

The IPE Undergraduate Workshop Manual

A Guide to Prepare and Deliver a Successful
Workshop



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Purpose of this Guide

This guide is designed to help you facilitate Undergraduate Interprofessional Education Workshops. It is grounded in evidence-based practice, literature and our experience.

In this guide, you will find information about our IPE project in Qatar, our workshop development, workshop logistics and activities preparation, and a section that discuss the training of key players for your workshop. It is divided into (4) four chapters and (8) eight appendices sections.

It is recommended that the project leader and facilitators review the document with its appendices. This would help to have a broad understanding of the possibilities of the workshop.

Website: Visit our website at www.ucalgary.edu.qa/ipe for a digital copy of this manual, and other resources.

Chapter 1 provides a summary of Interprofessional Education, an overview of our IPE Project in Qatar, and the IPE Shared Core Competency Domains and Competency Statements developed by the IPE project team through a collaborative review involving partners from the healthcare professions practicing in Qatar

Chapter 2 presents an overview of the content and structure of our IPE Workshop.

Chapter 3 offers logistics and activities preparation for the delivery of a workshop from start to finish.

Chapter 4 discusses the roles and tasks of relevant personnel as well as training activities to train key role personnel.

The Appendices section has eight (8) sub-sections and contains all the appendices related to the delivery of the workshop.

- **Section 1: Shared Core Competencies**, includes the IPE Core Share Competency Domains, and Competency Statements developed with the input of a diverse set of health care professionals and educators such as nurses, doctors, allied health professionals, and pharmacists in Qatar.
- **Section 2: Content**, includes the content students cover during the workshop.
- **Section 3: Games**, includes the explanation and material needed to participate in the games.
- **Section 4: Medical Scenarios**, includes the scenarios' description, key intervention required by the students, behavioral observation for the debriefers, symptoms to be portrayed by the standardized patient and flow of interventions for facilitators.
- **Section 5: Training of Debriefers**, examines the role of the debriefer, some models & guidelines and presents a rubric to assess students' competencies in the four domains during the scenarios.
- **Section 6: Training of Standardized Patients**, examines the role of the standardized patients as well as provides notes and worksheets regarding the illness they need to portray.
- **Section 7: Surveys and Questions**, includes the surveys to collect data intended to observe changes that would occur in the participants, and to determine the efficacy of the shared core competencies. It also includes other documents needed during the workshop.
- **Section 8: Logistics and Resources**, includes documents to help with the logistic of the workshop such as schedules, checklists, attendance lists, training list, etc.

Content

Chapter 1: Qatar IPE Project Overview.....	9
Introduction	9
What is Interprofessional Education?.....	9
Why Do we Need Interprofessional Education?.....	9
How to Teach Interprofessional Education?.....	9
Rationale of this IPE Project	10
Project Overview	11
Phases of the Development of the Project	11
Phase 1.....	11
Phase 2.....	12
Phase 3.....	12
IPE Shared Core Competency Domains and Competency Statements	13
Chapter 2: Workshop Development.....	14
Teaching Methods and Inter-Professional Learning Process	14
Workshop Structure and Elements	15
A 2-Day Workshop Format.....	15
Selection of Games Activities.....	16
Medical Scenarios Selection and Development.....	17
A Range of Surveys Tools	18
Rubrics	19
Participants Selection.....	19
Chapter 3: Workshop Delivery—Logistics and Activities Preparation.....	21
Workshop Logistics	21
a. Organizing team	21
b. Dates of workshops.....	21
c. Venue and room selection	21
d. Budget/cost.....	22
e. Data collection plan	23
f. Recruitment of workshop participants	23
g. Recruitment of Facilitators, Debriefers and Standardized Patients (SPs)	23
Material and Equipment Preparation for Workshop Delivery	25
a. Overview of content.....	25
b. Material in digital format and equipment.....	26
c. Material for the collaborative games.....	26
d. Medical equipment and other material for the medical scenarios	26



Implementing Inter-professional Undergraduate Health Care Education in Qatar
Funded by Qatar Foundation, NPRP # 4-693-3-197

e. Printed material needed during the workshop.....	27
f. Recording equipment to capture digitally your sessions	27
g. Workshop checklists	28
h. Other material.....	28
During the Days of the Workshop.....	29
At the End of Each Day.....	32
After the Workshop is Completed.....	34
Chapter 4: Workshop Delivery—Team Roles, Tasks, and Training.....	35
Important Roles to Deliver a Workshop.....	35
Training the Facilitators.....	38
Activity 1—Becoming familiar with the IPE Shared Core Competency Domains and Competency Statements.....	38
Activity 2—Reviewing your role and tasks in preparation for the 2-day workshop.....	39
Activity 3—Facilitating the medical scenarios.....	40
Training the Debriefers	41
Activity 1—Becoming knowledgeable with the IPE Shared Core Competency Domains and competency statements	41
Activity 2—What does it take to be a good debriefer?	42
Activity 3—Role-playing debriefs after the medical scenarios.....	43
Training the Standardized Patients	44
Activity 1—What is the role and tasks of a standardized patient?	45
Activity 2—Becoming familiar with the illnesses of the medical scenarios	45
Activity 3—Acting out the illness of the medical scenarios.....	46
Website.....	48
References	49
Appendices	55
Section 1: Shared Core Competencies.....	56
1.1 IPE Shared Core Competency Domains and Competency Statements	57
1.2 IPE Shared Core Competency Rubric for Scenario Assessment	60
1.3 IPE Shared Core Competency Rubric for Game Assessment.....	68
1.4 Proficiency Levels Descriptors for Assessment	71
1.5 Simplified Shared Core Competency Rubric.....	74
Section 2: Content	78
2.0 Content for Student’s Binder	79
2.1 Introduction	80
2.2 Student PowerPoint: Interprofessional Communication and Shared Decision-Making	81
2.3 Student PowerPoint: Patient Centered Care.....	88



Implementing Inter-professional Undergraduate Health Care Education in Qatar
Funded by Qatar Foundation, NPRP # 4-693-3-197

2.4 Student PowerPoint: Role Clarification	92
Section 3: Games	96
3.1 Game: Create a logo and slogan about teamwork.....	97
3.1.1 Content	97
3.1.2 Game Preparation.....	99
3.1.3 Game Presentation to Participants.....	99
3.2 Game: The Getting Consensus game	100
3.2.1 Content	100
3.2.2 Game Preparation.....	102
3.2.3 Game Presentation to Participants.....	103
3.3 Game: The Island Game	105
3.3.1 Content	105
3.3.2 Game Preparation.....	107
3.3.3 Game Presentation to Participants.....	110
Section 4: Medical Scenarios	111
4.1 Medical Scenario 1: Food Poisoning Case	112
4.1.1 Medical Scenario 1: Description Step by Step	113
4.1.2 Medical Scenario 1: Flow of Interventions for Facilitators	114
4.1.3 Medical Scenario 1: Vitals	115
4.2 Medical Scenario 2: Asthma Patient Case	116
4.2.1 Medical Scenario 2: Description Step by Step	117
4.2.2 Medical Scenario 2: Flow of Interventions for Facilitators	119
4.2.3 Medical Scenario 2: Vitals.....	121
4.3 Medical Scenario 3: COPD Case.....	123
4.3.1 Medical Scenario 3: Description Step by Step	125
4.3.2 Medical Scenario 3: Flow of Interventions for Facilitators	127
4.3.3 Medical Scenario 3: Vitals	130
4.4 Medical Scenario 4: Airplane Emergency Case.....	132
4.4.1 Medical Scenario 4: Description Step by Step	134
4.4.2 Medical Scenario 4: Flow of Interventions for Facilitators	136
4.4.3 Medical Scenario 3: Vitals	138
Section 5: Training of Debriefers	139
5.1 Introduction	140
5.2 What? When? Why?	143
5.3 Debriefing Models.....	144
5.4 Six Phases for Quality Debriefing	145



Implementing Inter-professional Undergraduate Health Care Education in Qatar
Funded by Qatar Foundation, NPRP # 4-693-3-197

5.5 Debriefing Guidelines	146
5.6 Rubric for Observing the Medical Scenarios (need 4 copies).....	148
5.7 R.U.S.T. Model.....	152
5.8 R.U.S.T. Debriefing Handout Guide (Sidra).....	153
Section 6: Training of Standardized Patients	154
6.1 Introduction	155
6.2 What? When? How?	158
6.3 Standardized Patient Training Worksheet (4 copies).....	159
6.4 Standardized Patient Notes for Training	161
6.4.1 Medical Scenario 1: Summary Notes	161
6.4.2 Medical Scenario 2: Summary Notes	162
6.4.3 Medical Scenario 3: Summary Notes	163
6.4.4 Medical Scenario 4: Summary Notes	164
6.5 Actor Checklist.....	165
Section 7: Surveys and Questions.....	166
7.1 Student Survey: Attitude Towards Interdisciplinary Learning and Student Development as Health Professionals	167
7.2 Student Survey: Readiness for Interprofessional Learning	170
7.3 Student Survey: Interdisciplinary Education Perception Scale.....	173
7.4 Student Survey: Role Clarification—Persons in my Profession	176
7.5 Student Survey: Role Clarification—What is your opinion of persons in other professions?	178
7.6 Role Clarification—Notes and Semi-Structure Interview	182
7.7 Student Focus Group Questions.....	183
7.8 Rubric to Assess Videos.....	185
7.9 Workshop Evaluation Student—Day 1	189
7.10 Workshop Evaluation Student—Day 2	192
Section 8: Logistics and Resources	195
8.1 Overview	196
8.2 Day 1—Workshop Schedule.....	197
8.3 Day2—Workshop Schedule	199
8.4 Day1—Workshop’s Activities.....	202
8.5 Day2—Workshop’s Activities.....	204
8.6 IPE Workshop Checklist	206
8.7 Medical Scenarios Equipment Checklist.....	208
8.8 Camera Protocol Checklist	210
8.9 Microphone Checklist.....	211

8.10 Group Number and Room Location Organization for Students	212
8.11 Group Number and Room Location Organization for Facilitator	213
8.12 Group Number and Room Location Organization for Debriefers	214
8.13 Group Number and Room Location Organization for Standardized Patients	215
8.15 Actors (SPs) Checklist	216
8.15 Confirmation of Money Received by Actors (SPs).....	217
8.16 Standardized Patients–Workshop Attendance Day 1	218
8.17 Standardized Patients–Workshop Attendance Day 2	219
8.18 Facilitators–Workshop Attendance Day 1.....	220
8.19 Facilitators–Workshop Attendance Day 2.....	221
8.20 Debriefers–Workshop Attendance Day 1.....	222
8.21 Debriefers–Workshop Attendance Day 2.....	223
8.22 Participant Attendance List–Day 1 (sign in)	224
8.23 Participant Attendance List–Day 1 (sign out)	225
8.24 Participant Attendance List–Day 2 (sign in)	226
8.25 Participant Attendance List–Day 2 (sign out)	227
8.26 Sign-Up List Students.....	228
8.27 Confirmation of Money Received by Participants.....	229
8.28 Certificate of Completion	230
8.29 List of Material for Facilitators Training	231
8.30 Facilitators–Training Attendance	232
8.31 List of Material for Debriefers Training	233
8.32 Debriefers–Training Attendance	234
8.33 List of Material for Standardized Patients Training.....	235
8.34 Standardized Patients–Training Attendance	236

Chapter 1: Qatar IPE Project Overview

Introduction

What is Interprofessional Education?

The World Health Organization (WHO), in its document *Framework for Action on Interprofessional Education & Collaborative Practice* (2010), described interprofessional education (IPE) to be “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”

Onishi, Komi, & Kanda (2013) interpreted interprofessional education as a process where different professionals work together as a team.

The Centre for the Advancement of Interprofessional Education (CAIPE) defined IPE as such: “Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (2002).

Thus, we may infer that IPE can happen when students from different fields of health practices collaborate and work together as teams—especially during their final years of their educational program to improve the processes and results of their medical interventions and thus, for the benefits of all stakeholders.

Why Do we Need Interprofessional Education?

The World Health Organization (WHO) recognized “Effective Interprofessional Education [IPE] enables effective collaborative practice” and in return, effective collaborative practice “improves health outcomes.” IPE is portrayed as an “innovative strategy” for improving health systems, staff satisfaction, patients’ health outcomes, and cost-effectiveness (2010). Moreover, in Nelson, King, & Brodine’s view, it would also help decrease morbidity and mortality rates (2008).

Besides, this is especially important if we are to “facilitate [the] achievement of the health-related Millennium Development Goals (MDGs)” (WHO, 2010).

How to Teach Interprofessional Education?

There are various approaches and arrangements to teach IPE as the following literature review demonstrates:

- In a study by Salvatori et al. (2006), two healthcare scenarios were included, and standardized patients (SPs) were trained, as actors, for their workshop.
- Strauss (2006) claimed that other organizations used business simulation games for teaching team-building, communication skills, strategy, and financial management to their employees.
- Hayes & Siberman (2007) reported that in the 21st century, the use of simulations and games as learning-based tools had increased.
- Anderson et al. (2009) mentioned the idea of having a two-day workshop and using pre and post questionnaires to evaluate their course.

- Freeman et al. (2010) indicated that although there are different ways to deliver interprofessional education, training undergraduate students is the most used method to spread IPE.
- Furthermore, Joseph et al. (2012) advocated that teaching IPE needs to be more practice-based than classroom based.

Oandasan and Reeves (2005) suggested the following ‘theoretical approaches’ to be used for IPE teaching and learning:

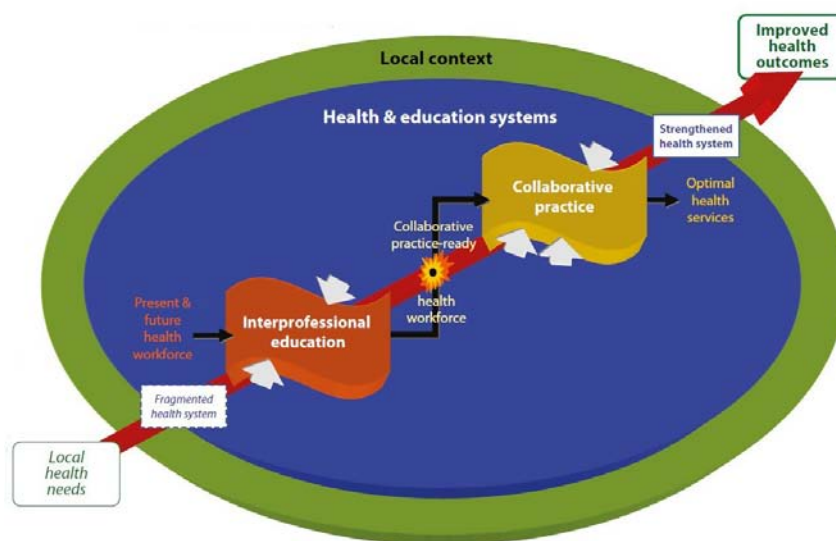
- Using educational theory
- Creating a non-threatening learning environment
- Developing reflective practitioners
- Creating relevant learning experiences
- Employing a range of teaching and learning strategies
- Informal settings

The IPE project in Qatar integrated many of the elements described above in its workshop design. Chapter 2: *Workshop Development* covers how our workshop was designed.

However, before that, let’s take a look at the rationale and the overview of this IPE project in Qatar.

Rationale of this IPE Project

It is believed that an Interprofessional Health Care Education (IPE) Program developed in Qatar would help to improve further collaborative healthcare delivery in this State. It could also be expected to guide similar initiatives in the Gulf region and elsewhere. In this respect, Qatar has the potential to become recognized as a leader in the improvement of health care outcomes through the successful integration of IPE as recommended by the World Health Organization (WHO, 2010).



(WHO, 2010)

There are two primary areas where the implementation of IPE could be beneficial:

1. pre-licensure [education] and
2. post-licensure [practice]

The first one is conducted while students are training in their profession at a post-secondary institution while the second one is provided for ongoing professional development for working professionals. This project focuses on the first one that is, pre-licensure IPE.

Project Overview

In May 2011, the Qatar Interprofessional Health Council (QIHC) received funding from Qatar National Research Fund (QNRF) to begin a three-year project to explore the development and implementation of interprofessional healthcare education (IPE) in Qatar. The lead primary investigator, Dr. Brad Johnson from the University of Calgary-Qatar, was responsible for leading the development of a successful research proposal on behalf of and with the full participation from the QIHC team as well as its implementation and evaluation.

The project proposed to span over a 3-year period and consisted of three distinct phases:

1. baseline activities and instructional shared core competencies development
2. implementation and
3. evaluation

Following is the description of the three main phases of the project.

Phases of the Development of the Project

The project was divided into three main phases. Here’s a summary in point form of the main activities for each phase:

Phase 1

Phase 1 included the following baseline activities:

- development of a set of IPE shared core competencies with input from a diverse set of health care professionals and educators (e.g. nurses, doctors, allied health professionals, and pharmacists)
- development of a model—the model is presented in the section below
- development of a rubric to measure the level of each of the shared core competencies
- development and selection of educational material and activities (low fidelity team-exercises, medium fidelity video-based scenarios, medium to high-fidelity simulation and high fidelity simulation)
- preparation of the workshop for students
- establishing relevant contacts with future stakeholders



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Phase 2

Phase 2 consisted of the implementation activities:

- recruitment of students to participate in our workshops, from our four participating educational institutions in Qatar
- the administration of baseline measures (pre-intervention data gathering) to our participants before the workshop—See the list of survey tools in Section 5 of the Appendices
- workshops delivery
- video recording of all sessions during each workshop
- securing (copying videos to hard drive) all video recordings (debriefing sessions, focus group questions, role clarification, games and, health care scenarios)

Phase 3

Phase 3 included the evaluation activities:

- Quantitative and qualitative data were collected during the length of this project, collated and placed in a common format and database for analysis.
- All data collection tools to be found in Section 5 of the Appendices
- The results to be tabulated and a preliminary report generated.
- The final result to be presented throughout some publications and conferences.
- A website to be created for dissemination purpose and to give access to all IPE materials that has been developed during this project.

Next section discusses an important part of this project that was to pull together all the shared core competencies used by the health care professionals and to create a viable model for an interprofessional education in Qatar.

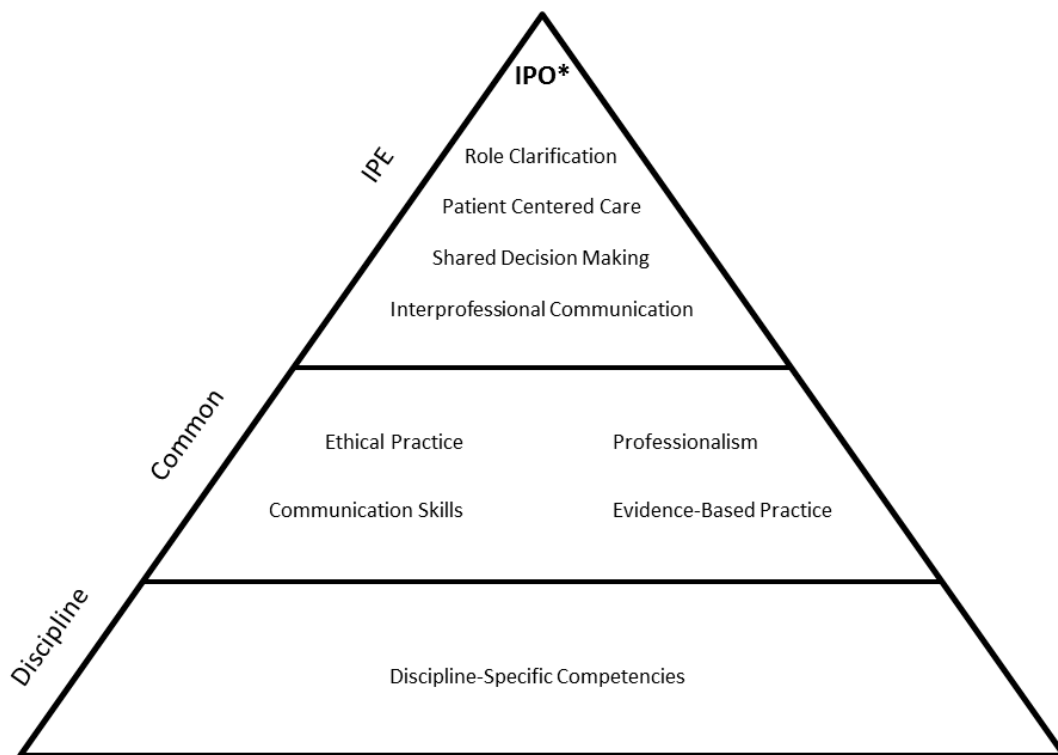
IPE Shared Core Competency Domains and Competency Statements

The set of shared core competencies for this project was developed, taking into account local and cultural context (WHO, 2010), with input from a diverse set of health care professionals and educators such as nurses, doctors, allied health professionals, and pharmacists in Qatar.

Using a modified Delphi approach, the set of shared core competencies has been revised through three major iterations. Following are the results of the agreed domains:

- Role Clarification
- Interprofessional Communication
- Patient and Family Centered-Care
- Shared Decision-Making

A pyramid model with IPE (Team Level) at the top was developed to help separate out IPE domains from other domains subsumed with the first or second layer.



* IPO - Improved Patient Outcomes

In this project, the focus is on the first 4 shared core competencies domains: Interprofessional Communication, Patient and Family Centered-Care, Role Clarification, and Shared Decision-Making—as these are the ones needed to perform ‘inter-professionally’ with other health care team members during education and practice.

The full set of IPE shared core competencies along with their related domains are presented in Appendix 1.1 *IPE Shared Core Competency Domains and Competency Statements*.

Next chapter, Chapter 2: *Workshop Development* outlines how the workshop was created.

Chapter 2: Workshop Development

This chapter describes the design and content of our workshop. The three following components are presented:

- Teaching Methods and Inter-Professional Learning Process
- Workshop Structure and Elements
- Participants Selection

Teaching Methods and Inter-Professional Learning Process

To be successful interpersonal education (IPE) requires interactive methodologies and contextualized environment or situations. This means that students need to work together in simulations that look like real life situations.

A common theme that runs through most pedagogical models discussed in the IPE literature is that of collaborative, experiential, authentic, and problem-based learning (Payler & al., 2008; Oandason & Reeves, 2005).

Diack et al. (2008) suggested moving from classroom-based to practice-based experiences. They argued that when educating pre-licensed healthcare students, Interprofessional Education (IPE) should be used as a method to reduce the barriers between various health care professionals. They suggested it would help students deal with and better manage unusual and complex cases they are facing in real life situations.

Based on the development of IPE Shared Core Competency Domains and Competency Statements developed in Qatar and on the various approaches to teaching IPE found in our literature review, it was also important to determine the most appropriate strategy for providing students with exposure and practice in the competencies.

Consequently instructional design and pedagogical principles with an emphasis on developing shared understanding through collaborative and authentic context, guided the development of a two-day workshop that integrated the competencies into a series of team-based activities. To achieve this, we used a scaffolding technique.

At first, we had participants working together on simple tasks; specific games were selected to provide 'warm up' exercises in selected core shared competencies.

Then, the complexity of the exercises was increased using medical scenarios; and participants were practicing all the core competencies.

Workshop Structure and Elements

The structure of our workshop has been based and defined by the following key points from articles from our literature review.

- To begin with, Anderson et al. (2009) suggested the value of a 2-day workshop format to give people enough time to work together. Moreover, they also recommend collecting information, with pre and post questionnaires, for each day of the 2-day workshop.
- Equally important, Salvatori et al. (2006) have proposed using healthcare scenarios and standardized patients to train the undergraduate students.
- Last but not the least, Brozik & Zapalska (2000) stated that by using games activities, we can teach or, turn the difficult concept of IPE into an interesting way of learning and understanding.

So, based on this we opted to use the following elements to designed our workshop:

- A 2-Day workshop format was selected to give enough time for participants to work together
- A selection of games activities to get participants to work together in an informal and non-threatening environment
- Medical scenarios were developed to provide real life situations simulation
- A Range of pre and post surveys tools were used to measure the impact of the workshop on the participants
- Rubrics were developed to measure changes in the proficiency levels of competency across each domain throughout the workshops

Before each activity, a brief large group session (a class) was used to deliver key points related to IPE followed by an opportunity to practice. Following each activity (games or medical scenarios), the large group was reconvened, and a general debrief of the activity followed. Of course, after each healthcare scenario, by best practices, a team debrief was conducted. The topic areas covered in the large group sessions related to teamwork, collaboration, shared decision-making and role clarification.

A 2-Day Workshop Format

For this project, to provide students from different health care professions with the opportunity to work together to learn team processes and to learn about their colleagues through a structured series of activities, a 2-day workshop format was selected and designed.

The first day of the workshop focused primarily on games as a way for the team to practice 'Teamwork skills' and 'Shared decision making' in fun, yet low-stakes situations. The second day was health care oriented and covered the four domains including 'Role clarification' and 'Patient-centered'.

The intent of the games and of the healthcare scenarios was to provide participants with opportunities to practice one or more of the shared core IPE competencies. As well, these were opportunities to evaluate the competency level of participants in these same shared core IPE competencies. We also had to be conscious of the level of knowledge of our participants as the

target population was second and third-year students. Thus, scenario development was driven by the shared core IPE competencies and not necessarily by the need to show proficiency in their profession. More information about the games and the healthcare scenarios are presented in the sections below.

Selection of Games Activities

Various games were selected, tested and finally three were chosen as preferred ones to create team building activities.

The games selected had purposely nothing to do with healthcare. The idea was for students to have fun and create team relationships while practicing the competencies. The three (3) following games were chosen:

The Island game (www.wilderdom.com)

- This activity is to teach participants about shared decision-making and its principles.

The getting consensus game (Payne, 2001)

- This activity is to teach participants about shared decision-making and its principles. The participants must get to a consensus about firing a certain number of employees and keeping others.

The TV commercial game/ logos and slogan (Schwartz & Teach, 2002; Beverly, 1994; Wolfe et al., 1989)

- This is an activity to work on communication, collaboration, and teamwork. The participants must create a logo that advertises teamwork, and they also need to create a slogan.

The games were selected based on their relevance to the Shared Core Competencies and were used on the first day of the workshop. Their focus was for the participant to practice within a non-threatening situation the core competencies of two domains: *Interprofessional Communication* and *Shared Decision-Making* domains. It was found to be a good method for the participants to get to know each other and warm up toward each other.

For a detailed description of the games, please review:

- Appendix 3.1 *Game: Create a Logo and Slogan about Teamwork*
- Appendix 3.2 *Game: The Getting Consensus Game*
- Appendix 3.3 *Game: The Island Game*



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Medical Scenarios Selection and Development

Scenario selection and development were guided by the Shared Core Competencies and by our best understanding of participant knowledge levels. Scenarios that focused too much on healthcare skills were discarded as were those that were too simplistic. A balance between the two needed to be met.

The second set of constraints was logistical. We learned in the pilot stages that if the scenario required too much in the way of equipment (e.g., the high-fidelity mannequin) we were only able to run one group through the scenario at a time. To meet this challenge, the scenarios relied on relatively low fidelity using the simulation labs' beds and monitoring stations. These could be curtained off and allowed us to run up to four scenarios at a time in the same space. As well, we used a 'wizard of oz' technique whereby participants were presented with vital statistic readouts (blood pressure, heart rate, etc.) using a printed readout. These were presented to the participants at specified intervals in the scenario.

During piloting, participants commented that there was not enough excitement in the scenarios. To increase the level of excitement distractors were introduced in the form of friends or family members who were distressed and required additional attention.

As scenarios were developed, they were constantly reviewed by nursing and/or simulation personnel for the correctness of both content and level of knowledge. Through this sort of iterative design, we were able to develop scenarios that were exciting, appropriate for knowledge levels, and provided practice and evidence of competency in the Shared Core Competencies.

Our scenarios were on average, 5 minutes each and were followed by debriefing sessions using the R.U.S.T. debrief model. See Appendix 5.7 *R.U.S.T. Model*

See the following appendices for the details of the medical scenarios used with students:

- Appendix 4.1 *Medical Scenario 1: Food Poisoning Case*
- Appendix 4.2 *Medical Scenario 2: Asthma Patient Case*
- Appendix 4.3 *Medical Scenario 3: COPD Case*
- Appendix 4.4 *Medical Scenario 4: Airplane Emergency Case*

Please note that developing health care case scenarios requires portraying real situations in which Interprofessional skills can be learned and practiced. The complexity of the scenarios should also be increased to help enhance the transfer to practice as the participants are gaining knowledge and learning more skills throughout the 2-day workshop. However, the complexity should not exceed the knowledge of the participants.

Tips: Here are things to consider if you decide to create your scenarios:

- Be aware on the time involved in preparing a scenario.
- Once you have created and are satisfied with your scenario, seek feedback from those in the specialized area of your scenario. For example, if you want to do one cardiac scenario then maybe it's a good idea to contact the specialists within the Cardiac Care Unit.
- Do literature reviews (with references ideally no greater than five years.)

Finally but not the least, the three domains of learning identified by Bloom et al. (1956) should be incorporated into each of the scenarios to maximize the educational value of the learner’s experiences.

- Cognitive Domain – knowledge & thinking (mental skills and experience level of participants)
- Psychomotor Domain – physical skills and actions – (“doing”)
- Affective Domain – attitude, emotional areas (how did you feel, group dynamics, how did learners interact?)

A Range of Surveys Tools

As Anderson et al. (2009) suggested in their article, a range of surveys tools were used to collect information. We also agreed it was important to collect pre and post data, as we were interested in observing the changes that would occur in the participants and to determine the efficacy of the shared core competencies. We decided to collect both, quantitative and qualitative data.

Quantitative Data

Quantitative Data were collected in the pre and post workshop:

- To appraise the attitude of students about interprofessional learning, a survey built on Hyer et al.’s work (2000) was adopted and administered:
 - Appendix 7.1 *Student Survey: Attitude Towards Interdisciplinary Learning and Student Development as Health Professionals*
- To assess the level of knowledge of IPE Readiness of Interprofessional Learning (RIPL). A survey based on Parsell & Bligh’s research (1999) was adopted:
 - Appendix 7.2 *Student Survey: Readiness for Interprofessional Learning*
- To evaluate the perception of the participant about IPE. An Interdisciplinary Education Perception Scale survey based on Leucht et al. (1990) was used:
 - Appendix 7.3 *Student Survey: Interdisciplinary Education Perception Scale*
- A role clarification survey based on Mariano et al.’s investigation (1999) was utilized to assess the level of knowledge of the participants role and the other professional’s role in their team:
 - Appendix 7.4 *Student Survey: Role Clarification—Persons in my Profession*
 - Appendix 7.5 *Student Survey: Role Clarification—What is your opinion of persons in other professions?*

The quantitative data was entered into SPSS software to facilitate final analysis

Qualitative Data

As well, focus groups were conducted and observational data collected during specific activities to provide us the opportunity to learn what the experience was like for the students:

- Appendix 7.7 *Student Focus Group Questions*

The qualitative data was entered into the NVivo software to aid final analysis. Qualitative data was parsed for emergent themes using grounded analytic techniques.

Rubrics

Rubrics were developed to assess the shared core competencies from each domain and the proficiency levels of those competencies. They were also used to code the videos recorded during our research project:

- Appendix 1.2 *IPE Shared Core Competency Rubric for Scenario Assessment*
- Appendix 1.3 *IPE Shared Core Competency Rubric for Game Assessment*
- Appendix 1.4 *Proficiency Levels Descriptors for Assessment*

A simplified version was used by the students to assess the videos activities of Day 2 and by the debriefers during the medical scenarios observations:

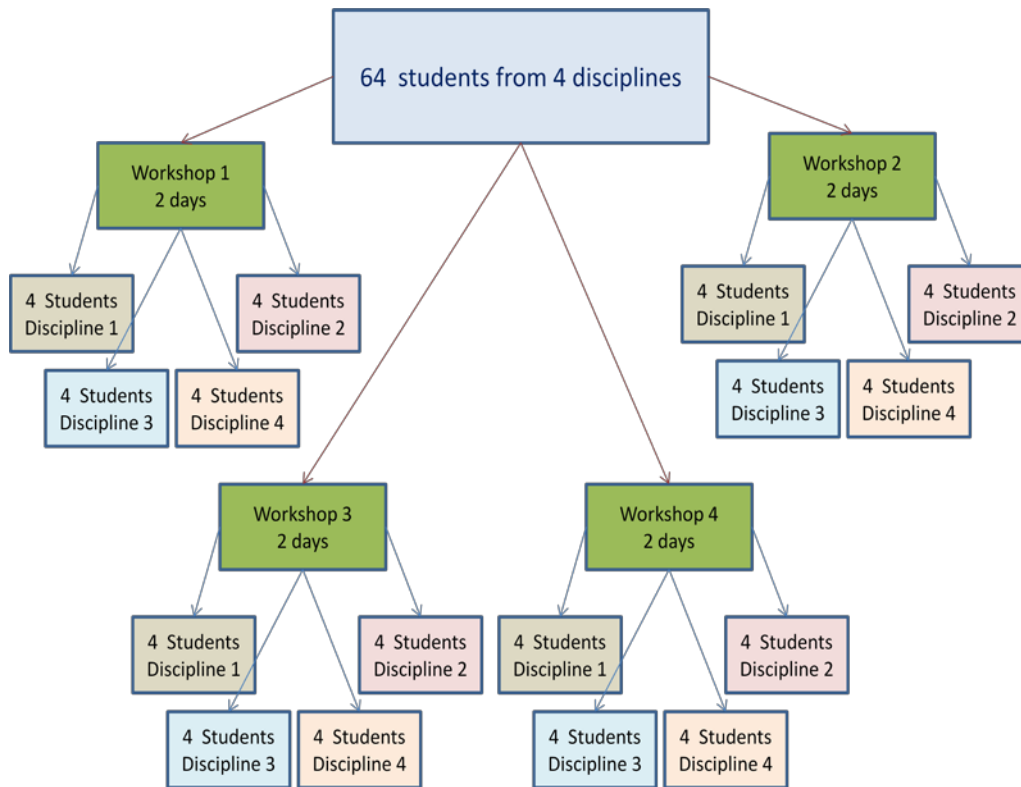
- Appendix 1.5 *Simplified IPE Shared Core Competency Rubric*

Participants Selection

Healthcare students were recruited from four pre-licensure healthcare programs across Qatar: Allied Healthcare, Medicine, Nursing, and Pharmacy. Recruitment is discussed in the next chapter.



An invite was sent to gather student-participants. The target sample size was 64 students from four disciplines. Because of the logistic of having 64 students all at once, and needing to find and train 16 debriefers, 16 sets of standardized patients, etc., we opted to do four 2-day workshops. 16 students seemed to be an optimal size. We could use the same debriefers and standardized patients in each of the four 2-day workshops, and we could more easily accommodate student’s schedule.



During each 2-day workshop, the 16 participating students were then divided into four groups with each group having a representative from each of the four disciplines mentioned above. These corresponded to 16 students from each of the four disciplines: Medical, Nursing, Pharmacy, and Allied Health.

Group 1	Group 2	Group 3	Group 4
<ul style="list-style-type: none"> •1 Medical •1 Nurse •1 Pharmacy •1 Allied Health 	<ul style="list-style-type: none"> •1 Medical •1 Nurse •1 Pharmacy •1 Allied Health 	<ul style="list-style-type: none"> •1 Medical •1 Nurse •1 Pharmacy •1 Allied Health 	<ul style="list-style-type: none"> •1 Medical •1 Nurse •1 Pharmacy •1 Allied Health

Barr & Low (2013) acknowledged that more participants could be attending; however, we need to be mindful having an equal distribution of participants from each discipline, in each group, which should assist in eliminating bias within the group.

Each group also included a facilitator and a debriefer. Their role and tasks will be discussed later in Chapter 4: *Workshop Delivery—Team Roles, Tasks, and Training*.

Next chapter, Chapter 3: *Workshop Delivery—Logistics and Activities Preparation* presents logistics and activities preparation.

Chapter 3: Workshop Delivery—Logistics and Activities Preparation

This chapter is related to the organization of the workshop and its preparation. It might be useful to have an organizing team to share the tasks. The logistics and activities are separated here into five distinct components to help with the management and organization of the workshop,

1. Workshop Logistics
2. Material and Equipment Preparation for Workshop Delivery
3. During the Days of the Workshop
4. At the End of Each Day
5. After the Workshop is Completed

Workshop Logistics

Delivering workshops requires lots of planning and coordination to have everything ready on the dates of the workshops. To facilitate the task of getting you started below is a list of key points you may want to consider. It is by no mean a complete list. Its intent is to get you started.

- a. Organizing team
- b. Dates of workshops
- c. Venue and room selection
- d. Budget/cost
- e. Data collection plan
- f. Recruitment of workshop participants
- g. Recruitment of facilitators, debriefers, and standardized patients

a. Organizing team

The role of the organizing team is to plan, manage and prepare for the delivery of the workshops. It may be useful to have a project manager that oversees all activities; supports and directs all relevant personnel and work closely with the leadership.

In our case, we had a project manager and our research assistants were also our workshop facilitators; they did most of the work before and during the workshops. They planned, prepared, managed and coordinated all logistics for the delivery of the workshops.

b. Dates of workshops

Deciding on dates would make a great starting point for the delivery of your workshops and would allow you to start preparing and organizing other aspects of the IPE workshops.

Tip: Be mindful of the days you select for your workshops, as students participants and students in the role of standardized patients may have holidays, exams, etc.

c. Venue and room selection

Where do you intend to offer your workshops? Do you have facilities you can use in your organization? If you are not able to use your facilities, then select a venue and reserve ahead of time. Please review the requirements for the room size and setup below:

Large room

- A large classroom with enough tables and chairs for all participants to sit, discuss, present and listen to key information provided by presenters
- Computer connected to LCD projector and screen to show PPTs and videos; white board/flip chart and markers or overhead projector to record feedback from participants

Smaller classroom

- Classrooms with tables and chairs are needed for some of the group activities such as the games

Simulation laboratories

- Room with beds, (or simulation laboratories if you have access) where the medical scenarios will take place,
- Medical equipment ready for medical scenarios



Tip: Make signs identifying rooms and displaying directions to make it easier for participants who are unfamiliar with the campus/venue.

d. Budget/cost

The cost will vary greatly depending on what you wish to accomplish:

- What will be the scope of your project?
- What is your budget?
- Can you get participants that are willing to volunteer for free?

Here are a few costs you may want to keep in mind:

- the venue, food,
- learning materials,
- digital equipment,
- student participants you may need to pay,

- standardized patients you will need to pay,
- other associated costs

e. Data collection plan

Do you intend to collect data (as we did in our workshops)? The answer to this question will help define your scope and your course of action.

If you are collecting data, what type of data are you going to collect? Which format? Surveys? Videos? Where is your data going to be collected? Who is going to secure your data?

Tip: If you are interested in collecting data, plan a method to collect and to organize your data. As many people work on the project it may be a good idea to spend some time to discuss file naming and file organization to save yourself some time later.

f. Recruitment of workshop participants

After you have selected the dates for your workshops, your audience needs to be defined: Who will be your prime learner population? Our learner population for the IPE workshop implementation was the healthcare students in Qatar, including Medical, Pharmacy, Nursing and Allied Health Students.

Recruitment of participants can be a long process; different disciplines and colleges may have different schedules, making the recruitment process challenging. So, make sure to start early to give yourselves enough time. We targeted participant through different approaches; these included (but are not restricted to): advertising through contacts and key partners, setting up booths in targeted campuses, spreading the word through advertisement. Recruitment can be achieved by distributing flyers, hanging posters, using social media (Facebook, etc.), emailing candidates, and even making phone calls.

Tips:

- It may be a good idea to keep the registration open for more than one workshop at a time—in case some students may not be available for a specific weekend but are for another—especially if you are planning to do many workshops.
- Make sure you have participant’s contact information so you can reach them to review their availability for the workshops’ scheduling.
- Email is a good way to communicate with participants. You can easily include information about the workshop, time/date, and location, etc.

g. Recruitment of Facilitators, Debriefers and Standardized Patients (SPs)

Before you begin, it may be a good idea to review your organization’s recruiting procedures.

Facilitators

The facilitators have a key role in the success of the workshop. Their main role is to conduct and guide all activities during the two days of the workshop. Therefore, the facilitators need to be knowledgeable, self-motivated and able to work with little supervision to accomplish the various tasks required for the success of the workshop.

Debriefers

Debriefers are needed to carry out debriefing sessions after the medical scenarios. Therefore, they need to be knowledgeable regarding debriefing. They can be healthcare practitioners, professional or educators.

Standardized Patients (SPs)

Good standardized patients to play the role of patients (or family members) are very important to portray illnesses that are believable and this, for the benefit of the workshop participants. You may want to recruit healthcare students, from the different disciplines, that are willing to participate in the workshop as SPs. They should also be willing to train for 1-2 weeks before the day of the workshop and be committed to acting during both days of the workshop.

Payments for standardized patients need to be discussed within your organization. For example, do SPs get paid for the time they are in training as well as time performing the medical scenarios? In any case, they should be paid only at the end when the workshop is finished.

Tip: At the time of recruitment, make sure you get the contact information of the trainees (phone number, email, etc.).

The following is just an overview of what could be required. You will find more information about each role and training requirement in Chapter 4: *Workshop Delivery—Team Roles, Tasks, and Training*.

Material and Equipment Preparation for Workshop Delivery

This section refers to the materials required to deliver the workshop. Preparing the material and equipment is probably the most time consuming and biggest task of all.

a. Overview of content

Type of Content	Days of Workshop	Where to Find it	What to do	Who is Using it
<ul style="list-style-type: none"> Surveys Focus group questions Evaluations 	<ul style="list-style-type: none"> Day 1 Day 2 	<ul style="list-style-type: none"> In manual in Section 7: <i>Surveys and Questions</i> 	<ul style="list-style-type: none"> All will need to be printed (do not put in students' binders) 	<ul style="list-style-type: none"> Facilitators
<ul style="list-style-type: none"> PowerPoint Presentations 	<ul style="list-style-type: none"> Day 1 Day 2 	<ul style="list-style-type: none"> Digital copy on the website Paper copy in manual in Section 2: <i>Content</i> 	<ul style="list-style-type: none"> Need digital equipment to show content to participants Printed copy to be included in students' binders 	<ul style="list-style-type: none"> Workshop Presenters/ Facilitators
<ul style="list-style-type: none"> Videos related to Patient Care Center Rubric to assess videos 	<ul style="list-style-type: none"> Day 2 	<ul style="list-style-type: none"> Digital copy of videos on the website Rubric is in manual in Section 7: <i>Surveys and Questions</i> 	<ul style="list-style-type: none"> Need digital equipment to show content to participants Printed copy to be included in students' binders 	<ul style="list-style-type: none"> Workshop Presenters/ Facilitators
<ul style="list-style-type: none"> Games (3) 	<ul style="list-style-type: none"> Day 1 	<ul style="list-style-type: none"> In manual in Section 3: <i>Games</i> 	<ul style="list-style-type: none"> Materials for games need to be prepared Printed copy of instruction to be included in students' binders 	<ul style="list-style-type: none"> Facilitators
<ul style="list-style-type: none"> Medical Scenarios (4) Digital PowerPoint of vital signs 	<ul style="list-style-type: none"> Day 1 Day 2 	<ul style="list-style-type: none"> In manual in Section 4: <i>Medical Scenarios</i> Digital PPTs on the website 	<ul style="list-style-type: none"> Material and medical equipment need to be prepared Printed copy of instruction to be included in facilitator, debriefer, and SPs binders Do not include in students' binders 	<ul style="list-style-type: none"> Facilitators
<ul style="list-style-type: none"> Certificate 	<ul style="list-style-type: none"> Day 2 	<ul style="list-style-type: none"> Digital copy on the website In manual in Section 8: <i>Logistics and Resources</i> 	<ul style="list-style-type: none"> Use the digital copy Update and print copies Have it sign 	<ul style="list-style-type: none"> Facilitators/ Workshop Presenters

b. Material in digital format and equipment

This workshop contains material in digital format. Consequently, some equipment is necessary to present the content to the participants.

Material in digital format

- Three PowerPoint Presentations were used to present the IPE shared core competency domains to the students' participant.
- Two videos were used to present bad and good models about teamwork during patient care. Students watch the videos while filling a rubric that allows them to rate what they are seeing.

Equipment required

- Laptop, screen projector, speakers, etc. to present the information to participants.

Notes:

- The material in digital format can be found on the website.
- A hard copy of the PPTs material can be found in the Appendices.

Tips: The IPE PowerPoint presentations and videos to be assessed were saved on a USB in addition to the laptops that were used in the workshop. This was made to have a backup plan just in case the USB or laptop didn't work.

c. Material for the collaborative games

This workshop includes three collaborative games. The collaborative games are introduced during the first day of the workshop.

The materials required for each of the game need to be purchased and prepared and is located in Section 3: *Games*.

d. Medical equipment and other material for the medical scenarios

This workshop proposes four medical scenarios. They are performed during day 1 and day 2. They require having access to simulation laboratories setting with hospital beds, medical equipment, supplies, and laminated vital signs for each scenario.

Medical equipment and supplies

Each medical scenario required a different set of equipment and supplies.

- A list of what is needed is located in the Appendices, Section 8: *Logistics and Resources*

Vital Signs

Each medical scenario has a different set of vital signs. Vital signs cards should be printed from the PPT, and then laminated for durability.

Notes:

- Digital PPTs can be found on the website.
- Paper base copies of vital signs are located in Section 4: *Medical Scenarios*

Instruction and printed material

Instructions for the medical scenarios are also located in Section 4: *Medical Scenarios*

- Printed material is required for the training of the facilitators, the debriefers, and the standardized patients. It is located in the appendices sections. This material is discussed in Chapter 4: *Workshop Delivery—Team Roles, Tasks, and Training*.

Note: For the medical scenarios, no printed material is provided to the students as the cases are simulations to be solved while role-playing.

e. *Printed material needed during the workshop*

Lots of materials need to be created, prepared and assembled for the different groups before the 2-day workshop.

Binders

Each one of the participants, debriefers, standardized patients and facilitators will be provided a binder that contains all the materials that will be used during the training and workshop.

The material you will need to create the binders is located in the Appendices section. As mentioned at the very beginning of this guide, the Appendices section has eight (8) sub-sections:

- Section 1: Shared Core Competencies
- Section 2: Content
- Section 3: Games
- Section 4: Medical Scenarios
- Section 5: Training of Debriefers
- Section 6: Training of Standardized Patients
- Section 7: Surveys and Questions
- Section 8: Logistics and Resources

f. *Recording equipment to capture digitally your sessions*

If your intention is to capture your sessions for research purpose, you will need recording equipment. You will need four cameras with their chargers, power bars, and microphones in each of the room where the sessions are taking place.

Tips:

- Ensure that the cameras you will use to collect data are ready for the day of the workshop.
- Charge them a few days before the workshop, test them and make sure you have enough space in their internal memories to record all the videos and get external memory cards as a backup.
- Making sure the microphones are working and batteries ready.



g. Workshop checklists

Checklists have been developed to make sure the organizer and facilitators have the information, materials, and equipment ready for the workshop. See Section 8: *Logistics and Resources*.

h. Other material

Following is a diverse list of other materials that needs preparation.

Consent forms

At the beginning of the workshop, the participants were given two consent forms each to sign; one consent form to allow photography of participants and the second one was for their participation in this research study/workshop. You will need to create your consent forms accordingly to your institute regulations.

Attendance sheet

During recruitment create a list of participants with contact information. From these create attendance sheet, etc.

Certificates

Once the names of participants were confirmed a day before the workshop, certificates would be printed and signed.

Note: We have a digital copy of the ‘Certificate of Completion’ on the website. It can be updated to suit your needs.

During the Days of the Workshop

Lots of preparation is required for a smooth flowing of the workshop's days. Our facilitators were asked to arrive at the venue at least an hour before the start of the workshop. They had a major role in the preparation of all activities. Some of their tasks were to prepare or to make sure everything was prepared for the daily activities such as: putting all the signs of the walls, ensuring all materials were available and organized in the classrooms and laboratories, and verifying that the equipment needed was set up and in working order. They also had to organize participants into their selected groups (i.e. group of healthcare students, debriefer, facilitator, room number where to gather, etc.)

The following is a suggestive list of what needs to be remembered and prepared:

a. Some logistics

- Have name tags prepared ahead of time
- Prepare attendance sheet, invoice payment for SPs, etc. (see Appendices sections)

b. Participants (students, debriefers, SPs)

- It is assumed here that all participants have been contacted ahead of time to make sure of their availability for the days of the workshop
- A map and direction to the venue as well as a campus map for inside the venue would have been already provided to the participants, so they know the location and at what time they need to meet during the days of the workshop (provide them with a little package of information they will need)
- If you intent to collect data during your research, participants consent forms (research, video) are required; create forms accordingly to your organization standards

c. Venue items

- Food and refreshment: it may be useful to setup one day before the workshop, or the previous evening.
- Signage: outside (direction to venue) as well as inside signage is required to direct participants to the correct rooms (room Identification)
- Room setup and equipment: general setup of tables and chairs, whiteboard, and other technology requirements, etc.



d. Material and equipment for activities

- Activities material
 - Games and their required material
 - Equipment required for medical scenario in place and verified
 - List of the vitals for each scenario ready
- If you intent to collect data during your research, your digital equipment (camera, video, microphone, etc.) in place and working

e. Material for participants

- Print out of all surveys, evaluation, etc. (for distribution by facilitators)
- Binder and printed material required for:
 - Participants
 - Facilitators (i.e. surveys, evaluation forms)
 - Debriefers
 - Actors (SPs) preparation (Makeup etc.)



f. Group formation

Groups need to be created and should include:

- 1 facilitator
- 1 debriefer
- 1 set of Standardized Patients
- 1 group of 4 students: 1 from each of the four disciplines: Medical, Nursing, Pharmacy, and Allied Health

Note: During each workshop, student participants were given a number to make them anonymous. This number was used during the activities of the workshop and was also recorded in the surveys.

g. Standardized patients preparation

- Actors have equipment/materials (e.g. pills) to run the scenarios (if any)
- Costumes ready

- Make-up done
- Remind actors not to change anything to the script and do exactly similar to the training they had
- Make sure actors are in the correct room



At the End of Each Day

Following is a few tasks to bear in mind at the end of each day:

a. Student workshop evaluations

At the end of each day, students participant are to fill out the workshop evaluation form to assess the workshop itself, the expertise gained and the group activities.

b. Workshop debriefing sessions for SPs, facilitators & Debriefers

Before the workshop starts, time and place should be agreed upon to do a debriefing session with the relevant personnel (with the Debriefers, SPs, and Facilitators) at the end of day 1 and day 2.

The purpose of these debriefing sessions is to identify with the debriefers and the SPs what went well and what did not go well. It could be, for example, that the batteries expired during the recording session.

Additionally these debriefing sessions may determine, from the debriefers' and the SPs' perspectives, what can be done to improve the workshop regarding the logistics of the workshop to the participants learning; i.e. are any changes need to be made for the following day or future workshops.

c. Data Collection

If you are collecting data for research purpose then the most important of all events, from a research perspective, is copying the video records to an external hard drive along with all the documents. The hard copies of the surveys should be stored in a locked cabinet to maintain confidentiality.

d. Conclusion of Day 2 - Certificates, group photo and rewarding

In the region, it is customary to distribute certificates at the end of a workshop and to take a group picture to celebrate the accomplishment of the participants.

A presentation is organized for the distribution of certificates. The "Certificates of Completion" are handed to each participant. See Section 8: *Logistics and Resources* for a template.

Then a consented group photo is taken for the entire group.

Finally, a cash reward is handed to each participant; a signature is also required for the records and as proof of payment. The value of the cash reward can be decided by each institution. See Section 8: *Logistics and Resources* for a template.



After the Workshop is Completed

At last, the workshop has come to an end; but yet, there is still work to do.

a. Thank you note

It is always a good practice to send ‘Thank you’ note to all participants, debriefers, SPs, etc.

b. Data entry (for research purpose)

Note: This following section is for groups who have decided to collect data for research purpose.

- Start your data entry as soon as possible. Big projects collect a large amount of data.

Tip: Plan ahead and decide how you would like to collect and organize your data, so it is easy to locate when you need it. More often than not, many people work on large projects, so it is important to have decided ahead the logistic of your data collecting and naming convention for your documents.

Data Collection and Analysis—for Research Purpose
<p>Here’s a list of the data we have recorded from our workshops series:</p> <p><u>Quantitative Data from surveys</u> We have used spreadsheets to collect the data from the quantitative surveys. You may use anything that suits your research purposes. Then it was entered into SPSS. Some comparisons were done between pre and post surveys.</p> <p><u>Transcription of Qualitative data</u> Focus group question sessions and role clarification video records were transcribed verbatim into NVivo, to aid final analysis and were combined with any other notes the facilitators had recorded during the sessions. Qualitative data was parsed for emergent themes using grounded analytic techniques.</p> <p><u>Videos Coding</u> Coding the games and medical scenarios was a long process. We opted to use spreadsheets to collect the data from both before it was entered into SPSS.</p> <p>A coding rubric was used for the medical scenarios that included the 4 Shared Core Competency Domains: Interpersonal Communication, Share Decision-Making, Role Clarification and Patient and Family Centered Care. See Appendix 1.2 <i>IPE Shared Core Competency Rubric for Scenario Assessment</i>.</p> <p>To code the games, we only use 2 of the four domains: Interpersonal Communication and Share Decision-Making. The reason for that is that the two other domains were not included in the games. See Appendix 1.3 <i>IPE Shared Core Competency Rubric for Game Assessment</i>.</p> <p>When assessing each competency (for the games and medical scenarios), a Proficiency Level Rubric (i.e. Expert, Advanced, Intermediate, Basic, Beginner, None & N/A) was also used in conjunction to the main coding rubric to assess the mastery of each competency. See Appendix 1.4 <i>Proficiency Levels Descriptors for Assessment</i>.</p>

Chapter 4: Workshop Delivery—Team Roles, Tasks, and Training

Chapter 4 suggests information about roles, tasks, and training. It focuses particularly on the facilitators, debriefers, and standardized patients. It provides an overview of each role and suggests training possibilities for the three roles.

For example, during a 2-day workshop, if four groups of 16 students (as illustrated in Chapter 2) are taking part in activities that are running in parallel, you will need, four facilitators, four debriefers, and four groups of standardized patients for one workshop. That is to say, you will need one debriefer, one facilitator, and one group of standardized patients per group of student’s participants.

Important Roles to Deliver a Workshop

Relevant roles that need to recruiting for are:

- Organizers /Organizing team
- Trainer
- Facilitators
- Debriefers
- Actors to be Standardized Patients (SPs)

Each of these roles has clearly defined tasks to enable the smooth running of the workshop.

Tip: If you offer more than one workshop, you may want to encourage your trainees to work with you for more than one workshop to save you valuable time in training.

Organizers /Organizing team

As we saw in Chapter 3, the focus was on the preparation for the delivery a workshop.

Trainer

A healthcare practitioner with an IPE background may be valuable to train the personnel required (facilitators, debriefers, and standardized patients) to carry out the workshop:

Facilitators

Essentially, the role of the facilitator is to carry out and guide all activities sessions during the 2-day workshop. The facilitators may be required to:

- prepare the entire material needed for the workshop,
- set up the tasks for each activity,
- take attendance,
- prepare and getting each of activity started by explaining the task at hand,
- provide material required for the activities,
- facilitate the activities and support the workshop participants toward understanding and achieving the objectives of the workshop.

Consequently, the facilitators need to be familiar with the whole workshop content and activities. The facilitator may also be required to recruit other participants with the organizing team.

Note: If you are doing research and collecting digital information, you may need facilitators that are knowledgeable about dealing with technical equipment, to be in charge of verifying that the digital equipment is working properly in each room and ready to record the sessions.



Debriefers

The debriefers have an important role regarding the quality of information shared by participants. The main and most important role of the debriefer is to observe the participants during the scenario, and then, to carry out debriefing sessions after the medical scenarios. The debriefers should try to guide a provocative, stimulating and safe discussion, by asking significant and noteworthy questions in a semi-formal pre-planned sequence that make sense to all after the scenario. They should discuss, in a safe environment, what when well/not well and why. Note that there is a particular way to debrief medical scenarios. There are also other sessions requiring debriefing.

Note: For our workshops, we have recruited our debriefers from a pool of healthcare professionals and educators: e.g. nurses, doctors, allied health professionals, and pharmacists.



Standardized Patients (SPs)

The Standardized Patients (SPs) have a very important role to play. Simply put, they are the actors portraying patient's illness during the health care case scenarios. They are individuals who are trained to simulate an illness and portray a patient role in a realistic way.

Good SPs are very important to portray illnesses that are believable. The situations need to be realistic and accurate. In each scenario, SPs are to simulate an illness and portray a patient role or patient's family role. For example, Actor X is the patient while Actor Y is the patient's family. Standardized Patients (SPs) need to sign a form consenting to be videotaped.



Training the Facilitators

Aim

The aim of this training is to get the facilitators familiar with IPE, their role, and tasks during the length of the 2-day workshop and be familiar with the content of the medical scenarios to be able to facilitate them during the workshop. The following activities are possible suggestions for your training. Adjust as you see fit.

Time required for training

A session to train facilitators may last about 3-4 hours and should happen at least 2-3 weeks before the workshop starts to allow time for understanding, reflection and questions.

Facilitator role

One of their roles is to facilitate, carry out and guide all activities sessions during the two days of the workshop. For examples:

- Escort participants and debriefers to the correct rooms and explain the activities
- Get the activities started while providing the material required for the activities, etc.
- While facilitating the medical scenarios the facilitator shall give appropriate feedback/data to participants in response to their intervention plan

Consequently, the facilitators need to be familiar with the whole workshop content and its activities.



Activity 1–Becoming familiar with the IPE Shared Core Competency Domains and Competency Statements

Because facilitators have an important role in the delivery of the workshop, they should be familiar about IPE. So before the face-to-face training session, the facilitators should have read Chapter 1, Appendices 1.1, and Chapter 2 of *The IPE Undergraduate Workshop Manual: A Guide to Prepare and Deliver a Successful Workshop*.

Learning Outcome

When you have completed this activity, you should be able to describe IPE shared core competencies and state some methods to deliver an IPE workshop.

Material required

- Chapter 1: *Qatar IPE Project Overview*
- Appendix 1.1 *IPE Shared Core Competency Domains and Competency Statements*
- Chapter 2: *Workshop Overview*

Instructions

1. Read Chapter 1
2. Review Appendix 1.1
3. Read Chapter 2
4. Be prepared to discuss or ask questions during the face-to-face component of the training

Activity 2—Reviewing your role and tasks in preparation for the 2-day workshop

This section is about reviewing all the activities in preparation for the 2-day workshop and understanding the role and tasks of the facilitator.

Learning Outcome

When you have completed this activity, you should be able to describe the role of the facilitator and identify tasks to be performed during the workshop and explain some of workshop preparation required

Material required

- Workshop schedules:
 - Appendix 8.2 *Day 1—Workshop Schedule*
 - Appendix 8.3 *Day 2—Workshop Schedule*
- Workshop’s activities tables:
 - Appendix 8.4 *Day 1—Workshop’s Activities*
 - Appendix 8.5 *Day 2—Workshop’s Activities*
- Chapter 3: *Workshop Delivery—Logistics and Activities Preparation*

Instructions

1. Review the student workshop schedules (Appendices 8.2 and 8.3) for an overview of the workshop activities.
2. Examine Appendices 8.4 and 8.5 for a more detail version. Notice the content to cover; who is responsible; the location of the activities; and if there is any debriefing required after the activities. Discuss your understanding of the tasks.
3. Examine the content of Chapter 3 and assess your role and tasks: review and discuss the material that needs to be prepared for the workshop, as well as the recruitment of participants.

Activity 3–Facilitating the medical scenarios

The facilitators have an important role to play during the medical scenarios activities. The purpose of this activity is for the Facilitators to familiarize themselves with their tasks during the four medical scenarios and to understand the role they have to play depending on the input of the participants. They need to understand what is happening in all medical scenarios as they shall give appropriate feedback/data to participants in response to their intervention plan. These are suggestive ideas.

Learning Outcome

When you have completed this activity, you should be able to describe the role and tasks of the facilitator during the medical scenarios.

Material required

- Appendix 4.1 *Medical Scenario 1: Food Poisoning Case*
- Appendix 4.2 *Medical Scenario 2: Asthma Patient Case*
- Appendix 4.3 *Medical Scenario 3: COPD Case*
- Appendix 4.4 *Medical Scenario 4: Airplane Emergency Case*

Instructions

1. Read the medical scenario.
 - a. Review the scenario synopsis, medical history, description step by step, and the flow of Intervention.
 - b. Analyze the events, the role of the standardized patients at each stage, and their role (i.e. the facilitator provides the vital signs, etc.) depending on the participants' intervention.
 - c. Role-play what the participants might do during the scenario to help to visualize the possibilities of the scenarios.
 - d. Discuss.
2. Repeat for each scenario.

Training the Debriefers

Aim

The aim of this training is to get debriefers knowledgeable with IPE, their role, and tasks during the length of the 2-day workshop and with the content of each of the four medical scenarios. The following activities are suggestions for your training. Adjust as you see fit.

Notes:

- The medical scenarios have been designed with the IPE domains and competencies in mind. Each scenario is building on the previous one, in term of practicing the competencies. The last scenario requires participants to practice most, if not all, the competencies under each domain.
- In our workshops, the debriefers were not required to do any debriefing after the first medical scenario. The reason is that the first scenario was a baseline scenario for us, no learning material was provided before nor debriefing session after.

Time required for training

It may be very useful to send some pre-reading material before the debriefers' training, so there is more time spent on understanding the medical scenarios.

A session to train debriefers should happen at least 2-3 weeks before the workshop starts to allow time for understanding, reflection and questions. A follow-up should be conducted just before the workshop.

Tip: It is recommended to train all the debriefers (who will attend a workshop) all at once, so they all get the same information and benefit from everybody else questions.



Activity 1–Becoming knowledgeable with the IPE Shared Core Competency Domains and competency statements

Debriefers have an important role as an observer, and in the quality of the information shared. They should be knowledgeable about IPE, the core competency domains, and competency statements. So

before the face-to-face training session, it may be useful for the debriefers to become familiar with the content of Appendices 1.1, 1.2, 1.3 and 1.4.

Learning Outcomes

When you have completed this activity, you should be able to state the shared core domains, describe core competencies and be able to recognize and use some observable performance indicators of competencies in each domain.

Material required

- Chapter 1: *Qatar IPE Project Overview*
- Appendix 1.1 *IPE Shared Core Competency Domains and Competency Statements*
- Appendix 1.2 *IPE Shared Core Competency Rubric for Scenario Assessment*
- Appendix 1.3 *IPE Shared Core Competency Rubric for Game Assessment*
- Appendix 1.4 *Proficiency Levels Descriptors for Assessment*

Instructions

1. Read Chapter 1
2. Review Appendices 1.1 , 1.2, 1.3, and 1.4
3. Be prepared to discuss or ask questions during the face-to-face component of the training

Activity 2–What does it take to be a good debriefer?

To be able to conduct an effective debrief takes planning. During a team’s debrief, team members reflect on a recent experience, discuss what went well, and identify opportunities for improvement. The goal is to try to build a common understanding (e.g., about challenges and responsibilities of the team) and establish agreements to ensure future success.

Therefore, it is important for the debriefer to create a safe climate where participants feel comfortable sharing their experience and discuss what could be improved in a future situation.

Learning Outcome

When you have completed this activity, you should be able to explain the role of a debriefer and demonstrate how to perform quality debriefs

Material required

- Appendix 5.2 *What? When? Why?*
- Appendix 5.3 *Debriefing Models*
- Appendix 5.4 *Six Phases for Quality Debriefing*
- Appendix 5.5 *Debriefing Guidelines*
- Appendix 5.6 *Rubric for Observing the Medical Scenarios*
- Appendix 5.7 *R.U.S.T. Model*
- Appendix 5.8 *R.U.S.T. Debriefing Handout Guide (Sidra)*

Instructions

1. Discuss content from activity 1.
2. Ask the participants if they know what is the role and tasks of a debriefer are. Review together Appendix 5.2 *What? When? Why?* Discuss their role and your expectation of their role.
3. Ask the participants to read Appendices 5.3 to 5.5. Discuss how to debrief.
4. Ask the participants to review Appendices 5.6 to 5.8. How can these resources be useful during your tasks as a debriefer? Discuss.

Activity 3–Role-playing debriefs after the medical scenarios

Debriefers will need to observe students’ actions and reactions during the real medical scenarios simulations. Therefore, the purpose of this activity is for debriefers to familiarize themselves with the content of the four medical scenarios so they can prepare themselves for real debriefs.

Learning Outcome

When you have completed this activity, you should be able to state guidelines of good debriefs and use adequate reflective questions for the purpose of providing meaningful debriefs for the participants.

Material required

- Appendix 5.5 *Debriefing Guidelines*
- Appendix 5.7 *R.U.S.T. Model*
- Appendix 5.8 *R.U.S.T. Debriefing Handout Guide (Sidra)*
- Appendix 4.1 *Medical Scenario 1: Food Poisoning Case*
- Appendix 4.2 *Medical Scenario 2: Asthma Patient Case*
- Appendix 4.3 *Medical Scenario 3: COPD Case*
- Appendix 4.4 *Medical Scenario 4: Airplane Emergency Case*

Instructions

1. Do some role plays using a scenario and the R.U.S.T. model and give the debriefers feedback and tips on how to make most of R.U.S.T.
 - a. Review the scenario synopsis; the medical history of the patient; the description step by step document: especially the key intervention required and the behavioral observation; and the flow of interventions from the facilitator perspective. Analyze the events.
 - b. Debriefers need to understand the events, the role of the Standardized Patients and the role of the facilitator at each stage, (i.e. the facilitator provides the vital signs, etc.)
 - c. The trainer may role play what the participants might do during the scenario to help the debriefers visualizing the possibilities of the scenarios.
 - d. The trainer may ask ‘what if’ questions.
 - e. Discuss with other debriefers some possible questions to ask student participants during the debriefing sessions.
2. Repeat for each scenario.

Training the Standardized Patients

Aim

The aim of this training is to introduce the healthcare case scenarios to the standardized patients, to instruct them on how the scenario will be played out and get the actors familiar with the role they have to play depending on the input of the participants. The following activities are possible suggestions for your training. Adjust as you see fit.

Location

It would be useful to offer the training at the same location of the workshop. It would also be useful to have the medical equipment available during the training, so the Standardized Patients become familiar with it.

Time required for training:

Standardized patients (SPs) should be willing to train for 2-3 hours over 3-4 sessions during the 1-2 weeks before the 2-day workshop—to understand the circumstances/requirements of the medical scenarios—and be available and committed to act during both days of the workshop.

Tip: It is recommended to train all the Standardized Patients (who will attend a workshop) all at once, so they all get the same information.

Standardized patients role

The role of standardized patients (SPs), simply put, is to be the actors in the healthcare case scenarios. SPs are to simulate an illness and portray a patient role or patient’s family role. It is important to portray illness that are believable and this, for the benefit of the workshop participants. The situations at hand need to be realistic and accurate.

The number of SPs depends on the scenarios. However, you will need one (1) set of SPs per group of participants; so usually, four (4) sets of SPs for a workshop.



Tips:

- You may want to encourage your SPs to work with you for more than one workshop (if you are planning to do a series) to save you valuable time in training.
- It may also be useful to have facilitators participating during the SPs training.
- Patient or family member? How to decide who does what? This will depend on how many people you have recruited and what are their skills.

Activity 1—What is the role and tasks of a standardized patient?

What do Standardized Patients do?

Learning Outcome

When you have completed this activity, you should be able to explain the role and tasks of the standardized patients.

Material required

- Ice breaking activity of your choice
- Appendix 6.2 *What? When? How?*

Instructions

1. Start the training with an ice-breaking activity to warm up participants
2. Ask the participants if they know what is the role and tasks of a Standardized Patient are. Review together Appendix 6.2 *What? When? How?* Discuss their role and your expectation of their role.

Activity 2—Becoming familiar with the illnesses of the medical scenarios

The SPs are to simulate real patients in a medical situation. Therefore, they need to understand the illnesses and know the behavior(s) required for each specific medical case they are supposed to portray. They will need to learn the past medical history of the patient they are portraying so they can simulate that person.

Learning Outcome

When you have completed this activity you should be able to describe the behavior(s) the standardized patient (s) should exhibit during the medical scenario performances.

Material required

- Appendix 4.1 *Medical Scenario 1: Food Poisoning Case*
- Appendix 6.4.1 *Medical Scenario 1: Summary Notes*
- Appendix 4.2 *Medical Scenario 2: Asthma Patient Case*
- Appendix 6.4.2 *Medical Scenario 2: Summary Notes*
- Appendix 4.3 *Medical Scenario 3: COPD Case*
- Appendix 6.4.3 *Medical Scenario 3: Summary Notes*
- Appendix 4.4 *Medical Scenario 4: Airplane Emergency Case*

- Appendix 6.4.4 *Medical Scenario 4: Summary Notes*

Instructions

1. Take a medical scenario.
 - a. Review the scenario synopsis, past medical history, the vitals, the equipment required for the scenario, the step by step description document focusing on the actors role, review the standardized patients summary notes, and the flow of intervention from the facilitator perspective.
 - b. Analyse the events, the role of the standardized patients at each stage, depending on the participants' intervention.
 - c. Discuss your understanding of the illness and behavior required for the scenario.
2. Repeat for each scenario.

Activity 3–Acting out the illness of the medical scenarios

How are the standardized patients supposed to behave? The standardized patients need to act out the illness. For example, if they are to simulate a patient with Asthma, their whole body and emotional state of mind will need to showcase a person who has difficulty breathing and is anxious; but also they (and family member) need to be able to answer questions related to their medical situation.

It is important to role-play what the student participants might do during the scenario to help to visualize the possibilities of the scenarios. The vital signs are to be provided at key points for each of the scenarios depending on the student medical intervention.

Note: Medical students will perform a basic medical examination on SPs such as listen to their heart and lung with a stethoscope; check their vitals, etc. So depending on the case the standardized patients may have to behave in a certain way; for example show pain during the examination, be anxious, etc.

Learning Outcome

When you have completed this activity you should be able to act out the behavior(s) the standardized patient (s) should exhibit during the medical scenario performances.

Material required

- Appendix 6.3 *Standardized Patients Training Worksheet* (need four copies)
- Appendix 4.1 *Medical Scenario 1: Food Poisoning Case*
- Appendix 6.4.1 *Medical Scenario 1: Summary Notes*
- Appendix 4.2 *Medical Scenario 2: Asthma Patient Case*
- Appendix 6.4.2 *Medical Scenario 2: Summary Notes*
- Appendix 4.3 *Medical Scenario 3: COPD Case*
- Appendix 6.4.3 *Medical Scenario 3: Summary Notes*
- Appendix 4.4 *Medical Scenario 4: Airplane Emergency Case*
- Appendix 6.4.4 *Medical Scenario 4: Summary Notes*

Instructions

1. Select one scenario to study further:
 - a. Decide who will play which roles/parts
 - b. Together review the scenario synopsis, the setting, medical situation and the medication and equipment available, discuss the specific and expectation for this case.
 - c. As you are working a case, have the SPs filled in the verbal and non-verbal communication cues in the Training Worksheet (See Appendix 6.3 *Standardized Patients Training Worksheet*)
 - d. Do a practice run of the case, with the trainer, asking history questions, 'what if' questions, giving feedback on performance, or propose some student participant behaviors and let standardized patients act out their response
 - e. SPs can ask questions and continue to fill in the Appendix 6.3 *Standardized Patients Training Worksheet* to remember key factors/ required behaviors.
 - f. Make sure to give enough time to role play the scenario and debrief after each scenario.
2. Repeat for each scenario.



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Website

Our website is located at www.ucalgary.edu.qa/ipe and includes the following materials:

Workshop Manual and Appendices

- Digital copy of the IPE Undergraduate Workshop Manual and its appendices

PowerPoints of Content for students' workshop

- Interprofessional Communication and Shared Decision-Making
- Patient-Centered Care
- Role Clarification

Videos for Day 2 of the workshop

- Video 1 is a 'bad' model of teamwork in a healthcare environment
- Video 2 is a 'good' model of teamwork in a healthcare environment

Certificate

- Digital copy of a Certificate of Completion for student participants

R.U.S.T. Debriefing Handout Guide (Sidra)

- Handout for debriefer. This handout needs to be printed on both sides and folded in 3.

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- A list a references collected during our project

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Implementing Inter-professional Undergraduate Health Care Education in Qatar
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