HIP&E

Interprofessional Education (IPE) Faculty Development – a Scoping Review

REVIEW ARTICLE

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ABSTRACT

Introduction: Interprofessional Education (IPE) faculty development programs for academic and clinical faculty are essential in order to successfully prepare students for interprofessional collaborative practice. The purpose of this scoping review is to describe IPE faculty development in health professions' education, identify any gaps in the literature, and recommend next steps for IPE faculty development programs.

Methods: A scoping review methodology was employed. Inclusion criteria for article selection were established with each of the reviewers completing a full-text analysis. Database searches were completed to identify studies published on IPE faculty development.

Results: After review of all titles, abstracts, and full articles, a total of 45 published articles met the inclusion criteria and were included in the final analysis. IPE faculty development programs are occurring in academic and/or clinical practice settings. However, there is a wide variability in IPE faculty development training activities related to the major themes of format, content, frequency, training length, and training delivery methods. The majority of included articles reported the use of assessment to evaluate their IPE training program.

Discussion/Conclusion: Even though the included articles in this review describe IPE faculty development programs in health professions, the variability of IPE faculty development components creates an inability to generalize what type of training best contributes to both the faculty's and the learner's success. This heterogeneity seen in the included articles identify the need for more guidance in best practices for IPE faculty development programs. Additionally, the study findings support progress in the areas of training format, content, and assessment; however, additional research to provide guidelines for these details would be beneficial.

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IMPLICATIONS FOR PRACTICE

- Preparation of health professions' faculty and clinicians to teach and model interprofessional education and collaborative practice is an important aspect of developing successful Interprofessional Education and Collaborative Practice (IPECP) initiatives.
- By scoping the IPE literature, authors identify the heterogeneity of IPE faculty development programs, including a wide variability in the methods and assessment tools of these programs that may indicate the need for more standardized assessment tools.
- By describing IPE faculty development in health professions' education, this review explores current practices and models for faculty training, and recommends next steps for IPE faculty development for health professions' education programs.

INTRODUCTION

Collaboration and teamwork among health professionals has been emphasized for several decades to improve quality of care, patient safety, and clinical outcomes. The National Academy of Medicine [formerly the Institute of Medicine (IOM, 2000, 2003, 2006, 2014)] as well as the World Health Organization (WHO, 2010) have highlighted interprofessional education and collaboration among health professionals. Interprofessional collaborative practice (IPCP) and its precursor, interprofessional education (IPE), serve as mechanisms to move healthcare systems toward achieving goals including those addressed in the Quadruple Aim: reducing costs, improving population health and patient experience, and healthcare team well-being. (Sikka et al., 2015). In 2010, the World Health Organization (WHO) defined IPE and IPCP: IPE is "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes"; IPCP occurs "when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care (WHO, 2010)".

Accreditation organizations for health profession entry-level education programs have also recognized the increasing importance of IPE and IPCP learning experiences (Stockert & Otake, 2017) and have included standards and expectations for both IPE and IPCP in their accreditation requirements. More importantly, the responsibility to teach health profession students about these activities falls to both academic and clinical faculty of the health professions' programs (Loversidge & Demb, 2015). The Health Professions Accreditors Collaborative (HPAC) identified that IPE faculty development is one example that demonstrates institutional commitment to support IPE learning experiences within the classroom and the clinical learning environment (Health Professions Accreditors Collaborative, 2019).

To prepare health professionals for IPCP, faculty educators must have the knowledge and skills to meet this goal (Ratka, 2013). The Interprofessional Education Collaborative (IPEC) acknowledged the importance of faculty IPE development in their 2011 IPEC reports identifying differences in content and process of IPE compared to other teaching strategies (Interprofessional Education Collaborative Panel, 2011). Interprofessional education faculty development is noted as a key component of successful learner experiences (Davis et al., 2015), and effective IPE faculty development provides faculty with tools to successfully teach, facilitate, and role model behaviors to interprofessional students (Egan-Lee et al. 2011).

Despite the push for IPE learning experiences and recognition of IPE faculty development as a priority for success, the literature regarding IPE faculty development programs is not well synthesized. Steinert (2005) noted the literature is filled with IPE program descriptions, yet limited in IPE faculty development program descriptions. Authors identified one literature review study by Ratka et al. (2017), which included articles published between 2006 and 2017. This study described five broad characteristics of an effective interprofessional education faculty development program: institutional support, objectives and outcomes based on interprofessional core principles, focus on consensus-building and group facilitation skills, flexibility based on institution and participant-specific characteristics, and incorporation of an assessment strategy (Ratka et al., 2017).

Institutions and clinical practice settings creating IPE faculty development programs would benefit from more specific guidance on what constitutes a structured faculty development program including aspects such as content, mode, format, and assessment. The objective of this scoping review is to investigate and describe IPE faculty development programs in health professions' education, explore current practices and models for faculty training, and provide considerations to advance IPE faculty development training. This review provides information about IPE faculty development programs that may be considered by academicians, clinical educators, and administrators within the health professions' academies as well as clinical faculty in interprofessional collaborative practice settings to develop structured faculty development training opportunities.

METHODS

DATA SOURCES AND SEARCHES

To examine the emerging evidence on IPE faculty development and training, a scoping review of the literature was utilized (Munn, et al., 2018). The review was conducted by the authors who are all versed in IPE best practices, conduct IPE activities, and conduct scholarship in interprofessional education and collaborative practice. The Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews Checklist (PRISMA-ScR, Figure 1) was used to guide reporting. The protocol for this review was not registered.

A comprehensive computerized literature search was initiated on June 6, 2021 and was updated on May 25, 2022 to capture any new publications. Both searches used the same search strategies described below. A university reference librarian assisted with establishing the optimal hierarchy of search terms and databases to generate a comprehensive search. Searches were performed in four databases: MEDLINE (Ovid platform), Embase (Ovid platform), Scopus (Elsevier) and CINAHL (EBSCO). The time period of the searches was from inception of each database through May, 2022. All searches were limited to articles in English.

MEDLINE

(interprofessional education.mp. OR exp Interprofessional Education/) AND faculty development.mp. AND (design.ab. OR methodology.ab. OR program*.ab. OR content.ab. OR curriculum.ab.)

EMBASE

(interprofessional education.mp. OR exp interprofessional education/) AND (faculty development.mp.) AND (design.ab. OR methodology.ab. OR program*.ab. OR content.ab. OR curriculum.ab.)

Scopus (Elsevier)

"interprofessional education" AND "faculty development" AND (design OR methodology OR program OR programs OR content OR curriculum).

CINHAL

(MH Education, Interdisciplinary OR interprofessional education) AND (MH Faculty Development OR faculty development) AND (AB design OR AB methodology OR AB program* OR AB content OR AB curriculum).

Articles were considered eligible for inclusion in this review if they included interprofessional faculty development, training, and/or activities. Qualitative studies and descriptive articles were included to provide an understanding of the dimensions of interprofessional development, training, and activities. Inclusion required publications in peer-reviewed scientific journals. There was no exclusion with regard to the year of publication and no language restrictions were imposed.

ARTICLE SELECTION

Initially, two authors independently scanned the titles and abstracts of every article retrieved to determine whether the article met the predetermined eligibility criteria. Subsequently, in randomly assigned teams of two authors, each full article was independently reviewed. The two reviewers were blinded to each other's results and then met to gain consensus on article inclusion. Any remaining discrepancies after the meeting were then discussed with all authors until a consensus was reached to include or exclude the articles. Figure 2 summarizes the search and screening process. The updated search review followed the same process for article review and selection.

DATA EXTRACTION

The initial data extraction criteria (Table 1) was developed by the authors who have substantial experience in interprofessional education/collaborative practice, as well as faculty development programs and training. Included articles were divided among the authors to complete a comprehensive full article data extraction. Each author independently completed data entry within the spreadsheet categorizing the data extraction criteria.

DATA SYNTHESIS

Each article was assessed to determine the presence of IPE faculty development activity or program, description of design and content overview of faculty development programs, description of lessons learned from IPE faculty

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	p. 1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	p. 2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	p. 6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	p.6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	p.6
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	p.9 -10
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	p. 9-10
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	p. 11
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	p.10-12
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	p. 12-13
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	p. 11-13
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not done; See p. 10-12
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	p. 12-13

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	p. 13 - 14
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	p.13,14-18
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not done; see p. 10-12
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	p.13-22
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	p. 13-22
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	p. 23-25
Limitations	20	Discuss the limitations of the scoping review process.	p. 25-27
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	p. 27-28
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	p.28

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.
* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.
† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).
‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.
§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Figure 1 Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.

development programs, identification of capabilities to teach IPE, description of pedagogical strategies and behaviors of IPE facilitators, and determination of IPE faculty development program outcomes (attitudes, concepts of IPE facilitation, knowledge of IPE competencies, and confidence with IPE facilitation). Articles were analyzed for the presence of learning objectives related to the Interprofessional Education Collaborative (IPEC) set of core competencies and objectives for conducting interprofessional learning experiences: Interprofessional Communication Practices, Values/ethics for Interprofessional Practice, Interprofessional teams and

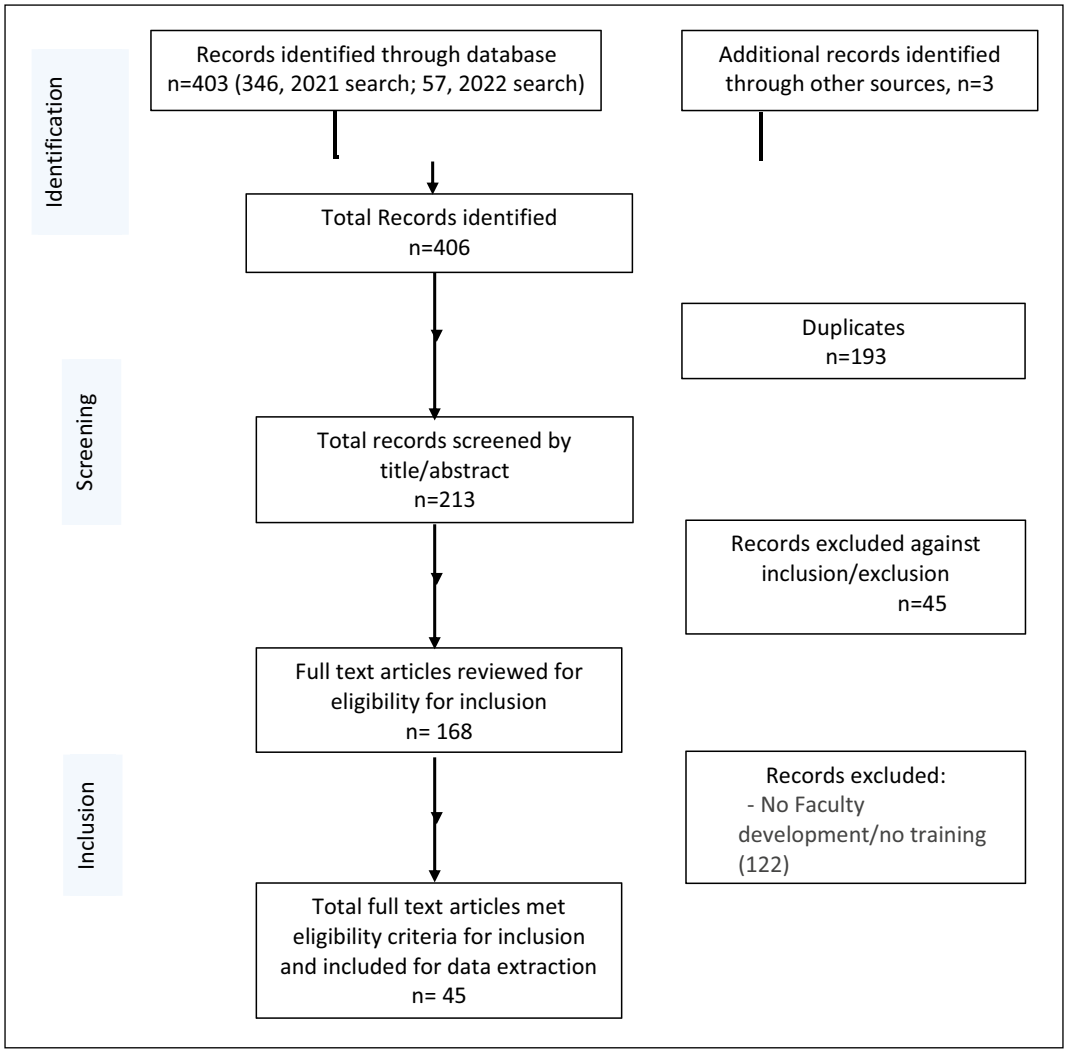

Figure 2 Flow Diagram of the Article Selection Process.

1. Authors	8. Host institution	15. Trainers: Who's responsible?
2. Title	9. Sponsorship source	16. Training frequency
3. Year published	10. Clinical vs. Academic	17. Training content
4. Journal	11. Are PTs involved in the study	18. IPE Training setting
5. Stated purpose of the study	12. Are other healthcare professionals included in the training/study, if so list	19. Training assessment
6. Methods	13. Training platform	20. Training recognition
7. Sample size	14. Training format	21. Other comments

Table 1 Initial Data Extraction Criteria.

Team-based Practice, and Roles and Responsibilities for Collaborative Practice (IPEC, 2011, 2016).

Authors were again paired together in different teams to summarize the details of the data extracted from the articles. Two authors worked together and reviewed the demographics and background details, and the other two authors worked together and reviewed specific details about the faculty development training activities. Analysis of trends and comparisons of included articles was completed by all authors. The authors used an iterative process in which the paired authors discussed the information extracted for trends and consistency. Descriptive statistics were generated using Excel© (Microsoft Corporation, 2018).

RESULTS

The initial search was completed in June 2021 and yielded 346 published articles. To ensure recency, an updated search was completed in May 2022 and yielded additional 57 articles. The total search resulted in a total of 403 articles. Three (3) additional articles were added from the review of full articles. After removal of duplicates, the title and abstract of 213 articles were reviewed, and a total of 168 articles went for full article review. A total of 45 published articles met our inclusion criteria and were included in the final analysis (Figure 2). Publication years ranged from 2005 to 2022 (17-year range, with the majority of publications being within the last 7 years (40 articles, 89%). Details from five extraction criteria categories of included articles are provided in (Table 2). The authors followed standard scoping review methodological steps. Article's purpose statements served as a substitute for the Concept portion of the Population, Concept, Context framework for developing and conducting a scoping review (Munn, et al., 2018), to connect the purpose of the studies to the concept of interest in this review.

Study design of the included articles were pretest posttest design (22 articles, 49%) or observational design (23 articles, 51%). Although the current study did not include qualitative design studies (e.g., historical, grounded theory, ethnography**,** phenomenology), some of the included studies used interviews and focus groups to collect a portion of the outcomes. The sample size of the included articles was variable but ranged from 9 participants (faculty trainees) to 262 participants, noting that the majority sample size was 20 to 100 (22 articles, 49%). Some of the articles (7 articles, 15.5%) did not report the participant sample size. Host institutions of the included articles were predominantly academic institutions (38 articles, 84%) and clinical institutions (6 articles, 13%), while 1 article (2%) was both an academic and clinical institution.

Of the included articles, 40 (88%) described the healthcare professions who participated in the IPE faculty development program. Of the 40 articles that reported professions of trainees, the top five health professions included in faculty development programs were nursing (25 articles, 63%), medicine (23 articles, 58%), physical therapy (17 articles, 43%), pharmacy (14 articles, 35%), and physician assistant (7 articles, 18%). Other professions identified included occupational therapy, social work, radiology, dentistry, paramedical, and dietetics. 6 articles (13%) did not report the specific health professions involved in the faculty development programs (Figure 3a).

Most of the articles employed onsite training only as the platform for training (26 articles, 58%). Thirteen articles (29%) used a combination of onsite, virtual and asynchronous platforms. Six articles (13%) did not clearly report the platform used for training (Figure 3b). The format of training varied, but the most common format included small group, observational, role play and large group activities. A wide variability of content was reported in faculty training. These included modules, lectures, and workshops that ranged from one to several days; specific topics included IPE/IPCP skills, IPE design, and debriefing.

The majority of training (18 articles, 40%) was provided for academic faculty while 11 articles, 24%, was provided for clinical faculty. In 12 articles, 27% included training for both academic and clinical faculty, while 4 of the articles (9%) did not report this information (Figure 3c).

The frequency of training was variable among the included articles. Multiple sessions were offered ranging from several months to one year and were most commonly described in the articles reviewed.

Training was most commonly performed by academic faculty (14 articles, 31%), clinical faculty (4 articles, 9%), and a combination of both (9 articles, 20%). However, many articles did not specify who performed the training (9 articles, 20%) (Figure 3d).

The setting for the IPE faculty development training was commonly held in an academic/university setting (16 articles, 35.5%). IPE training was also completed at a clinical setting (5 articles, 11%) and a combination of a clinical setting and academic setting (5 articles,11%). The remaining articles (19 articles, 42%) did not identify the setting for the training.

The majority of the articles included assessment of IPE training on faculty participants (34 articles, 75%), while 11 articles (25%) did not report on assessment. The most common types of assessment used in the included articles were surveys and interviews of faculty who participated in the IPE faculty development training program.

DISCUSSION

Several factors contribute to IPE effectiveness. One essential factor is the presence of trained faculty facilitators who model best practices in team functioning and collaborative practice (Silver & Leslie, 2009). Therefore, IPE faculty development programs are necessary (Christianson et al., 2019). There is a critical need to prepare faculty and clinicians to teach and model interprofessional teamwork for future healthcare professionals in order to prepare them for collaborative practice and improve patient safety and outcomes. Academic faculty and student preceptors/clinical instructors should be trained to facilitate IPE/IPCP experiences and capture teachable moments utilizing effective and intentional methods of instruction. This

	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
1	Abu-Rish Blakeney, E., Owen, J.A., Ottis, E., Brashers, V., Summerside, N., Haizlip, J., Dyer, C., Hall, L., Zierler, B.K. (2021)	Assess the impact of the T3-ITDP (Train the Trainer-Interprofessional Training Development Program) on the development and implementation of IPECP projects by participating teams.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study, Other -This is achieved through evidence- informed educational design principles, interactive sessions, experiential and peer learning, feedback and reflection, coaching, practice and application educational design principles, interactive sessions, experiential and peer learning, feedback and reflection, coaching, practice and application opportunities, and longitudinal program design.	This is achieved through evidence-informed educational design principles, interactive sessions, experiential and peer learning, feedback and reflection, coaching, practice and application opportunities, and longitudinal program design.15 Teams of three or more members representing two or more professions complete pre-work, an in-person 3.5-day training, and then work together over the course of a year to develop and implement a collaborative IPECP project.	Yes	surveys
2	Abu-Rish Blakeney, Erin; Pfeifle, Andrea; Jones, Mandy; Hall, Leslie Walter; K. Zierler, Brenda (2016)	Describe program outcomes of a year-long National IPE Faculty Development Program	unknown, not clearly reported	The program started with a 3.5-day training conference and ended with a 1.5-day training/reporting conference. Conference calls occurred every six weeks throughout the program. Short didactic bursts, participation in interactive exercises, and immersion in preplanned IPE activities, assigned readings, and conference calls focused on coaching and social learning, sharing lessons learned, discussing evaluation strategies, addressing barriers encountered while implementing IPE, and sharing information about upcoming IPE opportunities.	Yes	not specified
3	Al-Sheikh, M.H. (2018)	Describe the challenges, views, scope of knowledge, and the limitations	Observational, Role Play, Large Group Activity, Lectures	3 modules for a total of 54 hours (4–8 weeks interval) on competency of lesson planning, giving feedback, writing learning outcomes, developing course specifications and assessment	No	
4	Anderson ES; Cox D; Thorpe LN (2009)	Describe both the design of programme to teach teaching skills and abilities necessary to ensure effective IPE learning, and its impact on participants.	Observational, Small Group Activity, Large Group Activity, Discussions	Training course focused on IPE skills including management, teaching, assessment, without much detail/specifics.	Yes	Post-course questionnaires and one-to-one interview
5	Ascione, F.J., Daniels, T., Najjar, G., Patterson, V., Stalburg, C.M. (2022)	Report the outcomes of a focused Interprofessional Leadership (IPL) Fellows Program, which utilizes the Community of Practice framework. This framework encourages diverse faculty to work together in a structured manner to address critical Interprofessional Education (IPE) issues at a large, research intensive university.	Small Group Activity, Large Group Activity – IPL Fellows were expected to attend monthly meetings in which various IPE-related topics were addressed such as IPEC competencies, team management skills, group	The IPL Fellows also were exposed to an intense training session, developed by an outside educational group. For the first three cohorts, the national Train-the-Trainer Interprofessional Team Development Program sponsored by the National Center for International Practice and Education and was done offsite. The subsequent cohorts were exposed to training sessions in house run by the University of Toronto Centre for Interprofessional Education. outside educational group was somewhat different, both were designed to expose faculty to IPE specific skills in an intensive, focused setting with a group of trained faculty development professionals who experience with this kind of work.	Yes	The impact of the program on the IPL Fellows was analyzed using three data sources: a post-completion survey taken by the IPL Fellows; an independent search by the University Health Science Library staff to identify the IPE publication record of each of the review of the comprehensive annual database that tracked faculty participants; and a

(contd.)

	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
6	Berghout, T. (2021)	Examine the experiences of undergraduate registered nurse (RN) educators to determine what kind of preparation they received to teach IPC and how their preparation informed their teaching.	NA	NA	No	
7	Bierwas, Debra; Rogers, Oaklee; Taubman, Brenda; Kroneberger, Lorie; Carroll, Holly; Enking, Patrick (2017)	Examine the attitude of healthcare professionals towards interprofessional learning, familiarity with concepts of IPE teaching, and IPE practice, and to examine the influence of an IPE faculty development workshop on participant familiarity with concepts of IPE teaching and learning	Observational, Role Play, Small Group Activity, Large Group Activity	One-day workshop for clinicians and educators involved in IPE. The workshop focused on 1) understand and identify the benefits and challenges of IPE education and IPE collaborative practice, 2) list and apply the characteristics of good teachers and good teaching, 3) use an educational framework to plan effective teaching encounters, 4) describe and apply four teaching/questioning styles used to perform a needs assessment, 5) discuss the elements of effective learner evaluations, and 6) develop and practice giving effective feedback, which includes	Yes	survey and questionnaire
8	Chen AK, Rivera J, Rotter N, Green E, Kools S (2016)	Identify current methods preceptors use to teach trainees from other professions in the clinical setting, particularly advanced practice nursing (APN) and medical trainees, and to identify factors that support or impede this type of precepting.	Role Play	Not specified	Yes	interview
9	Christofilos, Voula; DeMatteo, Dale; Penciner, Rick (2015)	Describe findings from a qualitative study that was part of the evaluation of a longitudinal faculty development program developed at a large community teaching hospital	not reported	A longitudinal faculty development program was developed at a large community teaching hospital. The program consisted of four 90-minute workshops over four consecutive months. It was open to all professional staff interested in expanding their knowledge and skills in IPE. The program, developed and facilitated by an IPE team of educators from the hospital, consisted of topics on principles of IPE and reflective practice; collaboration and teamwork; facilitation in IPE; and conflict resolution and	Yes	semi-structured interviews
10	Coogle CL, Hackett L, Owens MG, Ansello EF, Mathews JH (2016)	Document outcomes of a 10-month, 160-hour interprofessional faculty development programme in geriatrics.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study	Training includes six domains (Health Promotion and Safety, Evaluation and Assessment, Care Planning and Coordination Across the Spectrum, Interdisciplinary and Team Care, Caregiver support, and Healthcare Systems and Benefits) covering 23 competencies. These competencies are covered through a series of interactive and didactic seminars offered on a monthly basis throughout the academic year.	Yes	Perceived self-efficacy

(contd.)

	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
11	Davis BP, Clevenger CK, Posnock S, Robertson BD, Ander DS (2015)	Provide a quantitative examination of the impact of IPE training and participation as a facilitator of a large, 1-day interdisciplinary team training day exercise on volunteer faculty facilitators' knowledge, skills, and attitudes toward IPE	Observational, Small Group Activity (Role Playing), Other – Lecture, Simulated Co-facilitation	All volunteer facilitators attended a 2-hour training session designed to resemble the actual Inter-Professional Team Training Day (ITTD) event. The volunteers simulated co-facilitating (with another health professional) a small group of IPE students. Training sessions were led by individuals who were experts in the science of teamwork and TeamSTEPPS Master Trainers. There were two knowledge components in the training: lecture portion and interactive, portion focused on key TeamSTEPPS	Yes	Inter-professional training self-concept and Course impact (perceived changes in core knowledge, skills and attitudes)
12	Egan-Lee, Eileen; Baker, Lindsay; Tobin, Stasey; Hollenberg, Elisa; Dematteo, Dale; Reeves, Scott (2011)	Describe the findings from multiple case studies of four IPE programs based in an urban setting in North America with a sample of neophyte facilitators and provides insight into their perceptions and experiences in preparing for and delivering IPE.	Unknown, Not Clearly Reported	Training on facilitation strategies and meeting with experts and consultants as needed for small group discussion – did not provide further details	Yes	Semi-structured interviews were conducted before and after program delivery.
13	Eiff, M.P.a, Fuqua-Miller, M.a, Valenzuela, S.a , Saseen, J.J.b, Zierler, B.c , Carraccio, C.d, McDonald, F.S.e, Green, L.f, Carney, P.A.a (2020)	Describe the creation of an IP development program and its effects on participants' skills, changes in primary care practices and training programs, and the potential sustainability of an IP faculty learning community	not reported	The program was designed to bridge graduate medical education with other health professions education by equipping faculty from multiple professions with skills needed to transform a traditional primary care training environment to patient centered care with IP practice-based learning and teamwork at its center. Each team was assigned a longitudinal coach to assist with innovations during both trainings, during an in-person site visit, and provided regular contact throughout the study. The amount of contact was variable based on team specific needs. Coaching actions included building trusting relationships, providing encouragement to overcome challenges and helping teams respond to local conditions.	Yes	surveys
14	Fornari, Alice; Tortez, Leanne M.; Lay, Monika; Hirsch, Bruce; Tanzi, Donna; Friedman, Isabel; Ricardo, Alison P.; Pekmezaris, Renee; Branch, William (2018)	Evaluate the effectiveness of the Mentoring and Professionalism in Training (MAP-IT) program, a longitudinal, interprofessional faculty development curriculum designed to specifically nurses and physicians. To evaluate the effectiveness of MAP-IT, an IPE program designed to enhance the humanistic professional development of clinicians working in an academic health organization.	Small Group Activity	10 monthly modules: Appreciative Inquiry, Active Role Modeling, Teambuilding; dealing with differences/conflict, Feedback in challenging circumstances, Medical error 1(disclosure and after the error), Medical error II (choosing wisdom), Enhancing wellbeing, self-care and resilience, Cynical Humor in the clinical setting, Mindfulness and self-care, End of program evaluati on/assessments/reflections	Yes	Survey: post program evaluation survey measuring curriculum impact, administration, basic course satisfaction, content relevance, and applicability to mentoring and clinical practice

(contd.)

	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
15	Frantz, J. M.; Rhoda, A. J. (2017)	Describe the lessons learnt from this resource-constrained university in implementing IPE and IPP.	Unknown, Not Clearly Reported	based on principles of IPE and IPP	No	
16	Freire Filho, José Rodrigues; Viana Da Costa, Marcelo; Forster, Aldaísa Cassanho; Reeves Scott (2017)	Describe the study findings that aimed to explore and compare the National Curricula Guidelines for nursing, dentistry and medicine courses to understand their potential , for promoting IPE in Brazil.	Unknown, Not Clearly Reported	FD that is supportive of IPE facilitation and includes role playing, simulation, debriefing, reflective sessions, and mentorship	No	
17	Ruiz, ML, Ezer, H, Purden, M (2013)	Identify and describe the pedagogical strategies and behaviours of facilitators that enable dialogue and collaboration among students from different health professions during IPL (interprofessional learning) activities.	Observational, Role Play, Small Group Activity, Other – audio/video recordings	No training conducted as the study identified the 4 key student and facilitator interactions for interprofessional learning: engaging learning environment, facilitator-controlled interactions (one-way dialogue), facilitator-driven interactions (interactions between facilitators and students – directed by facilitators), and student- driven interactions (interactions between facilitators and students – directed by students). Providing useful insight about the facilitation process in interprofessional learning	No	
18	Hall, Leslie Walter; Zierler, Brenda K. (2015)	Describe the faculty development program (University of Missouri, University of WA & 6 academic health centers) & identifies key lessons learned from the initiative.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study, Reflection	Initial 3.5-day faculty development conference to ensure common grounding in key IPE knowledge. Addressed IPEC core competencies and team-based care. Recognized "Hands on learning" most valuable for participants, therefore, included didactic and small classroom activities for effective IPE facilitation (moved from passive to active learning). Participation in actual IPE activities for learning that included a pre-brief, a pairing with a "local" faculty member and IPE debrief immediately after. IProgram utilized a combination of didactic presentations, small group activities, and immersion experiences with direct involvement in IPE facilitation to build interprofessional leadership skills. Coaching & peer learning helped to stimulate the translation of these skills to local interprofessional work. Periodic group calls, secure joint web site for sharing best practices & barriers in IPE initiatives, and presentation of IPE innovations followed by peer feedback. Reflective practice and debriefing is essential. Debriefing included peer reflection/mentoring, during the two conferences and throughout	No	

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	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
19	Head, B., Schapmire, T., Jones, C., Peters, B., Furman, C.D., Shaw, M.A., Woggon, F., Pfeifer M. (2022)	Evaluate participants' feedback related to their experience in the Interprofessional Education Exchange (iPEX) program, a training initiative for faculty development in interprofessional , oncology palliative care education	Role Play, Small Group Activity	Experiential "hands-on" learning, Handling conflict, Facilitation skills training. Communication, Safe environment. Equal time for interacting and participating Opportunity for reflection. Use of role play and context specific roles Local implementation of new IPE projects Small group exercises, Didactic teaching Interprofessional leadership, Learning from barriers and failures Interactive workshop. Respecting diversity, Competency based	No	
20	Hernlen K., Etheridge R.J., Kleinheksel A.J., Tews M. (2022)	Determine faculty perception and knowledge of IPE after a 4-hour faculty development course which utilized medical simulation for training faculty on IPE was implemented	Other - Simulation	Completion of pre- and post-survey instruments consisting of demographic questions, IPE knowledge questions based on the IPEC competencies developed by the study authors, and questions from the Interdisciplinary Education Perception Scale (IEPS). Specific content questions included demographic information, knowledge of IPE, perceptions of IPE, IPE and medical simulation, and overall content training.	Yes	Survey
21	Jacobs, Joshua Levi; Samarasekera, Dujeepa D.; Chui, Wai Keung; Chan, Sui Yung; Wong, L Lian; Liaw, Sok Ying; Tan, Mui Ling; Chan, Sally (2013)	Outline the steps taken to establish a sustainable platform to deliver IPE in the face of well-known logistical and other operational i constraints, within an Asian context.	Unknown, Not Clearly Reported	NA	No	
22	Jones, M.a, Schuer, K.M.b, Ballard, J.A.c, Taylor, S.A.a, Zephyr, D.d, Jones, M.D.a (2015)	Describe the impact of a faculty development program on faculty's confidence and ability to facilitate interprofessional learning.	Unknown, Not Clearly Reported	7-hour course which utilized experimental learning, reflection, feedback, and just -in -time training as primary teaching methodologies. Faculty completed online didactic work related to IPE, which included required reading assignments, viewing digitally-recorded presentations, and reflective writing assignments based on the material covered. Didactic content was provided using an online LMS (Bb) and included topics such as IPE definition, rationale, purpose, pedagogical philosophy, and facilitation of interprofessional groups. (see Table 1 page 85). Materials and digital presentations related to IPE pedagogical philosophy and interprofessional facilitation were original content from the Interprofessional Faculty Development in Team-Based Care program developed by the faculty at the University of	Yes	Surveys: Students evaluated faculty using the Interprofessional facilitation skills(IPFS) survey. Faculty completed the IPFS pre and post training.

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23	Le M, Luong S, Mong R, Gruenberg K, Clinard V (2022)	Describe the Master Preceptor Program (MPP) to instill best practices in clinical precepting, leadership and professional development, and interprofessional education (IPE). Descriptive qualitative study of MPP participants	Unknown, Not Clearly Reported	Year-long program that incorporates best-practices for clinical teaching, leadership development, professional development, and IPE to provide the skills necessary for more effective precepting, in addition to pre-existing training workshops and web-based interprofessional education (IPE). training courses provided by the SOP; (2) create master preceptors who can mentor and lead preceptor development for their col leagues at affiliated sites; and (3) give feedback to the SOP on pharmacy student performance	No	
24	LeGros, Theresa A.; Amerongen, Helen M.; Cooley, Janet H.; Schloss, Ernest P. (2015)	Apply findings from exploratory studies, learning theory and IPF competencies to develop an IPF training curriculum. We assess this training model by linking observable behaviors with competency-based performance criteria.	Small Group Activity, large Group Activity	Banfield and Lackie's competencies were incorporated into facilitator training with six key elements: understanding IPE/ IPCP principles, preparing, modeling, recognizing teachable moments, gaining experience, and learning from mentors. Authors linked behavioral indicators to competency-based performance criteria associated with these key elements.	Yes	Facilitators received online survey after the IP event with questions related to facilitator training, the event, IPEP perspective, and facilitator behaviors; one month after the event a debrief session was held for facilitators focusing on themes
25	Lemoine, J.B., Chauvin, S.W. Broussard, L.f, Oberleitner, M.G. (2015)	Describe a 12-module curriculum and a statewide, interprofessional, implementation model was designed that included regional teams and training sites. Phase 1 (first four modules) was completed during the 201213 fiscal year.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Studies, Other - Simulation	The curriculum content and instructional design of individual modules were guided by a conceptual framework that encompassed best available evidence for effective SBE, research- based principles of effective learning, mastery teaching and mastery learning models foundational principles and best practices in curriculum development, instructional design, and program evaluation, and tenets of IPE.	Yes	Program evaluation included process and outcome components. Process evaluation included achieving logistics, tasks, and meeting deadlines. Outcomes evaluation focused on session effectiveness (e.g., quality and consistency) and achievement of intended learning objectives. Both types of evaluation were informed by direct observation, review of project documents, feedback from participants and faculty and/or trainers, and participant responses to session

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26	Marrs, S.A., Ansello, E.F., Slattum, P.W., Davis, K., Parsons, P.L, Zimmerman, K., Coogle, C.L (2022)	Details the outcomes of an interprofessional, geriatrics training program for healthcare professionals with a faculty appointment.	Role Play, Case Study, Other – Team-based learning, Debate, Journal Club	Range of topics, including interprofessional geriatrics care, falls, care transitions, medication management, and health policy. Scholars also completed an interprofessional practicum and a capstone project.	Yes	Capstone project, pre- and postprogram assessment.
27	Moyce, Sally, Bigbee, Jeri L.; Keenan, Craig (2017)	Describe an evaluative study of the University of California, Davis (UCD) Interprofessional Teaching Scholars Program (ITSP), a nine-month faculty development programme focussed on the development of educational leaders with a strong commitment to interprofessional education (IPE), research and practice.	Other – 9-month FD program: 3 30-hour seminars covering a broad range of topics related to five curricular components: interprofessionalism, teaching/ learning, educational scholarship, diversity/inclusion, and leadership. Three sessions are specifically focused on interprofessionalism, including interprofessional theory, teaching and learning strategies, leadership and scholarship 30	Interprofessionalism, teaching/learning, educational scholarship, diversity/inclusion, and leadership. Three sessions specifically focused on interprofessionalism, including interprofessional theory, teaching and learning strategies, leadership and scholarship.	Yes	Survey: Each of the cohorts were surveyed prior to beginning the programme and following completion of their programme, using the 42- item scale of attitudes related to interprofessional teamwork and learning. Participants were asked to rate their views on a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). The voluntary confidential surveys were administered electronically through the course learning management system.
28	Okstad, Jonathan J.; Dahlk, Kira C. (2021)	Describe a guide that focuses on strategies and opportunities to deploy an effective interprofessional scholarly infrastructure and how to re-envision existing systems to support interprofessional scholarly activity.	Large Group Activity	This study described several mechanisms and strategies for IPE faculty development including design of foundational interprofessional education courses, participation in internal grant- funded projects, and a one-day annual conference that included posters on understanding of teamwork, collaborative practice, and interprofessional care delivery and education models	Yes	not clearly stated – annual retreat bringing stakeholders together to assess progress –
29	Orsini, C., Rodrigues, V., Tricio, J. (2021)	Present the design, implementation, and lessons learned from 2 fit-for-purpose online IPE faculty development programs for educational practice improvement in the health professions.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study	Learning & teaching, assessment, curriculum, and management & leadership in health professions education.	Yes	Formative and summative: essays, presentations, formative quizzes, lesson plans, written exams, critical appraisal of the literature, work-based project, research proposals, and submission of a research dissertation.

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	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
30	Rivera J., Brock T., Eubank K., Kuo A., Wamsley M. (2022)	Describe a workshop to train faculty to conduct a peer-teaching observation focused on interprofessional teaching, then discuss successes and challenges through formative feedback	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study	The didactic portion considered ways interprofessional teaching differed from uniprofessional teaching, discussed elements of effective feedback, and reviewed the critical steps of a peer-teaching observation. In the skills practice portion, participants watched videos of different teaching scenarios and role-played as a peer observer providing feedback to the instructor in the videos.	Yes	Participants completed a preworkshop self-assessment of their feedback skills and a postworkshop self-assessment and a workshop evaluation at the session's conclusion.
31	Robins, L., Murphy, N., Zierler, B. (2016)	Describe the findings from an interprofessional education (IPE) study of a longitudinal faculty fellowship that aimed to develop IPE leaders at an academic institution based in the United States.	Observational, Role Play, Small Group Activity, Large Group Activity, Case Study, Not clearly reported	A majority of faculty fellowships incorporate sessions designed to: enhance faculty competence in teaching, scholarship, curriculum design, educational research, programme evaluation, and learner assessment; promote best evidence learning practices; and develop participants' leadership skills. The IPE TSP curriculum additionally integrated relevant IPE readings and learning activities and newly created sessions addressing recommended core competencies for health professionals entering collaborative practice. The programme's signature team building session, which is organized around the Olympic sport of sweep rowing and an assessment of personal work preferences, was modified to include reflection on and discussion of health professions stereotyping and the role of IP teamwork in high-quality healthcare. IPE teaching scholars were specifically instructed to collaborate with colleagues from other professions to fulfil the programme's requirement of completing	Yes	Survey of self-reported change
32	Rogers RR, Owen JA, Lake DM, Durham CF, Latham TG, Sherwood G, Golding CS. (2018)	Describe a statewide initiative for interprofessional education to reframe continuing education (CE) and to improve the integration of care delivery and outcomes. The design of this innovative initiative develops common knowledge base in CIPE (Continuing Interprofessional Education), promotes collaboration, avoids duplication, and creates shared definitions and standards to advance CIPE across the NC AHEC program.	Role Play, Small Group Activity, Case Study, Other – interactive webinars	Three-pronged education model to advance CIPE. A 1 -day CIPE Summit created the foundation for the Initiative., followed by 2 institutes for faculty and professional development. Content and activities included: comprehensive foundation in IPE learning and teaching theories, use of simulation and reflection as a teaching strategy to promote interprofessional learning, case studies, core competencies, role-play, simulation case study, small group work.	Yes	Post-session assessments for webinars; pre- and post- surveys; participant evaluation

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	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
33	Schapmire TJ, Head BA, Furman CD, Jones C, Peters B, Shaw MA, Woggon F, Ziegler C, Pfeifer MP (2021)	Evaluate the impact of the National Institutes of Health (NIH)-funded inter-professional education exchange (iPEX) faculty development project on IPE competencies and skills and the development of IPE palliative care curricula	Observational, Small Group Activity, Large Group Activity, Other – Hands On Practice	Means for over-coming obstacles, collaborative teaching techniques, and curriculum development guidelines	Yes	Assessment included two standardized instruments were used in the pre and post-test questionnaire: 1(Faculty Interprofessional Facilitation Skills Scale; and 2) Core competencies for interprofessional practice individual competency assessment tool (IPEC).
34	Shrader S, Mauldin M, Hammad S, Mitcham M, Blue A (2015)	Describes a faculty development program at the Medical University of South Carolina based on the conceptual framework of adult transformational learning theory. Three components comprise the faculty development program: an institute, fellowship and teaching	Small group, IPE Project	6 sessions of intro to IPE/PC; monthly interprofessional mentoring circle; 4 sessions IPEC competencies, IPE design	Yes	Evaluation of the FDP used a variety of qualitative and quantitative methods and metrics. A variety of survey instruments used.
35	Silver IL, Leslie K. (2009)	Propose a framework for faculty development in continuing interprofessional education (CIPE) and collaborative practice.	Unknown, Not Clearly Reported	N/A, NO training done. Recommendations only: Provided a framework for faculty development. This framework includes an education plan adapted to an IPE environment that needs to be considered before implementation of a faculty development plan. The framework includes: attitudes, knowledge, and skills that underpin effective collaborative practice, teaching and learning, team and self-assessment, leadership and organizational change, QI and patient safety, and updates on disease management.	No	
36	Smith, Laura J.; Mattison, Debra; Gross, Melissa; Trupiano, Nicole; Fitzgerald, Mark; Patterson, Vani; Ursuy, Peggy; Farris, Karen; Najjar, Ghaidaa; Anderson, Olivia S. (2021)	Describe a framework used to effectively recruit and prepare faculty as facilitators for a larg-scale, one-time IPE event	Large Group Activity	**Welcome video** – objectives: 1) review the agenda for the large-scale IPE event, 2) highlight facilitator responsibilities, 3) provide suggestions for enhancing group dynamics during the event. **Facilitator Guidebook:** provided logistics such as onsite help contact information, a facilitator checklist, learning objectives, and the event's agenda. The guidebook also included scripts to be adapted for conveying information to each facilitator's student group such as welcome message, group norms, as well as probes and instructions for each activity. The Guidebook also presented best practices in regard to facilitating group dynamics. **In-Person training:** Lead faculty organizer conducted an optional 15 min FtoF training. Session objectives: 1) directly acquaint the facilitator with the Guide Book 2) highlight key principles such as managing space and difficult situations, 3) answer questions about content and process.	Yes	Survey

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	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
37	Stephenson E, Poore J, Byrne BJ, Dwyer J, Ebert D, Hasty G, Schroedle K, Turner J, Cooper D (2019)	Describes the development, implementation, and results of an Interprofessional Educator Development Course (IPEDC) for simulation that was created to train clinical educators, practicing professionals, and academic faculty from all health care professions in simulation methodology. Describes the benefits, limitations, and outcomes of this approach and explain how the needs of the stakeholders are met.	Role Play, Other – interactive discussion, panel discussion, simulation, demonstration	The development of interprofessional faculty training for simulation was described. 5 sessions/modules developed: Introduction to simulation education, Scenario development, Running a simulation, Debriefing, & Assessment, research, and sustainability. Activities within each module included interactive discussions, panelists, simulation, case development, demonstrations, debriefing practice.	No	
38	Virant-Young D, Forrest K, McCaskey S, Smith C, Saadeh C, Gudakunst J, Sefcik D (2014)	Describe a faculty development program designed to promote IPE among multiple health care professions.	Small Group Activity	To maximize team building, active learning, small group reflection during situated learning, and incorporation of previous lessons learned, the steering committee decided that a three-session program completed in assigned interprofessional groups would work best. The sessions were designed to occur over a period of 9 months as increasingly interactive events. Trainings incorporated transition from a group to a team, common barriers, and the importance of collaboration and leadership. -Generational differences -Assessment of professional behaviors, competencies common to all team members, scope of practice and delegation issues, and functioning as an IPE consultant IPE professional behavior assessment and the development of IPE learner activities	Yes	pre and post surveys
39	Walsh DS, Lazorick S, Lawson L, Lake D, Garrison HG, Higginson J, Vos P, Baxley E (2019)	Evaluate the effectiveness of a faculty development program in health systems science	Small Group Activity	Three online graduate-level education courses in curriculum design, implementation, and evaluation. Readings, comprehensive didactic sessions by experts in the QI field, applied learning activities	Yes	Online surveys pre and post intervention and 1 year after
40	Williams SA, Johnson AD, Cross LB (2021)	Describe the genesis, content, and improvement of a faculty development workshop which ex-amplifies a meta teaching model and was designed to serve faculty facilitators in a rapidly growing IPE program	Role Play, Group Activities – Size Not Specified	Training on co-facilitation and debriefing skills training; an introduction to IPE skills, values, processes, and outcomes.	Yes	workshop survey

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41	Williams, S.A., Johnson, A.D., Cross, L.B. (2021)	Describe the genesis, content and improvement of a faculty development workshop which exemplifies a meta teaching model and was designed to serve faculty facilitators in a rapidly growing IPE program. IPE program objectives: introduce faculty to the agenda and activities for the IPE student training; standardize IPE facilitation practices and ensure fidelity to the IPE model; and impassion faculty at ETSU for interprofessional education	1, 2	1. Introduce faculty to the values, purposes, and outcomes of IPE 2. Introduce faculty to the agendas for each of the student training 3. Provide faculty with opportunities to practice IPE student activities 4. Provide faculty with opportunities to practice co-facilitation techniques 5. Provide faculty with opportunities to practice working with standardized patients/professionals (SPs) 6. Provide faculty with opportunities to practice debriefing techniques 7. Provide faculty with community engagement tools to be used when IPE student teams are working in clinics and other healthcare environments.	Yes	Survey
42	Woltenberg, L.N., Aulisio, M.C., Taylor, S.A. (2021)	Provide an overview of a novel IPE faculty development program	1, 2, 3, 4, 5,	The didactic portion considered ways interprofessional teaching differed from uniprofessional teaching, discussed elements of effective feedback, and reviewed the critical steps of a peer-teaching observation. In the skills practice portion, participants watched videos of different teaching scenarios and role-played as a peer observer providing feedback to the instructor in the videos.	Yes	pre/post self-assessment and workshop evaluation form
43	Wong AH, Ruppel H, Gang M, Ng G (2016)	Present the best practices for implementing simulation-based IPE to enhance patient safety through an interactive workshop.	Large Group Activity, Case Study	1. Welcome, introductions, objectives, road map of session, and disclosures 2. Discussion and didactic 3. Tabletop simulation. 4. Discussion, summary, and takeaways. Done over 90 minutes. Large-group discussion with two versions of the small-group prompts, a worksheet for the participants to complete during the tabletop exercise (appendix NOT available). Discussion on: IPC challenges experienced by participant; didactic session highlights the best practices and frameworks in creating successful IPE programs. Scenario to develop a simulation-based IPE program addressing workplace violence in the emergency department while acting in a scripted professional role and character. Finally, participants come back together to share each cohort's examples and solutions through a facilitated large-group discussion to cement concepts discussed during the didactic. The workshop ends by summarizing lessons learned.	Yes	Survey from 2 conferences where training module was presented

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	AUTHORS	PURPOSE	FORMAT OF TRAINING	TRAINING CONTENT (WHAT IS TRAINING IS DONE? WHAT ACTIVITIES ARE INCLUDED?)	ASSESS-MENT OF TRAINING	IF YES, IDENTIFY TYPE OF ASSESSMENT
44	Wong JG, Son D, Miura W (2017)	Investigate the effect of a well-studied faculty development program applied in an interprofessional fashion across health profession educators in medicine and nursing.	Observational, Role Play, Small Group Activity	Sessions involve a didactic mini-lecture, focused video-taped review of actual re-enacted teaching scenarios illustrating key components and specific teaching behaviors, a set of challenging role-plays through which participants practice demonstrating the behaviors, and an exercise asking the participants to establish personal teaching goals within each major category. Two complete series of the 7 seminars were conducted between January and March of 2013. Each seminar was approximately 2 hours long and was primarily presented in English. Discussion on 7 categories of educational content relevant to clinical teaching: learning climate, control of session, communication of goals, evaluation, promoting understanding and retention, feedback. and promoting self-directed learning.	Yes	Validated, retrospective pretest and posttest instrument was used to measure study outcomes on global assessment of teaching abilities and specific teaching behavior
45	Summerside N, Abu-Rish Blakeney E, Brashers V, Dyer C, Hall LW, Owen JA, Ottis E, Odegard P, Haizlip J , Liner D, Moore A, Zierler BK (2018)	Describe an overview of a Train-the-Trainer Interprofessional Team Development Program (T3), a national program that equips health professions educators and clinicians with skills to design, implement, assess, and continuously improve interprofessional education (IPE) and interprofessional collaborative practice (IPCP) learning opportunities, to transform education and patient care.	Unknown, Not Clearly Reported	Not specified, T3 Program utilizes the IOM Interprofessional Learning Continuum Model that spans the education-to-practice continuum with a variety of learning, and health and systems outcomes	Yes	Participants are requested to complete three web-based surveys (one month before the in-person program, 3 months after, and 12-months after) about their IPE/IPCP knowledge, ability, experience, and IPE-related work. During the in-person training, participants partake in daily debriefs and complete web-based evaluations of training content

Table 2 Included articles characteristics.

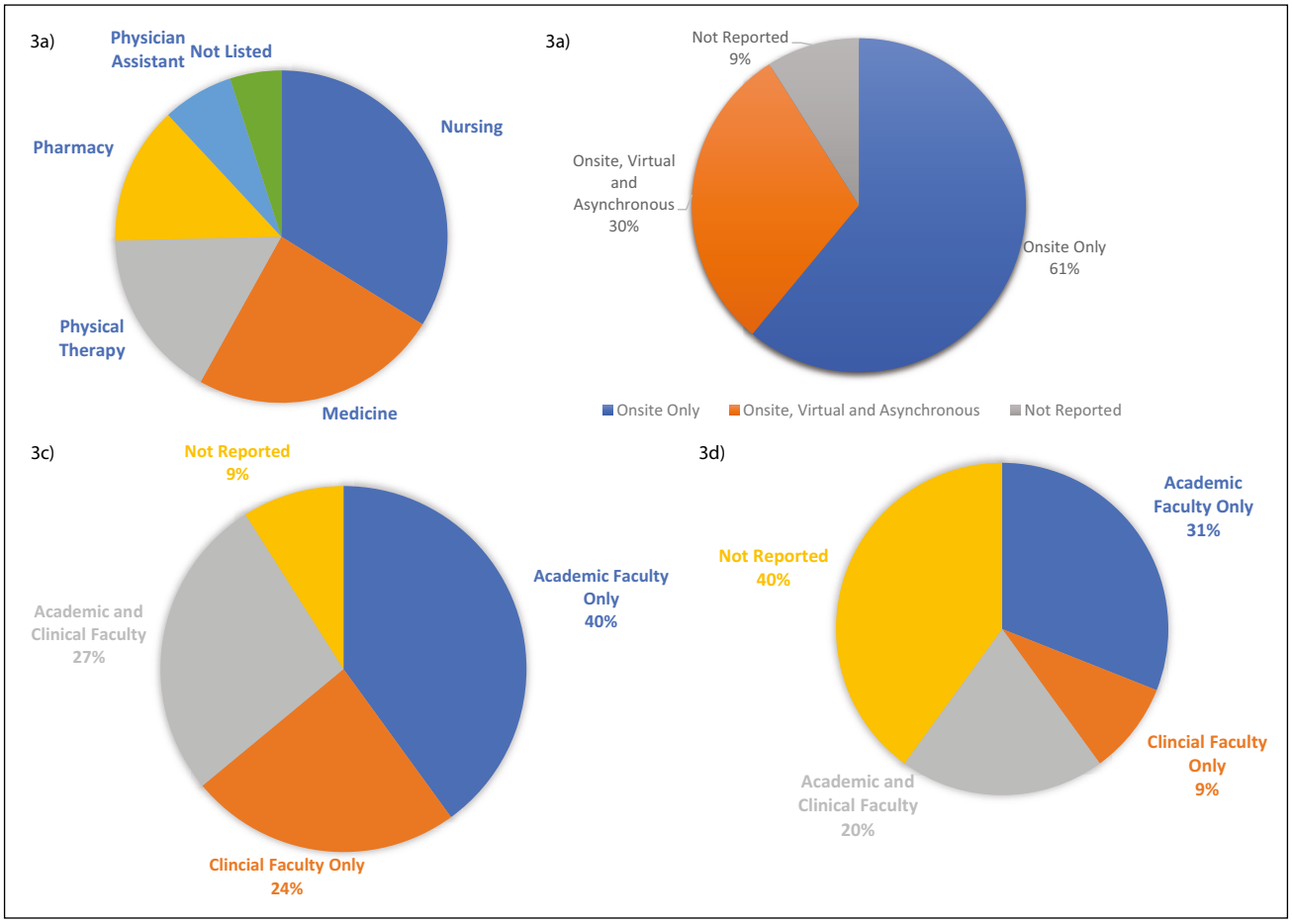

Figure 3 Top Five Professions of Trainees Included in IPE Faculty Development Programs, IPE Training Platforms, Faculty Who Received IPE Faculty Development Training, Faculty Who Provided IPE Faculty Development Training. **3a)** Top Five Professions of Trainees included in the IPE Faculty Development Program. **3b)** IPE Training Platforms. **3c)** Faculty Who Received IPE Faculty Development Training. **3d)** Faculty Who Provided IPE Faculty Development Training.

scoping literature review describes the scope and volume of current evidence regarding IPE faculty development in health professions' education. This review presents an overview of existing IPE faculty development programs across healthcare professions' education and supports the importance of having IPE faculty development programs responsible for teaching IPE in academic in clinical practice settings.

The findings of this scoping review indicate that the included articles were mainly pretest-posttest design or of observational summary composition. The included articles focused on the description of their IPE faculty development programs and lacked objective assessment measures. This finding indicates the need for future studies with well-planned research design and high-quality methodology using outcome measures to examine the effectiveness of faculty development programs.

A wide variability in IPE faculty development training activities related to format, content, frequency, training length, and training delivery methods was found in the review. Therefore, the heterogeneity of IPE faculty development programs observed in this review may make it difficult to identify what is the best model of IPE faculty development programs in practice and research. Even though team-based competencies to advance IPE education (IPEC, 2011) and core competencies for interprofessional collaborative practice (IPEC, 2016) have been disseminated across healthcare professions and accreditation standards, our findings showed that most of the included articles did not explicitly report that these competencies were included in both academic and clinical faculty development training programs. As such, it is important to note that faculty training on the intention and meaning of the IPEC Core Competencies should be considered an essential component of faculty preparedness for IPE.

The scoping review findings demonstrate that IPE faculty development programs are occurring in academic and/or clinical practice settings, and were delivered in person, virtually, and/or asynchronously. These programs were also

delivered in a variety of ways including onsite and in-person, virtually, as well as asynchronously. The delivery variability is consistent with Steinert's (2005) recommendation to use diverse formats and educational strategies. Although the majority of training programs were held in academic settings, there is evidence that faculty development programs are also occurring in clinical practice settings. These findings reinforce that IPE faculty development is one example that demonstrates institutional commitment to support IPE learning experiences within the classroom and the clinical learning environments (Health Professions Accreditors Collaborative, 2019). More specifically, our findings indicated that the top five health professions that participated in IPE faculty development training programs are related to professions where their accreditation standards require inclusion of IPE in their educational curriculum (Zorek & Raehl, 2013). These health professions also contributed to the original IPEC Core Competencies (2011) and their revision in 2016, and they are also active members within Health Professions Accreditors Collaborative to produce their 2019 guidance document.

Assessment of IPE faculty development programs is an important component of any training practice so that the efficacy of training activities and experiences can be evaluated.

The majority of included articles reported the use of assessment to evaluate their IPE training programs. The most common types of assessments employed were mostly questionnaires/surveys and interviews. However, the questionnaires utilized were not standardized and therefore, indicates the need for standardized assessment tools to be used to assess the effectiveness of IPE faculty development programs. Several assessment tools are available to evaluate IPE learners; however, to the best of our knowledge there is no standardized assessment tool that directly assesses faculty competency or IPE faculty development programs. Future research may consider the development of a standardized assessment tool that can be used to assess IPE faculty development.

Within the literature, there appears to be consensus that faculty training improves the delivery of IPE and positively impacts learner outcomes (Davis et al., 2015; Egan-Lee et al. 2011). However, this scoping review's findings show there is variability in IPE faculty development components, creating an inability to generalize what type of training best contributes to both the faculty's and the learner's success.

LIMITATIONS AND FUTURE RESEARCH

In the planning stages for the scoping review, a systematic search of databases for published, peer-reviewed articles was established. The goal of the review was to map out and describe the existing literature on IPE faculty development using published peer reviewed literature. Non-peer reviewed literature was excluded. The literature included in the scoping review was limited to peer reviewed publications. Non-peer reviewed literature was excluded. The results of the review were in line with the predetermined inclusion criteria that allowed for both an overall picture of the existing literature on IPE faculty development and for highlighting knowledge gaps in faculty development.

However, results using studies that were in line with predetermined inclusion criteria allow for both an overall picture of existing literature on IPE faculty development and highlight knowledge gaps in the area.

Limitations within the literature on IPE faculty development may have contributed to limitations in the conclusions of our review. All research study designs were sought for inclusion (e.g., experimental, quasi-experimental, observational, descriptive and qualitative) as long as they provided an understanding of the dimensions of interprofessional education, faculty development, training, and activities. Our search identified the absence of high-quality research designs, with randomized controlled trials, or even studies with comparison/control groups. All included articles used either pretest-posttest or observation methodology. Additionally, the risk of bias was not assessed in the included articles, which precludes an assessment of the methodological gaps in the literature on this topic, and therefore it is not currently clear how the reported synthesized results may be affected by the quality of included articles. The heterogeneity of the delivery of IPE (time duration, format) in the included articles creates difficulty in identifying the best practices for IPE faculty development delivery.

This scoping review of IPE faculty development programs identified content gaps in relevant literature. Future research should examine how differing methods of delivery and implementation of IPE faculty development programs influence the quality and facilitation of IPE experiences. Future work should also identify training details that can contribute to the development of guidelines to establish the best training models. Future research may focus on what outcome measures work best to assess the effectiveness of an IPE faculty development program.

CONCLUSION

This scoping review was successful in achieving its objective to investigate and describe interprofessional education faculty development in health professions' education, explore current practices and models for

faculty training, and recommend next steps for IPE faculty development in health professions' education programs. The findings support the previous report by (Ratka et al., 2017), highlighting the need for and importance of evidenced-based faculty development programs to prepare students for interprofessional practice. The heterogeneity seen in the included articles identify the need for more guidance in best practices for IPE faculty development programs. Additionally, our review findings also support progress in the areas of training format, content, and assessment; however, additional research to provide guidelines for these details would be beneficial.

The authors recommend the following considerations to advance IPE faculty development training:

- Design standardized faculty training content inclusive of and aligned with the IPEC core competencies;
- Develop diverse IPE clinical and academic faculty versed in these core competencies;
- Develop a repository of evidence-based research on best practices for IPE faculty training;
- Share resources from academic institutions and healthcare organizations that have developed effective IPE faculty and training models; and
- Develop and utilize standardized IPE faculty development assessment tools. The assessment tool should examine the overall program, the effectiveness of IPE faculty training, training format, teaching strategies, and training outcomes (i.e. IPE faculty evaluated based on student performance).

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

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