



Promoting interprofessional collaboration through simulation-based curriculum: “Doing it together”

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Authentic and meaningful learning is best achieved when teams who work together also train together.

During a recent University of Auckland workshop aimed at developing a simulation strategy for our five health professional programmes, Interprofessional Education (IPE) and team-based healthcare was a recurring theme. Faculty consistently underscored the significance of IPE and collaborative healthcare practices, emphasising the necessity of fostering learning environments that support multidisciplinary teaching teams and collaborative approaches to educating health professionals.

Healthcare delivery is compromised by human error, adverse events, and suboptimal patient care, substantially attributed to failures in teamwork and communication (De Vries et al., 2008). Many patient safety organisations have identified enhanced teamwork and communication as top priorities for improving healthcare outcomes (Greenberg, 2024; World Health Organization [WHO], 2021). Simulation-based education offers a valuable opportunity to promote effective interprofessional communication and collaboration across the educational continuum, from undergraduate learners to specialist practitioners - provided it is implemented with rigour and intentionality (Marion-Martins & Pinho, 2020).

Effective Interprofessional Simulation-Based Education (IPSBE) requires deliberate structures and comprehensive planning from the outset. Too frequently, such initiatives are dominated by a single profession, with others relegated to supporting roles, limiting learning and reinforcing existing professional hierarchies. Additionally, numerous simulation-based programmes focus on a single profession - for example, crisis management training exclusively for anaesthetists, with other roles portrayed by ‘confederates’ (e.g., anaesthetists acting as surgeons).

This approach forfeits team-building opportunities and risks reinforcing negative stereotypes, impeding the development of respectful interprofessional relationships.

Authentic and meaningful learning is best achieved when teams who work together also train together. Traditional barriers to IPE - such as scheduling conflicts, divergent learning objectives or assessments, and the lack of multiprofessional insight among uni-professional teaching staff - are well documented (Lawlis et al., 2014). Therefore, we should design an integrated simulation-based curriculum that proactively addresses these barriers through genuine collaboration and co-design with all relevant professional groups from the outset.

Recommendations for an interprofessional simulation-based curriculum:

- Establish an equitable governance structure: Build a framework where all healthcare professions are equally represented, ensuring collaborative selection of suitable simulation technologies, fair access to simulation facilities and resources and shared responsibility and ownership.
- Identify and leverage shared curricular elements: Collaboratively pinpoint common curriculum components - from non-technical skills like communication and teamwork to clinical management - where simulation adds value, and integrate these into interprofessional learning to enhance team competencies in patient care.





- Support effective multidisciplinary staff development through an IPE lens: understand teamwork principles and interprofessional pedagogy; design and facilitate authentic multi-profession simulations, use structured debriefing for shared learning, reflect on differences and common values, and foster clear communication and effective team dynamics; commit to self-reflection and examining biases, value the perspectives of all professions, build trust and respect, and support an inclusive, equitable learning environment for meaningful interprofessional collaboration.

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