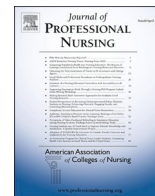




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## Development and implementation of a virtual “collaboratory” to foster interprofessional team-based learning using a novel faculty-student partnership

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## ABSTRACT

**Background:** Safe and efficient healthcare demands interprofessional collaboration. To prepare a practice-ready workforce, students of health professions require opportunities to develop interprofessional competencies. Designing and delivering effective interprofessional learning experiences across multiple professions is often hampered by demanding course loads, scheduling conflicts, and geographical distance. To overcome traditional barriers, a case-based online interprofessional collaboratory course was designed for professions of dentistry, nursing, occupational therapy, social work and public health using a faculty-student partnership model.

**Aim:** To build a flexible, web-based, collaborative learning environment for students to actively engage in interprofessional teamwork.

**Methods:** Learning objectives addressed Interprofessional Education Collaborative (IPEC) core competency domains of *Teamwork*, *Communications*, *Roles/Responsibilities*, and *Values/Ethics*. Four learning modules were aligned with developmental stages across the case patient’s lifespan. Learners were tasked with producing a comprehensive care plan for each developmental life stage using interprofessional teamwork. Learning resources included patient and clinician interviews, discussion board forums, elevator pitch videos, and interprofessional role modelling. A mixed methods quality improvement approach integrated the pre and post IPEC Competency Self-Assessment Tool with qualitative student feedback.

**Results:** In total, 37 learners participated in the pilot. IPEC Competency Assessment Interaction domain mean scores increased from 4.17/5 to 4.33 ( $p = 0.19$ ). The Values domain remained high (4.57/5 versus 4.56). Thematic analysis highlighted five core themes for success: active team engagement, case reality, clear expectations, shared team commitment, and enjoyment.

**Conclusions:** A faculty-student partnership model was feasible and acceptable for designing and implementing a virtual, interprofessional team-based course. Using a quality improvement cycle fast-tracked improvements to course workflow, and highlighted strategies for engaging students in online team-learning.

## Introduction

Interprofessional collaboration is critical to safety, effectiveness,

timeliness, and efficiency in healthcare (Interprofessional Education Collaborative, 2016). Creating educational opportunities across health professions is essential to prepare future healthcare providers for

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realities of interprofessional team-based practice. Interprofessional education (IPE) provides diverse healthcare professions opportunities to learn about, with, and from one another, to promote interprofessional collaborative practice (IPCP) (Interprofessional Education Collaborative, 2016). With the introduction of new American Association of Colleges of Nursing (AACN) Essentials (AACN, 2021; Giddens et al., 2022), with acknowledgement of the importance of Interprofessional Partnerships (Domain 6), and the beginnings of the coordination of IPE accreditation standards across health-related professions (Health Professions Accreditors Collaborative, 2019; Health Professions Accreditors Collaborative, 2020), it has become increasingly important for health professions to develop activities that can be readily adapted to meet the challenges of providing high quality IPE.

There are significant challenges in designing and delivering both in-person and online interprofessional learning experiences across curricula and professions. Well-documented barriers to integrating IPE into existing healthcare curriculum include demanding course loads for pre-licensure health professions programs, scheduling conflicts and geographical distance for hybrid programs (Reeves et al., 2017). Since the COVID-19 pandemic, it has become essential to support interprofessional team-based practice development through dynamic, collaborative, and flexible learning experiences outside traditional professional school silos using online environments (Jones et al., 2020; Khalili, 2020; Rose, 2020; Zheng et al., 2021). Although online learning systems can provide scheduling flexibility, remote asynchronous instruction presents additional barriers to establishing and sustaining team-based communication and effective interprofessional learning (Kim et al., 2022; MacNeill et al., 2014; Tuma & Aljazeera, 2021). New approaches are needed to support development of effective multi-profession team-based practices.

To bridge curriculum gaps pre-dating COVID-19, informed by ongoing needs assessment in collaboration with a formal interprofessional curriculum advisory committee and an informal institutional group titled *Curriculum Connect*, we designed a novel online virtual learning “interprofessional collaboratory” aligning interprofessional competencies. Using a faculty-student partnership model and quality improvement (QI) framework, we built a flexible, web-based, collaborative learning environment for students to actively engage in interprofessional teamwork. This article details conception, implementation, and QI processes used to develop and evaluate the interprofessional collaboratory course.

## Materials and methods

Faculty and students from dentistry, nursing, social work, public health and occupational therapy, plus library and e-learning design specialists, comprised the course development team. This interprofessional partnership model consisting of faculty, students and learning designers working together, was a new approach to ensure the course would meet the diverse needs of interprofessional teams of learners in the online environment. The priority was to create a virtual course framework, content, and guided experiences to support heterogenous teams of students from multiple professions in patient-centred care planning for an individual with complex healthcare needs across the lifespan.

We utilized an *ADDIE* instructional design framework to include Assessment, Design, Development, Implementation and Evaluation using the following steps; 1) project conceptualization; 2) development team recruitment; 3) establishing learning objectives; 4) selecting assessment tools; 5) developing content and design; 6) pilot testing; 7) re-evaluation and revision (Figure 1). Details about each development step are provided below.

### 1) Project conceptualization

Constructivist learning theory underpinned course design, drawing upon learner experience and knowledge to create unique student-team identities as they progressed through synchronous and asynchronous peer interactions. Consistent with constructivism, and aligned with interprofessional practice, knowledge sharing should occur between students and facilitators as they face cognitive challenges, collaborate to pose case-based questions, negotiate, make meaning from ‘reality-based’ information, and actively solve problems together from diverse perspectives (Savery & Duffy, 1996). Prior experience and unique perspectives from different health professions and educational backgrounds, guides exploration of content (Squires et al., 2021). Peer learning activities were enhanced by integrated role modelling from clinical experts (Squires et al., 2021).

The learning context centered on a young patient with complex healthcare and environmental needs along with challenging social circumstances. The clinical case presentation was selected to encourage robust interprofessional communication and collaboration around the patient’s complex medical challenges. Accordingly, students were

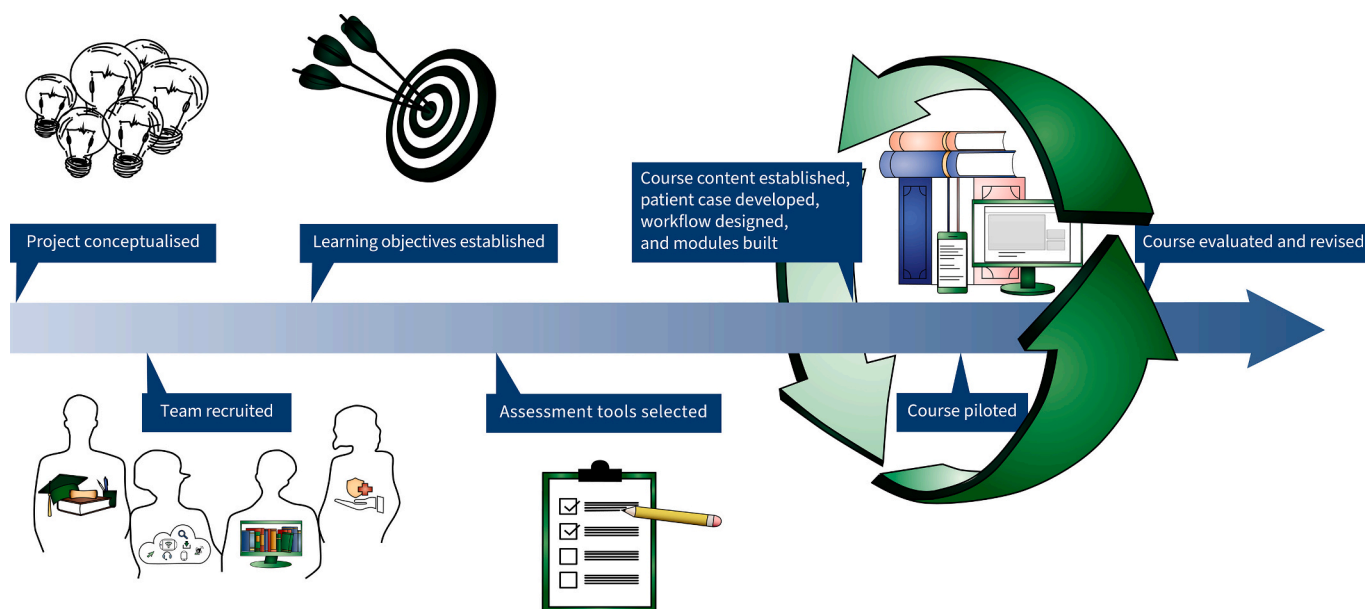


Fig. 1. Phases of the interprofessional collaboratory development process.

encouraged to expand their knowledge about each profession, and to anticipate changes across the lifespan, as they used the team-based approach to healthcare planning.

## 2) Development team recruitment

Faculty from an institution-wide interprofessional education interest group named “*Curriculum Connect*”, were invited to participate. Students were simultaneously recruited by School of Dentistry student representatives who organized lunchtime sessions among different student bodies to share clinical experiences, discuss interprofessional practice, introduce the collaborative concept, and invite other students to participate. Funding was obtained from the Center for Teaching and Learning (CTL) to support course development, implementation, and evaluation. Ethical approval was granted by the Institutional Review Board of the University of Alabama at Birmingham, with exemption for evaluation of educational practices (IRB-30000484).

## 3) Establishing learning objectives

Course objectives and expected learning outcomes were focused on developing participants’ ability to:

- a) Identify and discuss teamwork and communication strategies for working within effective interprofessional teams.
- b) Apply IPEC Core Competencies for Interprofessional Collaborative Practices (Teamwork, Communications, Roles/Responsibilities and Values/Ethics) with learners from other health professions to develop age-appropriate, developmentally focused health maintenance and preventative care for a simulated patient.

## 4) Selecting assessment tools

An explanatory, sequential mixed methods approach was selected, integrating a pre-post survey design using Version 3 of the Dow IPEC competencies self-assessment tool (Dow et al., 2014; Lockeman et al., 2016; Lockemen et al., 2021) (with permission). The 16-item instrument utilizes a 5-point agreement scale from strongly disagree (1) to strongly agree (5) (Lockeman et al., 2016; Lockemen et al., 2021). The instrument validated for use by learners and educators across a variety of health professions (Lockemen et al., 2021), produces a score for two domains, *Interprofessional Interaction* and *Interprofessional Value*, based on IPEC competency statements from Teams and Teamwork, Communication and Values and Ethics domains (Lockeman et al., 2016). Items alternate between the two domains (8-items each), and mean scores are calculated for each domain, with higher scores indicating greater self-assessed interprofessional competencies.

Qualitative feedback was collected via post-course survey. Stakeholder focus groups were designed to identify strengths and areas for improvement. Data integration was planned to inform priorities for course revisions.

## 5) Developing course content and design

### *Patient case development*

Using input from each profession, the team sought to create a realistic patient case that exemplified medical, psychological, and social diversity of patients encountered by each profession. The case patient was diagnosed with DiGeorge (22q11 Deletion) syndrome- a genetic condition resulting in complex cardiac, immunological, and developmental sequelae. Individuals diagnosed with DiGeorge syndrome require comprehensive care, necessitating collaboration and teamwork among numerous professions (Lackey & Muzio, 2022). Clinical ramifications manifest and develop across the lifespan, therefore course modules

progressed along four different stages with two weeks devoted to each: birth to age 5 (infancy/early childhood), age 6 to 12 (middle/late childhood), age 13 to 17 (adolescence), and age 18 and up (adulthood). An interactive family tree was constructed for the patient, consisting of four generations (patient, siblings, parents, grandparents, and great-grandparents), reflecting a diverse community of patients. The family tree introduced learners to the Social Determinants of Health, describing the environment in which each person was living along with their past health issues, economic situation, housing environment, education and work history. The living and adaptive family tree provided a framework for development of additional Collaboratory cases, and was linked to other IPE activities delivered across the academic institution through various ‘family’ members.

### *Reaching consensus on course content*

The development team met regularly to review draft materials and reach consensus about core content and resources. Foundational inter-professional team skills were introduced using a self-paced interactive computerized module in preparation for team formation. An expert in DiGeorge (22q11 Deletion) syndrome was interviewed to create a video and core resources for students, with agreement for ongoing consultation from the clinical expert and medical librarian.

### *Selecting technological tools and learner engagement strategies*

*Canvas* software was selected, aligning with existing institutional online teaching platforms. Students shared insights into learning activities and teaching strategies that would stimulate team-based care planning activities, including team discussion boards and videos for asynchronous communication. For example, profession “elevator speech” videos were integrated into introductory discussion boards for teams to learn about one another; and teams developed role play videos simulating patient and family case review meetings.

### *Designing the learning experience (workflow)*

Two learning design consultants worked alongside the development team to inform workflow process, building from key learning objectives and expected outcomes. The consultants provided critical feedback on functionality and limitations of *Canvas*, crafting initial guideposts for the learning pathway through course content and activities.

### *Building learning modules*

Selected technological tools and clinical resources were integrated into four sequential modules aligned with four lifespan stages. Each module included an introduction, overview, module requirements, with clear outlines for personal and team assignments, expectations and timelines for completion. Figure 2 provides an outline of the four modules.

## 6) Pilot testing

Students from dentistry, nursing, occupational therapy, public health and social work were invited to participate in the course by members of the ‘*Curriculum Connect*’ group. Development team members did not participate in the course or serve as faculty during the pilot. No grade was awarded for participation. Students were aware that feedback would be used to evaluate and improve the course, and given the small pilot group, could opt out of having personal feedback included in publications. An ongoing dialogue between the course manager and students addressed technical issues, questions, concerns, or missing information. These were documented and used in post course review and revisions.

Students completed pre and post assessment surveys and were

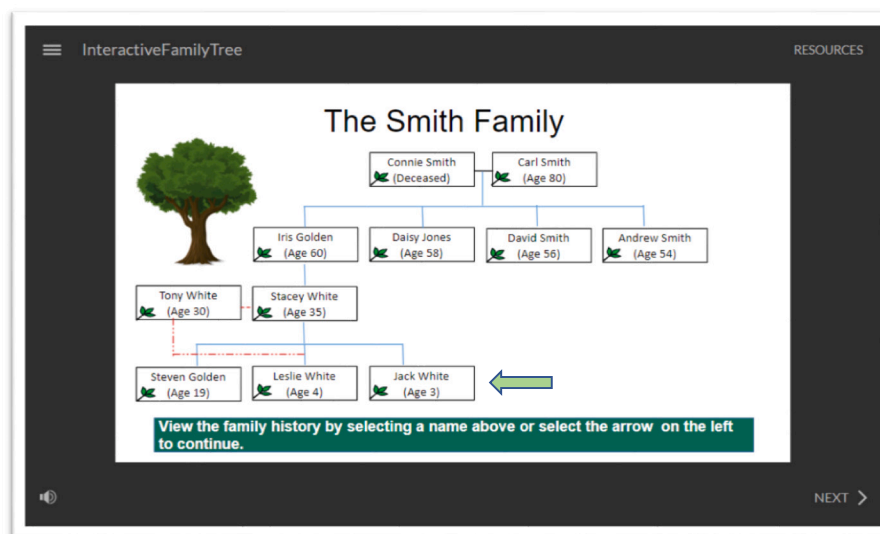
### **Introduction: Teams and Team Skills**

The introductory module presents an overview of interprofessional (IP) competencies and foundational content related to “teams and teamwork” and “communication”. Resources are provided to support IP team learning activities.

- Students complete an interactive self-paced computer-based module titled “*Interprofessional Teams and Teamwork*”, integrating real-world vignettes about team formation, communication and team dynamics, with activities and quizzes.
- A discussion board is provided for each student team with instructions to introduce themselves and post a video ‘elevator pitch’ for their profession.
- Pre-recorded videos are provided as resources for students to explore roles and responsibilities of a variety of health professions relevant to the case.

### **Patient Case: Jack and The Smith Family**

Jack was diagnosed with DiGeorge (22q11 deletion) Syndrome at birth. He lives with his mother (Stacey), siblings (Steven and Leslie) and grandmother (Iris). Students are invited to learn about Jack’s and his family using an interactive family tree.



**Fig. 2.** Outline of Interprofessional Collaboratory Modules.

invited to participate in post-course focus group discussions. The Dow instrument (v3) was administered to course participants immediately before and after completing the course via online survey within the Canvas platform (Lockeman et al., 2016). Pre-post data were analysed using SPSS v28. Given the small pilot sample, descriptive and nonparametric analyses were used (frequencies, means, and matched pairs *t*-tests).

Qualitative feedback was retrieved from completed surveys and collated. An inductive approach was used to systematically code student feedback (Saldana, 2016). Transcripts were read in full for content and context. Open coding was used to assign conceptual codes to meaningful segments within comments. Codes were defined as they were created. After comments were coded, they were read and coded by two other analysts. Consensus was reached through discussion. A second round of coding was completed to ensure final codes were applied to all pertinent text. Codes were evaluated for patterns and similarities and collapsed into themes. An audit trail was maintained by creating memos of analysis meetings, coding decisions, and theme identification. Two focus group discussions were held with students to identify strengths and limitations (Table 1). Data were collated along with process improvement recommendations for future revision. Using a consensus-based

iterative process, four evaluation team members (AS, PW, PB, DCW) integrated quantitative and qualitative results, identifying needs for updated course content, activities, resources and learning strategies.

#### 7) Re-evaluation and revision

A review of student feedback was conducted by the development team. Areas for immediate revision were identified for implementation and evaluation during roll-out and scale up.

### **Results**

#### *Quantitative data*

A total of 37 student volunteers completed the course. Sixteen granted permission for their data to be included in published reports (9 females and 7 males, aged 20–29 years). Most (75.0 %) represented Dentistry ( $n = 12$ ), with one student each from Nursing, Occupational Therapy, Public Health and Social Work. Student ethnicity was consistent with national aggregates (18.8 % Black, 12.5 % Hispanic and 68.8 % White).

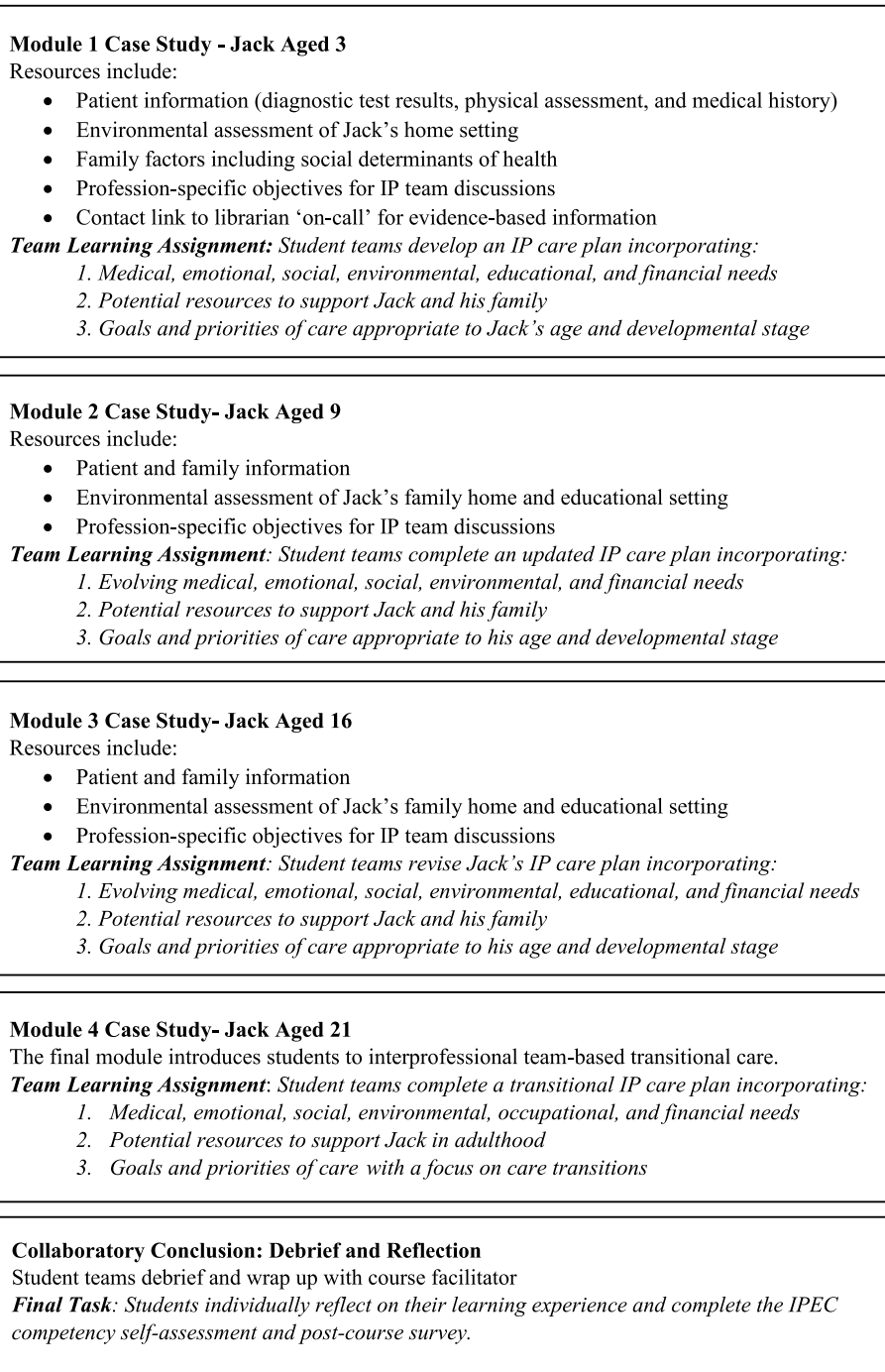


Fig. 2. (continued).

**Table 1**  
 Focus group questions.

If you could describe the course to another student, what would you say?
What worked well for you in the course?
What would you like to change?
What are your thoughts on the case?
How did the timing work during the semester?
If you were to do this again, how long would be appropriate for the overall course?
What type of incentives would you like to see for the interprofessional course?
What did you enjoy the most? Please comment on your experience overall functionally, operationally?
What did you not like? Please comment on specific activities?
What benefits did you see working with your own profession and then others?

The Interprofessional Competency Interaction domain mean score increased from 4.17/5 to 4.33 ( $p = 0.19$ ). There was almost no change in the Interprofessional Competency Values domain (4.57/5 versus 4.56). Neither change was statistically significant. (Table 2).

**Table 2**  
 Mean before and after scores - IPEC Competency Self-Assessment by domain ( $n = 15$ )<sup>a</sup>.

Domain	n	Before	After	Change	p value
Interaction	15	4.17	4.33	0.16	0.19
Values	14 <sup>a</sup>	4.57	4.56	-0.01	0.93

<sup>a</sup> n = 1 excluded due to missing data.

Qualitative data

Thirty-seven narrative responses were received and 16 students granted permission for comments to be included in publications. Final themes included: 1) active team engagement, 2) case reality 3) clear expectations 4) shared team commitment, and 5) enjoyment. (Examples of each theme, corresponding quotations, and course revisions are summarized in Table 3).

Active team engagement

Students expressed a desire to engage with interprofessional teams. Several students felt their experience had increased their desire to collaborate with other healthcare team members in the future. Benefits gained from course participation appeared to correlate with student engagement and perceived effort contributed by team members. Students specifically commented on the importance of consistent and active engagement from all team members. This stemmed from some students being fully engaged in online discussions while others performed minimally, creating frustration within some teams. One student noted it was difficult to fully engage online, “It was hard to work within the interprofessional teams on a specifically online presence.” Generally, students believed it was beneficial to experience navigating these types of team situations because it reflected reality in clinical practice. One student commented, “I enjoyed hearing perspectives from other healthcare professional students and integrating into my own opinion on patient care. However, it seemed difficult to collaborate over solely the discussion board”.

Case reality

Students were provided a unique opportunity to develop interprofessional knowledge and experience through a simulated case. Some felt strategies to enhance case reality would improve learner engagement. Suggestions included using ‘real case’ data, “It would be beneficial if you could get a real patient’s case information, such as surgical history, blood pressures, growth charts, body mass index, radiographs, and any additional charting information...individuals would be more engaged, and it would feel more like a real live patient.” Some suggested the course extend beyond the simulated case to include live individuals, “If the patient was real, the course would be of much higher priority to everyone involved.”

Clear expectations

The intent was for students to direct their own team process and mode of inquiry for care planning, based on knowledge and experience of student team members. However, several participants sought greater structure, “There could be some more guidance on the issues that we should be focusing on specifically pertaining to our profession. As a first-year dental student, it was not extremely obvious to me different issues that might have been apparent to someone with more diagnostic experience.” Some students were overwhelmed by the extent of new information and suggested a more prescriptive workflow structure to guide interprofessional collaboration within the team.

Shared team commitment

Most participants had minimal prior interprofessional experience and were unaware of resources and skills other professions could contribute to individualized and holistic patient care. Course participants highlighted how this collaborative course experience opened their mind to the value of interprofessional teamwork, “Being able to experience the different points of view taken by different professions has opened my mind to the various thought processes that can be used to assess patients in clinical and diagnostic instances. Although this has

**Table 3**  
Themes, example quotations from participants, and course revisions.

Theme	Example participant quotations	Course revisions
Active Team Engagement	<ul style="list-style-type: none"> <li>• “I enjoyed hearing perspectives from other healthcare professional students ... However, it seemed difficult to collaborate over solely the discussion board.”</li> </ul>	<ul style="list-style-type: none"> <li>• Additional discussion formats were offered to increase ease of collaboration. For example, Web-conferencing and texting applications were added as options. Students noted in the discussion board area how they were communicating as a team.</li> <li>• To engage students with team members, they are asked to meet together as a team (online) at least once during the four-week course. As part of this assignment, they were required to upload a recording or transcript of their meeting to demonstrate their team communication principles and negotiation strategies in team interactions.</li> </ul>
Case Reality	<ul style="list-style-type: none"> <li>• “It would be beneficial if you could get a real patient’s case information, such as surgical history, blood pressures, growth charts, body mass index, radiographs, and any additional charting information... individuals would be more engaged, and it would feel more like a real live patient.”</li> </ul>	<ul style="list-style-type: none"> <li>• Additional documents pertaining to patient history, physical signs and symptoms, laboratory results, environmental scans, and diagnostic results were added to the course to increase realism.</li> </ul>
Clear Expectations	<ul style="list-style-type: none"> <li>• “There could be some more guidance on the issues that we should be focusing [on] specifically pertaining to our profession...”</li> </ul>	<ul style="list-style-type: none"> <li>• An introductory video was created and embedded in the course to help students focus on appropriate areas of exploration.</li> <li>• Profession-specific teachers were added into the course for students/teams to contact with their questions.</li> <li>• For each age-specific module, a written “update” on the patient was added to the course to indicate areas of progress and to highlight new health, developmental and social challenges.</li> </ul>
Shared Team Commitment	<ul style="list-style-type: none"> <li>• “...as a single practitioner it is almost impossible to cover all your possible bases, and it could be much more beneficial to a patient’s future well-being that multiple professions put their minds together to cover all said bases in a more efficient and accurate manner.”</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the course was expanded to include additional professions.</li> </ul>
Enjoyment	<ul style="list-style-type: none"> <li>• “I liked the opportunity to work in a group with fellow students across the [school] campus in different professional fields... I enjoyed the opportunity to share my training with other healthcare students and I equally enjoyed learning from them.”</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the course was expanded to include additional professions.</li> </ul>

Table 3 summarizes themes and lessons learned from surveys, focus groups and course analytics, with examples of associated course revisions.

also made me realize that as a single practitioner it is almost impossible to cover all your possible bases, and it could be much more beneficial to a patient's future wellbeing that multiple professions put their minds together to cover all said bases in a more efficient and accurate manner."

### Enjoyment

Enjoyment from interprofessional interactions emerged, "I really enjoyed working with the other professions because they provided great insight about what kind of care their discipline is responsible for and they brought many ideas to the table that I didn't even think of." Each student provided specific reasons such as improving understanding of other professions, enjoying flexibility of the online format, and ease of integration into existing coursework. Most enjoyed the opportunity to consider issues beyond their own professional silos, "I liked the opportunity to work in a group with fellow students across the [school] campus in different professional fields.... I enjoyed the opportunity to share my training with other healthcare students and I equally enjoyed learning from them."

### Discussion

This novel faculty-student partnership approach produced a unique course design, as development team members jointly reached consensus on course content, workflow, learning activities and engagement strategies. Most importantly, students were an active part of the evaluation, and quality-improvement processes. However, bringing together students from five different schools across a large urban campus was complex and challenges included: identifying a patient diagnosis incorporating all disciplines; sequencing discussion boards with enough time to allow generation of profession-specific ideas prior to engaging with the interprofessional team but not too much time for focus to be lost; facilitating and moderating interprofessional discussion boards without disrupting student problem-solving; and sustaining team engagement over time.

Measuring interprofessional learning through quantitative assessment was also challenging with a small initial pilot sample and when student self-assessment began with a high baseline. The Interprofessional Competency Values domain pre-exercise baseline scores were very high, with a mean item score of 4.57 out of five, remaining high at the post course assessment. Improvements observed for the *Interaction* domain was suggestive of potential course benefit in team interactions, but the small sample size ( $n = 16$ ) may have mitigated against statistically significant findings. As pilot participants were volunteers, who may have already valued interprofessional practice and the opportunity to explore interprofessionalism, it is possible that self-selection bias resulted in a ceiling effect, with limited room for improvement in scores. An evaluation of a larger longitudinal cohort is currently underway utilizing an alternative measurement tool to overcome high self-assessed baselines to examine change in knowledge, attitudes, and interprofessional competencies.

In 2020, the coronavirus pandemic halted in-person education for an extended period. Clinical programs suffered significantly in their ability to train students, especially nursing. Nursing educators collaborated utilizing online learning platforms to provide clinical experiences in the form of on-line interprofessional activities. This opened doors for guest speakers from other disciplines to enrich students' education. With many educators discovering the potential of virtual learning platforms for interprofessional education, the body of literature for virtual IPE has grown to identify additional opportunities for interprofessional training (Jones et al., 2020; Reeves et al., 2017). This interprofessional collaborative approach provides a timely addition to the toolbox for health professions educators. In particular, the introduction of new AACN Essentials (AACN, 2021; Giddens et al., 2022), which acknowledges the importance of interprofessional partnerships, and the beginnings of the coordination of IPE accreditation standards across health-related

professions (Health Professions Accreditors Collaborative, 2019; Health Professions Accreditors Collaborative, 2020), necessitates creative approaches to address the complexities of meeting diverse educational needs of future healthcare providers (Khalili, 2020; Shorten et al., 2023).

Consistent with interprofessional education research, students experienced the benefits of different professional viewpoints, as the guided care planning activity opened their eyes to diverse clinical decision making for comprehensive care (Arciaga et al., 2022; Langlois et al., 2020). Students benefit most from interprofessional experiences if they are motivated to participate and commit to actively engage in the process. Student feedback from the pilot course emphasized that some students contributed more than others, impacting the teamwork. It became clear that establishing team rules (peer contract) upfront and communicating course expectations was needed for student accountability.

The online learning platform was convenient and flexible, enabling learners to access supplemental materials from anywhere in the world (Arciaga et al., 2022; Qiao et al., 2021). Adding a librarian to the course also increased learner access to evidence-based resources. The flexible platform allowed for additional patient information such as radiographs, medical history, chart notes, along with numerous evidence-based resources identified by students for sharing with future cohorts. This novel approach to create a course library provided the opportunity for a dynamic mechanism for ensuring contemporary and up-to-date content as each cohort can contribute to the learning resources for the cohorts to follow.

### Conclusion

Data integration suggested that the interprofessional online collaborative course framework enabled students of different professions to work together both asynchronously and synchronously, to achieve a common goal of patient assessment and care planning for a patient across the lifespan. Upon establishing a shared team commitment mindset, over a period of eight weeks, participants were able to practice communicating their viewpoints and sharing profession-specific knowledge with students from other professions. When planning and providing patient care, each profession will inevitably focus on aspects of care most pertinent to their work. This course provided students with a learning environment and the opportunity to expand beyond their professional silos and see how their work fits into the greater picture of the patient's well-being. This pilot cohort of students allowed us to further refine not only course content but also evaluation methods. Student feedback drove course revisions to improve opportunities for greater case reality, increased signposting, and engagement expectations to improve the learning experiences and achieve course objectives.

Benefits to partnering with interprofessional students for course development included valuable insight into logistical challenges and learner engagement strategies from the learner perspective. Finding viable virtual solutions for interprofessional clinically relevant learning within health professional curricula has accelerated use of online platforms during the COVID-19 pandemic. The "collaboratory" approach enabled health professions students to explore ways to work in a team in the online learning environment, laying the groundwork for future interprofessional collaboration. The process of developing an acceptable and adaptable framework for a variety of health professions students, has opened future possibilities for expanding collaborative course cohorts outside institutional silos. The development team is exploring mechanisms for expansion to engage cohorts of students for global interprofessional team-based learning experiences based on the requirements from a variety of health-related professions.

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