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Re-Examining interprofessional simulation: Using social identity theory to explore the influence of 'profession' on interprofessional learning

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Abstract In this article we explore and reflect upon a shared experience of interprofessional simulation-based education (IP-SBE) in the United Kingdom (UK) which caused us to discuss the assertion by the Interprofessional Education Collaborative (IPEC) that “*interprofessional learning experiences help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.*” We utilized social identity theory (SIT) to consider the impact of ‘profession’ on identity and its role in the behaviors we observed during an IP-SBE conference workshop. In this workshop the personal importance given to one’s professional group dominated and hindered the opportunity for interprofessional group working and this reflected our experiences in IP-SBE more widely. Belonging to an ‘in-group’ is a strong force that, although at times a negative force, could be used to promote the ambitions of IP-SBE. IP-SBE sessions could look to form an ‘in-group’ based on a characteristic that is not clinical professional background and in doing so be more successful in attaining the aspirations of IPEC and the interprofessional educational community.

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Introduction

Interprofessional simulation-based education (IP-SBE) is an established model of healthcare education with the potential to enhance interprofessional working by en-

abling learners to “learn with, from and about each other” (Centre for the Advancement of Interprofessional Education, 2018). This special issue of *Clinical Simulation in Nursing* (CSN) invites papers which “*explore interdisciplinary simulation design and research, as a catalyst for innovation and transforming the way health care professionals are educated and prepared*” (Clinical Simulation in Nursing, 2024). In this article we explore and reflect

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upon a shared experience of IP-SBE in the United Kingdom (UK) which caused us to discuss the assertion that “*interprofessional learning experiences help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.*” (IPEC 2023, p1). Our discussions and reflections led us to consider the impact of ‘profession’ on an individual’s identity in IP-SBE. We bring together our reflections, as both facilitators of and participants of an interprofessional workshop, which raised questions in our minds that we sought to explore. We share insights into what we perceive to be inherent complexities of interprofessional working and its alignment with interprofessional education. We use social identity theory (Tajfel & Turner, 1979) as a lens to reflect upon our observations of the inter-group dynamics and individual contributions of delegates and speculate about the implications this may have concerning IP-SBE moving forward.

Context - The Workshop

Simulation-based education (SBE) is a widely established educational technique utilized in the delivery of healthcare education. The debriefing phase within an SBE event is commonly seen as being a critical point where learning occurs (Eppich & Cheng, 2015; Fanning & Gaba, 2007). Whilst the evidence base regarding IP-SBE is growing, there is relatively little research exploring interprofessional co-debriefing as a technique to facilitate effective learning in such contexts (Kumar et al., 2021). This led to a Scottish group of simulation educators regularly engaging in interprofessional simulation and co-debriefing to develop a 90-minute workshop that explored the benefits and challenges of interprofessional co-debriefing in IP-SBE. Utilizing video recordings of interprofessional co-debriefing in action, the workshop content was based upon an article previously published by the group (Kumar et al., 2021), and included reference to the current evidence base concerning interprofessional co-debriefing (Holmes & Mellanby, 2022; Goldsworthy et al., 2022; Brown et al., 2018; Krogh et al., 2016). The workshop was delivered at the ASPiH 2023 Conference (Kumar & Collins, 2023) to approximately 45 self-selected delegates from multiple healthcare professions. During the workshop, faculty encouraged delegates to share lived experiences of IP-SBE through small breakout groups and large group facilitated discussion. The aim of the workshop was to harness the broad experience of delegates to discuss strategies to enhance the benefits of, and provide solutions to the challenges posed by, interprofessional co-debriefing across various simulation contexts. The professional diversity of delegates allowed a broad range of perspectives to influence discussion on the current state of interprofessional education across various contexts.

Although this article is scaffolded upon our experiences at a single workshop, we perceive similarities with broader

issues in IP-SBE, based on our wider collegiate conversations. In our experience, there is less of a shared vision around the intentions, success and understanding of IP-SBE than is reflected in the literature. Although interprofessional education is advocated to promote interprofessional working, we have experienced a gap in translating the intentions of interprofessional education sessions into reality. Interestingly, a similar gap is described by others, particularly at an undergraduate level when professional identity is forming, where the impact of profession in IP-SBE is a concern (Simpson & Canham, 2023). Such are these concerns that there has been a call to reconsider our current educational practices (Paradis & Whitehead, 2018). There is concern that this gap between expectations and reality has the potential to amplify discord and inhibit a sense of belonging and positive regard (Balaam & Harris, 2021) and reinforce stereotypes (Hudson, Lethbridge, Vella & Caputi, 2016; Michalec & Hafferty, 2015). Our experiences in this workshop echoed these conversations and moved us to document our reflections to further a constructive conversation.

We were inspired by colleagues’ use of the social identity perspective as a lens to explore interprofessional conflict among junior doctors (Kerins, Smith & Tallentire, 2022). We considered this a valuable way to help us reflect on our experiences and seek a greater understanding of what we observed during this workshop and IP-SBE more widely. We suggest that strong group formation as a healthcare team in IP-SBE is critical and that this is inhibited when one’s social identity is founded primarily in profession. We have concerns that the tendency for profession-based group formation is inherently reinforced by the terminology *interprofessional* education.

Social identity theory

Originally proposed by Tajfel & Turner (1979), social identity theory (SIT) describes how an individual’s sense of self-worth and identity is inherently linked to their membership of social groups (Kerins et al., 2022; Burford, 2012). SIT helps us examine the cognitive processes, at both individual and group levels, that underpin group behaviors (Burford, 2012). Embedded within this theory is the notion of self-categorization, whereby individuals categorize themselves within groups based on a variety of factors (Turner et al., 1987). This process is inherently comparative in nature; we are what we are in comparison to others, and significantly, we can also self-categorize based on who we are not (Burford, 2012). We tend to perceive our group positively and other groups negatively, leading to comparisons which can exaggerate conflict, tension, stereotyping, prejudice, and bias (Kerins et al., 2022; Burford, 2012). This is especially pertinent in healthcare settings, whereby challenges arising from inter-group dynamics can negatively affect patient

care (Bochatay et al., 2019). Conversely, patient care is enhanced when good inter-professional working practices are implemented (Eppich & Schmutz, 2019).

Workshop reflections from facilitators

Our perspectives on this workshop are founded in our combined experience of two decades worth of inter-professional facilitation and co-debriefing in IP-SBE. We are UK-based medical graduates, with postgraduate qualifications in medical education who hold formal and informal roles for provision of IP-SBE at local, regional and national levels. Working regularly with interprofessional colleagues, our training and experience spans multiple healthcare contexts, including both undergraduate and postgraduate settings. Whilst we recognize the inherent challenges present in IP-SBE, we believe that when conducted safely, it offers the opportunity for differing perspectives and expertise to inform rich learning conversations that can enhance inter-professional education.

Professional identity

Facilitators' perspective reflection – during the workshop, conversations returned to participants promoting the capabilities of themselves and their profession, this was an underlying agenda in the conversation even when not directly relevant.

Whilst facilitating this workshop, different professional voices espoused varying perspectives of success in and barriers to IP-SBE. However, as conversations progressed, tangential conversations around professional role and capabilities dominated. Despite concerted efforts to bring conversations back to the topic of discussion, individuals perpetuated and repeated what seemed to be a fixed agenda around professional credibility.

Using SIT as a theoretical lens, we reflected that these behaviors were perpetuated as participants remained aligned to their professional identities first and foremost, rather than primarily identifying as part of a common healthcare team (Weller, 2012). Individuals self-categorized to their professional identities regardless of the situation presented for discussion, and this in turn resulted in sub-conscious focus on building credibility for the professional group with which they aligned, rather than using their experiences to harbour and enhance true collaborative inter-professional working. This challenge is described by Paradis and Whitehead (2018) where they observe that all professions at times use interprofessional education to “validate the vision that all health professions are unique ... and experts in their own particular domain” (p. 1458). As facilitators, this resonated somewhat with our prior experiences of IP-SBE and clinical practice and the cultures and tensions that exist.

Profession-based grouping

Facilitators' perspective reflection - individuals from the same profession realigned, despite professional background not being the topic of discussion.

Professional silos in healthcare can lead to harmful inter-professional working practices (Bochatay et al., 2019; Weller, 2012). To mitigate entrenched hierarchies and professional silos, we randomly assigned groups on arrival to inhibit professional silos being created in small-group table discussions. Nevertheless, professional silos reformed within larger group discussions in the room, despite physical separation from professionally aligned colleagues. Individuals remained predominantly aligned with others from their profession, even when they had no other common bonding feature or prior contact, and formed groups promoting a particular profession, despite the focus being on enablers of IP-SBE.

Workshop reflections from participants

Our perspective is founded in being simulation educators based in a UK medical school, from nursing and medical clinical backgrounds, we would describe ourselves as disenchanting proponents of IP-SBE. We have decades of experience of simulation-based education, including a wide range of healthcare professions education in varying geographic contexts and cultures across the world. We have experienced numerous examples of IP-SBE initiatives that are well intentioned and designed, yet have encountered challenges. At times, sessions simply fail to embed and sustain because of logistical and curricular barriers. However, more concerning is that we have observed poor role-modelling, disrespectful behaviors and a lack of consideration for educators and learners alike, risking harm to interpersonal relationships. We have observed learners who appear uncomfortable and non-engaging with SBE experiences. These experiences seem in stark contrast to the successes described in the literature (Reeves et al., 2016; Marion-Martins & Pinho, 2020). We saw this workshop as an opportunity to understand what works, for whom, and in what context with respect to IP-SBE.

Professional identity

Participants' perspective reflection - at times, professional identity was clearly such a strong agenda that the discussion became lost.

The workshop was facilitated by experienced educators, encouraging the IP-SBE community to discuss opportunities and work towards similar collaborations of co-debriefing. However, we observed recurring troublesome interactions where individuals sought to promote their profession's position and devalue others. We observed domi-

nant voices with a lack of awareness or insight into the impact of these behaviors upon others in the room. The focus of these dominant conversations was frequently tangential to the scope of the workshop, instead focusing on issues related to professional groups. These troublesome assertions remained implicit during the workshop and caused us to wonder whether there is a growing need in IP-SBE to explicitly name this disruptive dynamic, as suggested by Darbyshire and Thompson (2022).

We were struck by the irony of our discomfort. As proponents of interprofessional education from different professional backgrounds, we felt we were seeing the disruptive nature of individuals vocalizing some alternative professional agenda under the guise of promoting IP-SBE. Individuals seemed to use the discussions as an opportunity to defend professional territories or, worse, degrade others' professions. Albert et al. (2020) debated the assumption that "disciplines are silos that inhibit the free flowing of knowledge across fields and stifle innovative thinking" (p. 756) and we would suggest that this was at play in the workshop.

Profession-based grouping

Participants' perspective reflection - despite being separated physically at different tables, challenging groups from single professional backgrounds seemed to form across the room.

Despite the facilitators' efforts to form diverse small working groups during the workshop, we did not observe team or group formation in the breakout groups. Instead, some individuals aligned themselves with others from their professional background, rather than with the breakout group. This insistence to align only with others from their professional group stood in the way of addressing the IP-SBE activities of the workshop. The invitation to engage in the workshop's activities instead involved listening to anecdotes of personal experiences which seemed to either promote the individual's profession or relegate others.

Additionally, when returning from small breakout groups to the whole group discussion, new small profession-based groups formed. Individuals from common professional backgrounds joined voice within the whole group discussions in opposition to others from alternative professional backgrounds. Regrettably, these observations reminded us of the challenges we face in IP-SBE events more widely.

Discussion

We remain firm proponents of the intentions of IP-SBE and recognize the important learning needs it aims to address, particularly relating to team working and communication (Eppich, Rethans, Teunissen & Dornan, 2016). We respect

the assertion that "interprofessional learning experiences help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes." (IPEC, 2023). However, our collective reflections on this workshop made us wonder whether the current approach to IPE-SBE is appropriate or could be optimized. These observations are reflected in other contexts and a need to optimize our approach is reported (Albert, Rowland, Friesen & Laberge, 2020).

Using a social identity lens to explore this phenomenon brings a helpful perspective on the challenges commonly observed in the workplace and indeed in IP-SBE and may offer solutions. When individuals identify with a particular group, they form an 'in-group'. The 'in group' will be inclined to compare their group to others, seen as 'out-groups', in a way which is biased towards their group. This phenomenon is known as social comparison (Turner & Reynolds, 2011). Individuals have a natural inclination to view their in-group positively and tend to have neutral or negative perceptions regarding out-groups (Hogg, 2016). The concept of in-groups and out-groups helped us make sense of troublesome interactions observed in this workshop and IP-SBE more broadly.

Our reflections on this workshop caused us to consider that for some individuals, their clinical professional background was the dominant intersectional feature that determined social identity during the workshop, forming an in-group based on profession, with the result that other workshop participants were perceived as an out-group. This personal importance given to one's professional group dominated in the IP-SBE conversation and hindered the opportunity for interprofessional group working within the workshop. This experience reflected our observations in healthcare education more widely where we have similarly observed individuals being inclined to predominantly identify with their professional identity (i.e. identifying as a doctor before a healthcare provider, identifying as a nurse before an interprofessional team member). It is not surprising that one's professional background would be a strong group influencing one's social identity but it is a concern if this stands in the way of working as part of an multiprofessional group. The importance attributed to a professional group has the danger of being at odds with true IP-SBE and interprofessional working.

With this observation in mind, we reflected on the fact that the label 'interprofessional education' is likely to promote social identity being rooted in one's clinical profession. 'In-groups' and 'out-groups' are likely to form on the basis of profession, resulting in biases between and against each of the professional groups. IP-SBE often looks to promote professional identity, yet ironically this might explain some of the challenges experienced.

As well as helping to understand our observations, we recognized that understanding social identity perspectives may also point us in the direction of solutions. Belonging to an 'in-group' is a potentially strong force that could

be used to promote the ambitions of IP-SBE. Educational sessions could look to form an ‘in-group’ based on a characteristic that is not clinical professional background. In doing so, all learners construct their identity within the session from the same group, utilizing an individual’s inclination to view the ‘in-group’ favorably. The formation of a new group to harmonies intergroup relations has been explored and positively described in the literature (Gaertner & Dovidio, 2014). However, this is not easy to do (Hogg & Hornsey, 2007) and to ensure the new group does not conflict with or threaten an individual’s identity, the new group should share characteristics in-common and core to all (Crisp & Hewstone, 2007). A group of individuals from different professions should come together not because of their professions but because they are needed as part of an in-group. An example of such a group might be a clinical team working in pediatrics, including physicians, nurses and physiotherapists, who engage in an educational activity as ‘The Pediatric Team’. The educational activity could be reframed from ‘Pediatric interprofessional simulation’ to ‘Pediatric Team Simulation’.

Conclusion

IP-SBE is a complex but important arena to navigate and a theory-based approach is needed if we are to avoid the pitfalls and optimize the benefits. We recognize our reflections are just that and our primary aim with this paper is to generate further discussion with a view to research, utilizing a social identity lens. Our workshop experiences and subsequent conversations suggest there is a need to rethink approaches to some IP-SBE. We encourage the simulation community to examine the complex social interactions involved in IP-SBE as a focus of future research, to understand how we best approach the important aspirations of interprofessional education.

Declaration of competing interest

None.

CRediT authorship contribution statement

Neil Harrison: Conceptualization, Writing – original draft. **Susan Somerville:** Conceptualization, Writing – review & editing. **Prashant Kumar:** Conceptualization, Writing – review & editing. **Kathleen Collins:** Conceptualization, Writing – review & editing.

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