L., & Stillmoking, K. L. (2017). Emergent is authentic: A sociomaterial perspective on simulation-enhanced interprofessional education. *Teaching and Learning in Medicine*, 29, 363-367. <https://doi.org/10.1080/10401334.2017.1361326>.

9. Persson, J. (2017). A review of the design and development processes of simulation for training in healthcare – A technology-centered versus a human-centered perspective. *Applied Ergonomics*, 58, 314-326. <https://doi.org/http://dx.doi.org/10.1016/j.apergo.2016.07.007>.
10. Reime, M. H., Johnsgaard, T., Kvam, F. I., Aarflot, M., Breivik, M., Eneberg, J. M., & Brattebo, G. (2016). Simulated setting: powerful arenas for learning patient safety practices and facilitating transference to clinical practice. A mixed methods study. *Nurse Education in Practice*, 21, 75-82. <https://doi.org/http://dx.doi.org/10.1016/j.nepr.2016.10.003>.
11. Paige, J. T., Garbee, D. D., Kozmenko, V., Yu, Q., Kozmenko, L., Yang, T., & Swartz, W. (2014). Getting a head start: High-fidelity, simulation-based operating room team training of interprofessional students. *Journal of the American College of Surgeons*, 218(1), 140-149. <https://doi.org/http://dx.doi.org/10.1016/j.jamcollsurg.2013.09.006>.
12. Clary-Muronda, V., & Pope, C. (2016). Integrative review of instruments to measure team performance during neonatal resuscitation simulations in the birthing room. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 45, 684-598. <https://doi.org/http://dx.doi.org/10.1016/j.jogn.2016.04.007>.
13. Justus, P. D., & Appel, S. J. (2018). Simulation with advanced care providers in a nurse residency program. *Journal for Nurses in Professional Development*, 34, 180-184. <https://doi.org/10.1097/NND.0000000000000453>.
14. Meeker, K., Brown, S. K., Lamping, M., Moyer, M. R., & Dienger, M. J. (2018). A high-fidelity human patient simulation initiative to enhance communication and teamwork among a maternity care team. *Nursing for Women's Health*, 22, 454-462. <https://doi.org/10.1016/j.nwh.2018.10.003>.
15. Barton, G., Bruce, A., & Schreiber, R. (2018). Teaching nurses teamwork: Integrative review of competency-based team training in nursing education. *Nurse Education in Practice*, 32, 129-137. <http://doi.org/10.1016/j.nepr.2017.11.019>.
16. Diaz, D. A., Shelton, D., Anderson, M., & Gibert, G. E. (2019). The effect of simulation-based education on correctional health teamwork and communication. *Clinical Simulation in Nursing*, 27, 1-11. <http://doi.org/10.1016/j.ecns.2018.11.001>.
17. McNaught, S. (2018). The long-term impact of undergraduate interprofessional education on graduate interprofessional practice: A scoping review. *Journal of Interprofessional Care*, 32, 426-435. <https://doi.org/10.1080/13561820.2017.1417239>.
18. Wong, A. H., Auerbach, M. A., Ruppel, H., Crispino, L. J., Rosenberg, A., Iennaco, J., & Vaca, F. E. (2018). Addressing dual patient and staff safety through a team-based standardized patient simulation for agitation management in the emergency department. *Simulation in Healthcare*, 13, 154-162. <https://doi.org/10.1097/SIH.0000000000000309>.
19. Oates, M., & Davidson, M. (2015). A critical appraisal of instruments to measure outcomes of interprofessional education. *Medical Education*, 49, 386-398. <https://doi.org/http://dx.doi.org/10.1111/medu.12681>.
20. Kolb, D. A. (1984). *Experiential learning: Experience as the sources of learning and development*. Prentice Hall.
21. Epstein, B. (2016). Five heads are better than one: preliminary results of team-based learning in a communication disorders graduate course. *International Journal of Language & Communication Disorders*, 51, 44-60. <https://doi.org/10.1111/1460-6984.12184>.
22. Goolsarran, N., Hamo, C. E., Lane, S., Frawley, S., & Lu, W-H. (2018). Effectiveness of an interprofessional patient safety team-based learning simulation experience on healthcare professional trainees. *BMC Medical Education*, 18, e1-e9. <https://doi.org/10.1186/s12909-018-1301-4>.
23. Schmutz, J. B., Kolbe, M., & Eppich, W. J. (2018). Twelve tips for integrating team reflexivity into your simulation-based team training. *Medical Teacher*, 40, 721-727. <https://doi.org/10.1080/0142159X.2018.1464135>.
24. Badowski, D., & Oosterhouse, K. J. (2017). Impact of a simulated clinical day with peer coaching and deliberate practice: Promoting a culture of safety. *Nurse Education Perspectives*, 38, 93-95. <https://doi.org/10.1097/01.NEP.000000000000108>.
25. Jeffries, P. R. (2016). *The NLN Jeffries Simulation Theory*. Philadelphia: Wolters Kluwer.
26. TeamSTEPPS® (2014). Instructor Manual. *Agency for Healthcare Research and Quality*. Rockville, MD: Retrieved from: <https://www.ahrq.gov/teamsteps/instructor/reference/acknowl.html>.
27. Shaw-Battista, J., Belew, C., Anderson, D., & van Schaik, S. (2015). Successes and challenges of interprofessional physiologic birth and obstetric emergency simulations in a nurse-midwifery education program. *Journal of Midwifery & Women's Health*, 60(6), 735-743. <https://doi.org/http://dx.doi.org/10.1111/jmwh.12393>.
28. Watts, P., Langston, S., Brown, M., Prince, C., Belle, A., Skipper, W., King, J., & Moss, J. (2014). Interprofessional education: A multi-patient, team-based ICU simulation. *Clinical Simulation in Nursing*, 10(10), 521-528.
29. McKenna, K. D., Carhart, E., Bercher, D., Spain, A. E., Todaro, J., & Freel, J. (2016). Interprofessional simulation in accredited paramedic programs. *Internet Journal of Allied Health Sciences and Practice*, 14(2), 6.
30. Peterson, D. T., Watts, P. I., Epps, C. A., & White, M. L. (2017). Simulation faculty development: A tiered approach. *Simulation in Healthcare*, 12(4), 254-259. <https://doi.org/10.1097/SIH.0000000000000225>.
31. Cheng, A., Morse, K. J., Rudolph, J., Arab, A. A., Runnacles, J., & Eppich, W. (2016). Learner-centered debriefing for health care simulation education: Lessons for faculty development. *Simulation in Healthcare*, 11(1), 32-40. <https://doi.org/10.1097/SIH.0000000000000136>.
32. Rossler, K. L., & Kimble, L. P. (2016). Capturing readiness to learn and collaboration as explored with an interprofessional simulation scenario: A mixed methods research study. *Nurse Education Today*, 36, 348-353. <https://doi.org/http://dx.doi.org/10.1016/j.nedt.2015.08.018>.
33. Anderson, G., Hughes, C., Patterson, D., & Costa, J. (2017). Enhancing inter-professional education through low-fidelity simulation. *British Journal of Midwifery*, 25(1), 52-58.
34. Grant, V. J., Wolff, M., & Adler, M. (2016). The past, present, and future of simulation-based education for pediatric emergency medicine. *Clinical Pediatric Emergency Medicine*, 17(3), 159-168.
35. Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as "nonjudgmental" debriefing: a theory and method for debriefing with good judgment. *Simulation in Healthcare*, 1(1), 49-55. <https://doi.org/10.1097/01266021-200600110-00006>.
36. Sadideen, H., Wilson, D., Moiemien, N., & Kneebone, R. (2016). Using "The Burns Suite" as a novel high-fidelity simulation tool for interprofessional and teamwork training. *Journal of Burn Care & Research: Official Publication of the American Burn Association*, 37(4), 235-242. <https://doi.org/10.1097/BCR.0000000000000262>.
37. Reese, C. E., Jeffries, P. R., & Engum, S. A. (2010). Learning together: Using simulations to develop nursing and medical student collaboration. *Nurse Education Perspectives*, 31, 33-37.
38. Archibald, D., Trumpower, D., & MacDonald, C. J. (2016). Validation of the interprofessional collaborative competency attainment survey (ICCAS). *Journal of Interprofessional Care*, 28, 553-558. <https://doi.org/10.3109/13561820.2014.917407>.
39. Xyrichis, A., Reeves, S., & Zwarenstein, M. (2017). Examining the nature of interprofessional practice: An initial framework validation and creation of the InterProfessional Activity Classification Tool (InterPACT). *Journal of Interprofessional Care*, 32, 416-425. <https://doi.org/10.1080/13561820.2017.1408576>.
40. King, G., Orchard, C., Hossein, K., & Avery, L. (2016). Refinement of the interprofessional socialization and valuing scale (ISVS-21) and development of 9-item equivalent versions. *Journal of Continuing Ed-*

ucation in Health Professions, 36, 171-177. <https://doi.org/10.1097/CEH.0000000000000082>.

41. McFadyen, A. K., Webster, V. S., & Maclaren, W. M. (2006). The test-retest reliability of a revised version of the Readiness for Interprofessional Learning Scale (RIPLS). *Journal of Interprofessional Care, 20*, 633-639. <https://doi.org/http://dx.doi.org/10.1080/13561820600991181>.
42. Iverson, L., Bredenkamp, N., Carrico, C., Connelly, S., Hawkins, K., Monaghan, M. S., & Malesker, M. (2018). Development and assessment of an interprofessional education simulation to promote collaborative learning and practice. *Journal of Nursing Education, 57*, 426-429. <https://doi.org/10.3928/01484834-20180618-08>.
43. Curran, V., Hollett, A., Casimiro, L., McCarthy, P., Banfield, V., Hall, P., Lackie, K., Oandasan, I., Simmons, B., & Wagner, S. (2011). Development and validation of the Interprofessional Collaborator Assessment Rubric (ICAR). *Journal of Interprofessional Care, 25*, 339-344. <https://doi.org/10.3109/13561820.2011.589542>.
44. Stehlik, P., Frotjold, A., & Schneider, C. R. (2018). Effect of hospital simulation tutorials on nursing and pharmacy student perception of interprofessional collaboration: Findings from a pilot study. *Journal of Interprofessional Care, 32*(1), 115-117.
45. Wang, J. N., & Petrini, M. (2017). Chinese health students' perceptions of simulation-based interprofessional learning. *Clinical Simulation in Nursing, 13*(4), 168-175.
46. Washington (DC): *National Academies Press (US)*; 2015 Dec 15. ISBN-13: 978-0-309-37282-4 ISBN-10: 0-309-37282-8

Original INACSL Standard

Decker, S., Anderson, M., Boese, T., Epps, C., McCarthy, J., Motola, I., & Lioce, L. (2015). Standards of best practice: Simulation standard VIII: Simulation-enhanced interprofessional education (sim-IPE). *Clinical Simulation in Nursing, 11*(6), 293-297.

Subsequent Standard

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM Simulation-enhanced interprofessional education (sim-IPE). *Clinical Simulation in Nursing, 12*(S), S34-S38. <http://dx.doi.org/10.1016/j.ecns.2016.09.011>.

About the International Nursing Association for Clinical Simulation and Learning (INACSL)

The International Nursing Association for Clinical Simulation and Learning (INACSL) is the global leader in transforming practice to improve patient safety through excellence in health care simulation. INACSL is a community of practice for simulation where members can network with simulation leaders, educators, researchers, and industry partners. INACSL also provided the original living documents INACSL Standards of Best Practice: SimulationSM, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research. The Healthcare Simulation Standards of Best PracticeTM are provided with the support and input of the international community and sponsored by INACSL.