



CrossMark

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Simulation-Enhanced Interprofessional Education (Sim-IPE)

INACSL Standards Committee

KEYWORDS

interprofessional education;
collaborative practice;
interprofessional communication;
teamwork

Cite this article:

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

© 2016 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved.

As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: SimulationSM. Therefore, the INACSL Standards of Best Practice: Simulation are [living documents](#).

Standard

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

Background

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

competencies.^{2,3} Simulation-based experiences are recognized as an effective way to promote IPE teamwork.

Sim-IPE is designed for individuals to "learn about, from, and with each other to enable effective collaboration and improve health outcomes"² (p.31) therefore, creating opportunities for purposeful learning. Creating these rich learning opportunities can be difficult given the many natural variables present in simulation education (e.g., simulation, simulator, simulation program, curriculum, schedules, participants, and educators) that may impact learning. As a way to achieve the highest interprofessional learning that can best withstand these variables, educators should use published theories (educational, organizational, and/or management), concepts, frameworks, standards, and competencies to guide the development implementation and evaluation of Sim-IPE.^{4,5}

Strategies from simulation-based education and IPE should be integrated into all aspects of the experience.

Additionally, strategies from human factors research and team performance are essential for effective communication and collaboration in Sim-IPE.

An evaluation plan should be considered when designing a Sim-IPE activity to measure the outcome(s) of the methodology, experience, and learning outcomes to contribute to the body of science specific to Sim-IPE.^{3,6} Simulation and IPE are both anecdotally linked to patient safety, but little evidence is available to validate this linkage (Sim-IPE), and most of the available tools currently lack psychometric development.⁷ Research utilizing valid and reliable measures is needed to determine the effectiveness of Sim-IPE to include changes in attitudes, changes in clinical practice, and changes in patient outcomes. Educators and researchers are encouraged to disseminate outcomes from Sim-IPE experiences.

Potential consequences of not following this standard may include impaired learning opportunities, professional mistrust, ineffective working relationships, unsafe learning environments, and lack of role clarity.⁸

Criteria Necessary to Meet This Standard

1. Conduct Sim-IPE based on a theoretical or a conceptual framework.^{4,5,9}
2. Utilize best practices in the design and development of Sim-IPE.
3. Recognize and address potential barriers to Sim-IPE.
4. Devise an appropriate evaluation plan for Sim-IPE.

Criterion 1: Conduct Sim-IPE based on a theoretical or a conceptual framework.^{4,5,9}

Required elements:

Include adult learning theories, frameworks, standards, and competencies to structure the development of Sim-IPE.

- Explore teamwork or crisis resource management framework(s) with consideration to adopt for consistency.
 - Intentionally design Sim-IPE using published theoretical models, frameworks, and/or competencies (e.g., nationally accepted core competencies, certifying and accrediting bodies, professional societies).
- Conduct curricular mapping to identify potential and/or appropriate integration of Sim-IPE.

Integrate the theoretical and philosophical models of each health care profession involved in the Sim-IPE.

Criterion 2: Utilize best practices in the design and development of Sim-IPE.

Required elements:

Best practices for Sim-IPE should:

- Consider multiple experiences to achieve expected outcomes.
- Incorporate authentic,¹⁰ challenging, reality-based activities/scenarios developed and reviewed by the professions involved in the simulation.
- Develop mutual goals among the professions involved in the experience.
- Base activities on learning objectives,¹¹ participants' knowledge, skills, needs, and experiences.
- Ensure a safe learning environment.
- Provide appropriate, team-based structured debriefing and feedback as appropriate for the goal of the simulation.^{6,9,10,12,13}

Criterion 3: Recognize and address potential barriers to Sim-IPE.

Required elements:

Perform a needs assessment to determine if the organization or program is ready for Sim-IPE and that stakeholders will be able to benefit.¹⁷

Determine institutional and leadership commitment to Sim-IPE.^{2,4,6,15}

Address sustainability and institutional and local issues during the development, planning, and evaluation processes. Utilize Sim-IPE champions and stakeholders throughout the development, planning, and implementation processes.

Review available resources including financial support, simulation space, equipment, supplies, time, and support staff/facilitators, as Sim-IPE can be resource intensive.^{4,6,14,15}

Provide initial and ongoing faculty development.^{4,16-18}

Determine the infrastructure for Sim-IPE including curricular underpinnings and development of curricula.^{2,16-18}

Provide support, including recognition and time, for educators to participate in designing, conducting, and debriefing simulation-based activities.^{6,15,16,19}

Develop the plan for sustainment after the initial startup.

Consider that additional barriers to Sim-IPE may occur in some countries.¹⁹

Follow INACSL Standard: Simulation Design and INACSL Standard: Professional Integrity.

Criterion 4: Include an appropriate evaluation plan.

Required elements:

Use reliable and valid tools, if available.

- Develop the evaluation in consultation with experts (i.e., statisticians, researchers, or psychometricians). Investigate how Sim-IPE can be effectively integrated into various curricula (pre and post licensure).
- Measure how Sim-IPE impacts individual and team behavior.
- Explore how Sim-IPE can be used to develop and assess interprofessional competencies.
- Measure how Sim-IPE impacts learner outcomes.
- Measure how Sim-IPE impacts patient outcomes.^{7,18}
- Measure how Sim-IPE impacts culture change.

References

- Tullmann, D., Shilling, A., Goeke, L., Wright, E., & Littlewood, K. (2014). Recreating simulation scenarios for interprofessional education: An example of educational interprofessional practice. *Journal of Interprofessional Care*, 27(5), 426-428. <http://dx.doi.org/10.3109/13561820.2013.790880>.
- World Health Organization (WHO). (2010). *Framework for action on interprofessional education & collaborative practice*. Retrieved from http://www.who.int/hrh/resources/framework_action/en/.
- Palaganas, J., Epps, C., & Raemer, D. (2014). A history of simulation-enhanced interprofessional education. *Journal of Interprofessional Care*, 28(2), 110-115. <http://dx.doi.org/10.3109/13561820.2013.869198>.
- Abu-Rish, E., Kim, S., Choe, L., Varpio, L., Malik, E., White, A. A., ..., & Zierler, B. (2012). Current trends in interprofessional education of health science students: A literature review. *Journal of Interprofessional Care*, 26(6), 444-451. <http://dx.doi.org/10.3109/13561820.2012.715604>.
- Reeves, S., Goldman, J., Gilbert, J., Tepper, J., Silver, I., Suter, E., & Zwarenstein, M. (2011). A scoping review to improve conceptual clarity of interprofessional interventions. *Journal of Interprofessional Care*, 25(3), 167-174. <http://dx.doi.org/10.3109/13561820.2010.529960>.
- Paige, J. T., Garbee, D. D., Kozmenko, V., Yu, Q., Kozmenko, L., Yang, T., ..., & Swartz, W. (2014). Getting a head start: High-fidelity, simulation-based operating room team training of interprofessional students. *Journal of the American College of Surgeons*, 218(1), 140-149. <http://dx.doi.org/10.1016/j.jamcollsurg.2013.09.006>.
- Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). Interprofessional education: Effects on professional practice and healthcare outcomes (update) (review). *Cochrane Database of Systematic Reviews*(3), CD002213. <http://dx.doi.org/10.1002/14651858.CD002213.pub3>.
- Oates, M., & Davidson, M. (2015). A critical appraisal of instruments to measure outcomes of interprofessional education. *Medical Education*, 49, 386-398. <http://dx.doi.org/10.1111/medu.12681>.
- Buckley, S., Hensman, M., Thomas, S., Dudley, R., Nevin, G., & Coleman, J. (2012). Developing interprofessional simulation in the undergraduate setting: Experience with five different professional groups. *Journal of Interprofessional Care*, 26(5), 362-369. <http://dx.doi.org/10.3109/13561820.2012.685993>.
- King, S., Drummond, J., Hughes, E., Bookhalter, S., Huffman, D., & Ansell, D. (2013). An inter-inter-institutional collaboration: Transforming education through interprofessional simulations. *Journal of Interprofessional Care*, 27(5), 429-431. <http://dx.doi.org/10.3109/13561820.2013.791260>.
- Lioce, L., Reed, C. C., Lemon, D., King, M. A., Martinez, P. A., Franklin, A. E., ..., & Borum, J. C. (2013). Standards of Best Practice: Simulation Standard III: Participant objectives. *Clinical Simulation in Nursing*, 9(6S), S15-S18. <http://dx.doi.org/10.1016/j.ecns.2013.04.005>.
- Galbraith, A., Harder, N., Macomber, A., Roe, E., & Roethlisberger, S. (2014). Design and implementation of an interprofessional death notification simulation. *Clinical Simulation in Nursing*, 10(2), e95-e102. <http://dx.doi.org/10.1016/j.ecns.2013.08.003>.
- Reese, E., Jeffries, P., & Engum, S. (2010). Learning together: Using simulations to develop nursing and medical student collaboration. *Nursing Education Perspectives*, 31(1), 33-37.
- Vyas, D., McCulloh, R., Dyer, C., Gregory, G., & Higbee, D. (2012). An interprofessional course using human patient simulation to teach patient safety and teamwork skills. *American Journal of Pharmaceutical Education*, 76(4), 71. <http://dx.doi.org/10.5688/ajpe76471>.
- Buring, S. M., Bhusha, A., Broeseker, A., Conway, S., Duncan-Hewitt, W., Hansen, L., & Westberg, S. (2009). Interprofessional education: Definitions, student competencies, and guidelines for implementation. *American Journal of Pharmaceutical Education*, 73(4), 59.
- Seymour, N. E., Cooper, J. B., Farley, D. R., Feaster, S. J., Ross, B. K., Pellegrini, C. A., & Sachdeva, A. K. (2013). Best practices in interprofessional education and training in surgery: Experiences from American College of Surgeons-Accredited Education Institutes. *Surgery*, 154(1), 1-12. <http://dx.doi.org/10.1016/j.surg.2013.04.057>.
- Shaw-Battista, J., Belew, C., Anderson, D., & van Schaik, S. (2015). Successes and challenges of interprofessional physiologic birth and obstetric emergency simulations in a nurse-midwifery education program. *Journal of Midwifery & Women's Health*, 60(6), 735-743. <http://dx.doi.org/10.111/jmwh.12393>.
- Robertson, J., & Bandali, K. (2008). Bridging the gap: Enhancing interprofessional education using simulation. *Journal of Interprofessional Care*, 22(5), 499-508. <http://dx.doi.org/10.1080/13561820.200802303656>.
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D. C.: Interprofessional Education Collaborative.

Bibliography

- Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., Kardong-Edgren, S., ..., & Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation*, 6(3), 39-42.
- Abu-Rish, E., Kim, S., Choe, L., Varpio, L., Malik, E., White, A. A., ..., & Zierler, B. (2012). Current trends in interprofessional education of health science students: A literature review. *Journal of Interprofessional Care*, 26(6), 444-451. <http://dx.doi.org/10.3109/13561820.2012.715604>.
- Aggarwal, R., Myton, O. T., Derbrew, M., Hananel, D., Heydenburg, M., Issenberg, B., ..., & Reznick, R. (2010). Training and simulation for patient safety. *Quality & Safety in Health Care*, 19(Suppl 2), i34-i43. <http://dx.doi.org/10.1136/qshc.2009.038562>.
- Alinier, G. (2011). *A guide for developing high-fidelity simulation scenarios in healthcare education and continuing professional development*. Retrieved from <http://uhra.herts.ac.uk/bitstream/handle/2299/9334/904785.pdf?sequence=1>.
- Bridges, R., Davidson, A., Odegard, S., Maki, V., & Tomkowiak, J. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. *Medical Education Online*, 16, 6035. <http://dx.doi.org/10.3402/meo.v16i0.6035>.
- Buckley, S., Hensman, M., Thomas, S., Dudley, R., Nevin, G., & Coleman, J. (2012). Developing interprofessional simulation in the undergraduate setting: Experience with five different professional groups. *Journal of Interprofessional Care*, 26(5), 362-369. <http://dx.doi.org/10.3109/13561820.2012.685993>.
- Cant, R. P., & Cooper, S. J. (2010). Simulation-based learning in nurse education: Systematic review. *Journal of Advanced Nursing*, 66(1), 3-15. <http://dx.doi.org/10.1111/j.1365-2648.2009.05240.x>.
- Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L., Boese, T., ..., & Borum, J. C. (2013). Standards of best practice: Simulation standard

- VI: The debriefing process. *Clinical Simulation in Nursing*, 9(6), e26-e29. <http://dx.doi.org/10.1016/j.ecns.2013.04.008>.
- Dillon, P. M., Noble, K. A., & Kaplan, L. (2009). Simulation as a means to foster collaborative interdisciplinary education. *Nursing Education Perspectives*, 30(2), 87-90. <http://dx.doi.org/10.1043/1536-5026-030.002.0087>.
- Eppich, W., Howard, V., Vozenilek, J., & Curran, I. (2011). Simulation-based team training in healthcare. *Simulation in Healthcare*, 6(Suppl), S14-S19. <http://dx.doi.org/10.1097/SIH.0b013e318229f550>.
- Forsythe, L. (2009). Action research, simulation, team communication, and bringing the tacit into voice society for simulation in healthcare. *Simulation in Healthcare*, 4(3), 143-148. <http://dx.doi.org/10.1097/SIH.0b013e3181986814>.
- Frengley, R. W., Weller, J. M., Torrie, J., Dzendrowskyj, P., Yee, B., Paul, A., ..., & Henderson, K. (2011). The effect of a simulation-based training intervention on the performance of established critical care unit teams. *Critical Care Medicine*, 39(12), 2605-2611. <http://dx.doi.org/10.1097/CCM.0b013e3182282a98>.
- Galbraith, A., Harder, N., Macomber, C. A., Roe, E., & Roethlisberger, K. S. (2014). Design and implementation of an interprofessional death notification simulation. *Clinical Simulation in Nursing*, 10(2), e95-e102. <http://dx.doi.org/10.1016/j.ecns.2013.08.003>.
- Gillan, C., Lovrics, E., Halpern, E., Wiljer, D., & Harnett, N. (2011). The evaluation of learner outcomes in interprofessional continuing education: A literature review and an analysis of survey instruments. *Medical Teacher*, 33(9), e461-e470. <http://dx.doi.org/10.3109/0142159X.2011.587915>.
- Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME guide no. 9. *Medical Teacher*, 29(8), 735-751. <http://dx.doi.org/10.1080/01421590701682576>.
- Institute of Medicine. (2014). *Assessing health professional education: Workshop summary*. Washington, D.C.: The National Academies Press.
- Institute of Medicine. (2010). *A summary of the February 2010 forum on the future of nursing: Education*. Washington, DC: The National Academies Press.
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.
- Issenberg, S. B., Ringsted, C., Østergaard, D., & Dieckmann, P. (2011). Setting a research agenda for simulation-based healthcare education. *Simulation in Healthcare*, 6(3), 155-176. <http://dx.doi.org/10.1097/SI.06013e3182207c24>.
- Kilminster, S., Hale, C., Lascelles, M., Morris, P., Roberts, T., Stark, P., ..., & Thistlethwaite, J. (2004). Learning for real life: Patient-focused interprofessional workshops offer added value. *Medical Educator*, 38(7), 717-726. <http://dx.doi.org/10.1046/j.1365-2923.2004.01769.x>.
- LaFond, C. M., & Van Hulle Vincent, C. (2013). A critique of the National League for Nursing/Jeffries simulation framework. *Journal of Advanced Nursing*, 69(2), 465-480. <http://dx.doi.org/10.1111/j.1365-2648.201.206048.x>.
- Lapkin, S., Levett-Jones, T., & Gilligan, C. (2013). A systematic review of the effectiveness of interprofessional education in health professional programs. *Nurse Education Today*, 33(2), 90-102. <http://dx.doi.org/10.1016/j.nedt.2011.11.006>.
- Liston, B. W., Wagner, J., & Miller, J. (2013). A curricular innovation to promote interprofessional collaboration. *Journal of Curriculum and Teaching*, 2(1), 68-73. <http://dx.doi.org/10.5430/jct.v2n1p68>.
- Mitchell, J. D., Holak, E. J., Tran, H. N., Muret-Wagstaff, S., Jones, S. B., & Brzezinski, M. (2013). Are we closing the gap in faculty development needs for feedback training? *Journal of Clinical Anesthesia*, 25(7), 560-564. <http://dx.doi.org/10.1016/j.jclinane.2013.05.005>.
- Montgomery, K., Griswold-Theodorson, S., Morse, K., Montgomery, O., & Farabaugh, D. (2012). Transdisciplinary simulation: Learning and practicing together. *The Nursing Clinics of North America*, 47(4), 493-502. <http://dx.doi.org/10.1016/j.cnur.2012.07.009>.
- Murdoch, N. L., Bottorff, J. L., & McCullough, D. (2014). Simulation education approaches to enhance collaborative healthcare: A best practices review. *International Journal of Nursing Education Scholarship*, 10. <http://dx.doi.org/10.1515/ijnes-2013-0027>.
- Paige, J. T., Garbee, D. D., Brown, K. M., & Rojas, J. D. (2015). Using simulation in interprofessional education. *Surgical Clinics of North America*, 95, 751-766. <http://dx.doi.org/10.1016/j.suc.2015.04.004>.
- Paige, J. T., Garbee, D. D., Kozmenko, V., Yu, Q., Kozmenko, L., Yang, T., ..., & Swartz, W. (2014). Getting a head start: High-fidelity simulation-based operating room team training of interprofessional students. *Journal of the American College of Surgeons*, 218(1), 140-149. <http://dx.doi.org/10.1016/j.jamcollsurg.2013.09.006>.
- Paull, D. E., Deleew, L. D., Wolk, S., Paige, J. T., Neily, J., & Mills, P. D. (2013). The effect of simulation-based crew resource management training on measurable teamwork and communication among interprofessional teams caring for postoperative patients. *Journal of Continuing Education in Nursing*, 44(11), 516-524. <http://dx.doi.org/10.3928/0022-0214-20130903-38>.
- Palaganas, J. C., Epps, C., & Raemer, D. B. (2014). A history of simulation-enhanced interprofessional education. *Journal of Interprofessional Care*, 28(2), 110-115. <http://dx.doi.org/10.3109/13561820.2013.869198>.
- Reeves, S., Goldman, J., Gilbert, J., Tepper, J., Silver, I., Suter, E., & Zwarenstein, M. (2011). A scoping review to improve conceptual clarity of interprofessional interventions. *Journal of Interprofessional Care*, 25(3), 167-174. <http://dx.doi.org/10.3109/13561820.2010.529960>.
- Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). Interprofessional education: Effects on professional practice and healthcare outcomes (update) (review). *Cochrane Database of Systematic Reviews*(3), CD002213. <http://dx.doi.org/10.1002/14651858.CD002213.pub3>.
- Ruiz, M. G., Ezer, H., & Purden, M. (2013). Exploring the nature of facilitating interprofessional learning: Findings from an exploratory study. *Journal of Interprofessional Care*, 27(6), 489-495. <http://dx.doi.org/10.3109/13561820.2013.811640>.
- Salas, E., Wilson, K. A., Lazzara, E. H., King, H. B., Augenstein, J. S., Robinson, D. W., & Birnbach, D. J. (2008). Simulation-based training for patient safety: 10 principles that matter. *Journal of Patient Safety*, 4(1), 3-8. <http://dx.doi.org/10.1097/pts.0b013e3181656dd6.04.007>.
- Sargeant, J., Loney, E., & Murphy, G. (2008). Effective interprofessional teams: "Contact is not enough" to build a team. *The Journal of Continuing Education in the Health Professions*, 28(4), 228-234. <http://dx.doi.org/10.1002/chp.189>.
- Scherer, K., Myers, J., O'Connor, D., & Haskin, M. (2013). Interprofessional simulation to foster collaboration between nursing and medical students. *Clinical Simulation in Nursing*, 9(11), e497-e505. <http://dx.doi.org/10.1016/j.ecns.2013.03.001>.
- Schmitt, H. (2001). Collaboration improves the quality of care: Methodological challenges and evidence from US health care research. *Journal of Interprofessional Care*, 15(1), 47-66. <http://dx.doi.org/10.1080/13561820020022873>.
- Seymour, N. E., Cooper, J. B., Farley, D. R., Feaster, S. J., Ross, B. K., Pellegrini, C. A., & Sachdeva, A. K. (2013). Best practices in interprofessional education and training in surgery: Experiences from American College of Surgeons-Accredited Education Institutes. *Surgery*, 154(1), 1-12. <http://dx.doi.org/10.1016/j.surg.2013.04.057>.
- Smithburger, P. L., Kane-Gill, S. L., Kloet, B., Lohr, B., & Seybert, A. L. (2013). Advancing interprofessional education through the use of high fidelity human patient simulators. *Pharmacy Practice*, 11(2), 61-65. <http://dx.doi.org/10.4321/s1886-36552013000200001>.
- Sunguya, F., Hinthong, W., Jimba, M., & Yasuoka, J. (2014). Interprofessional education for whom? — Challenges and lessons learned from its implementation in developing countries and their application to developing countries: A systematic review. *PLoS ONE*, 9(5), e96724. <http://dx.doi.org/10.1371/journal.pone.0096724>.

- Thannhauser, J., Russell-Mayhew, S., & Scott, C. (2010). Measures of interprofessional education and collaboration. *Journal of Interprofessional Care*, 24(4), 336-349. <http://dx.doi.org/10.3109/13561820903442903>.
- Thistlthwaite, J., Forman, D., Matthews, L., Rogers, G., Steketee, C., & Yassine, T. (2014). Competencies and frameworks in interprofessional education: A comparative analysis. *Academic Medicine*, 89(6), 869-875. <http://dx.doi.org/10.1097/ACM.0000000000000249>.
- Tullmann, D. F., Shilling, A. M., Goeke, L. H., Wright, E. B., & Littlewood, K. E. (2014). Recreating simulation scenarios for interprofessional education: An example of educational interprofessional practice. *Journal of Interprofessional Care*, 27(5), 426-428. <http://dx.doi.org/10.3109/13561820.2013.790880>.
- van Soeren, M., Devlin-Cop, S., Macmillan, K., Baker, L., Egan-Lee, E., & Reeves, S. (2011). Simulated interprofessional education: An analysis of teaching and learning processes. *Journal of Interprofessional Care*, 25(6), 434-440. <http://dx.doi.org/10.3109/13561820.2011.592229>.
- Vyas, D., McCulloh, R., Dyer, C., Gregory, G., & Higbee, D. (2012). An interprofessional course using human patient simulation to teach patient safety and teamwork skills. *American Journal of Pharmaceutical Education*, 76(4), 71. <http://dx.doi.org/10.5688/ajpe76471>.
- Weaver, S. J., Dy, S. M., & Rosen, M. A. (2014). Team-training in healthcare: A narrative synthesis of the literature. *BMJ Quality & Safety*, 23(5), 359-372. <http://dx.doi.org/10.1136/bmjqqs-2013-001848>.
- World Health Organization. (2013). *Transforming and scaling up health professionals' education and training*: World Health Organization

Guidelines 2013. Geneva, Switzerland: Author. Retrieved from http://www.who.int/hrh/resources/transf_scaling_hpet/en/.

Original INACSL Standard

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

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

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