***Table 1: interprofessional training wards***

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| **University, city, country** | **Author / Year published** | **Students**  | **Type of clinic(s)** | **Rotation duration** | **Learning objectives (LOs)** | **Student assessment (assessment tool)** | **Supervisors / Teachers / Faculty training** |
| **Monash University,Melbourne,Australia** | Meek *et al.*, 2013Anderson *et al.,* 2014Morphet *et al.*, 2014Hood *et al.,* 2014 | Final year nursing (n = 2) and medical (n = 2) studentsPharmacy, nutrition, social work and OT students involved when available and as needed. | Emergency department; Rehabilitation ward | 2 weeks | NS | NS | ED: registered nurse (RN) and senior medical resident in training or emergency physician.Rehabilitation ward: RN and usual ward staff (e.g., other RNs, MDs).Supervisors supernumeraryFaculty training\*: yes, not specified |
| **Edmonton, Canada** | Sommerfeldt *et al.*, 2011 | Nursing, medical, OT, PT, pharmacy and nutritional science students  | Stroke and acute geriatric medical unit |  NS | NS | NS | NS  |
| **University of London,London, UK** | Dando *et al.*, 2012 | Final year medical (n = 6-8) and nursing ( n = 3-6), PT (n = 0-1) and OT (n = 0-1) students. | In-patient hospice | 3 weeks | NS | Student conference | Program facilitators: RNs, MDs, PTs, OTs In clinical practice: team of ward-based mentors. Faculty training: one day for ward based mentors |
| **University of London,London, UK** | Mackenzie et al., 2007 | Medical, nursing,OT and PT students. | Rehabilitation hospital ward | 3 weeks | NS | NS | Generic and profession specific facilitators.Faculty training: NS |
| **Aarhus University, Aarhus, Denmark** | Hansen *et al.,* 2009Jakobsen *et al.,* 2010Jakobsen *et al.,* 2011Norgaard *et al.,* 2013 | Medical, nursing, OT and PT students | Orthopedic ward | ± 5.5 days – 2 weeks | .Participate in interprofessional (IP) meetings / rounds.Develop understanding of own profession through direct patient care .Strengthen own professional role; develop professional identity .Develop understanding of other professions by working together to provide direct patient care .Practice collaboratively as IP team; learn IP teamwork.Practice self-reflection. | NS | Supervision by ‘trained’ profession-specific personnel and clinical tutors (including associate professors) Faculty training: yes, not specified |
| **Karolinska University,Stockholm, Sweden** | Ponzer *et al.*, 2004Lindblom *et al.*, 2007Hylin *et al.*, 2007Hallin *et al.*, 2009Hallin et al 2016Hylin *et al.*, 2011Hallin *et al.*, 2011Lachmann *et al.,* 2012Lachmann *et al.*, 2013Lachmann *et al.*, 2014 | Medical (n = 1-2 in 8/11 semester), nursing (n = 2-3), OT (n = 1), PT(n = 1) students  | Orthopedic ward (orthopedic / surgery) | 2 weeks | .Develop IP communication and teamwork skills.Develop understanding of own professional role.Develop understanding of others’ professional role.Provide profession-specific treatment with increased independence. To increase understanding of ethical awareness | Summative feedback from supervisors and students. Based on self- assessment evaluation form, focused on team- and profession specific goals. | Each student team accompanied by supervisor recruited from regular professional staff at hospital clinics – orthopedic surgeons, RNs and PTs. Tutors (i.e. daytime IPE ward staff) consisted of a head RN, an orthopaedic surgeon, 5 or 6 RNs, 1 PT and 1 OT. Faculty training: introduction to LOs of IPE focused on teamwork competencies, responsibilities as supervisors and promotors of problem solving skills |
| **Karolinska University,Stockholm, Sweden** | Ericson *et al.*, 2012Ericson et al., 2017 | Medical (in 8/11 semester), nursing, PTstudents  | Emergency department | 2 weeks | See Karolinska University – orthopedic ward | NS | See Karolinska University – orthopedic ward |
| **Curtin University, Perth, Australia** | Brewer *et al.,* 2013 | Final year medical (n = 2), nursing (n = 2), PT (n = 1), OT (n = 1), social work (n = 1), dietetics (n = 1), imaging (n = 1) and pharmacy (n = 1) students.  | General medical ward | 3 weeks | .Describe own professional knowledge, skills, attitudes, values and limitations .Describe contribution of other professions to health service/care.Demonstrate effective communication to ensure safe, high quality service/care.Partner with client and other professionals to plan, implement, evaluate evidence-based service/care.Facilitate effective team interactions, manage conflict, provide leadership.Evaluate IP team collaboration outcomes, one’s own contribution to these, and suggest improvements. | Curtin University IP capability Framework tool | RN: entire shift.Staff members from each student category: 1.5 hours/dayFaculty training: NS |
| **Queens University,Belfast, UK** | Morison *et al.,* 2007 | Nursing and medical students | Children’s Nursing and Paediatric Medicine ward  | 6 weeks | NS | NS | NS  |
| **University of Gothenburg, Gothenburg, Sweden** | Carlson *et al.,* 2011 | Medical (n = 1-2), nursing (n = 3-4), PT (n = 1) and/or OT (n = 1) | Medical ward (elderly in need of general medical, nursing and rehabilitation care) | 2 weeks | NS | NS | Day shift: team of profession specific and team-oriented facilitators (1 MD, 2 RNs, 1 OT, 1 PT)Evening and weekend shift: RN onsite; MD on call.Faculty training: NS |
| **Royal London Hospital, London, UK** | Freeth *et al.,* 2001Reeves *et al.,* 2002Reeves *et al.,* 2002 | Pre-qualification medical (n = 2) , nursing (n = 2) , OT (n = 1) and PT (n = 1) students | Orthopaedic and rheumatology ward  | 2 weeks | .Develop skills and knowledge to enhance IP collaboration.Enhance profession-specific knowledge and competencies(10 team LOs and around 15 profession-specific Los) | IP case conference | Team-orientated facilitation: three RNs per team.Profession-specific facilitation: medical (day-to-day supervision offered by four senior house officers), OT and PT staff while continuing their work within the rest of hospital.Two consultants attended to the progress of patients and student performance. Faculty training: two days of preparation. |
| **Linköping University, Linköping, Sweden** | Wahlström *et al.*, 1997Fallsberg *et al*., 1999Fallsberg *et al,.* 2000Wilhelmsson *et al.*, 2009Pelling *et al.,* 2011Falk *et al.,* 2013Lindh Falk et al., 2015 | Medical (n = 1-2), nursing (n = 2-3), OT (n = 1) and PT (n = 1) students. If available: 1 community care or 1 medical laboratory technology student | Orthopedic ward  | 2 weeks | .Practice IP teamwork related to patient care, nursing and rehabilitation .Develop their own professional role .Develop understanding of competences and skills of other healthcare professions.To recognize patients’ needs concerning care, nursing and rehabilitation | Case conference | Permanent staff: 1 registrar and 1 RN. Tutors from other programmes employed part-time (OT/PT) or hourly (community care / biomedical laboratory technology). |
| **Hull York Medical School, Heslington, York, UK** | McGettigan *et al.,* 2015 | Medical, nursing, OT and PT final year students | Rehabilitation unit  | 2 weeks | .Respect, understand and support the roles of other professionals involved in health and social care.Demonstrate a set of knowledge, skills, competencies and attitudes which are common to all professions and which underpin the delivery of quality patient/client –focussed services.Deal with complexity and uncertainty.Collaborate with other professionals in practice. | Final day rotation: evaluation / reflective meeting | Two designated facilitators supervised placements. Medical care supervised by two rehabilitation physicians and two staff doctors. Nutrition and Speech and Language therapists attended twice-weekly. All of the Ward staff acted as facilitators for the students. Prior to commencing placements in August 2007, staff participated in preparatory workshops on interprofessional training, multidisciplinary team-working, the HYMS curriculum, and expectations of their roles as facilitators.  |

\*Faculty training: training of supervisors of IPE ward in supervision of interprofessional student teams
Abbreviations; OT – occupational therapy/ist, PT – physiotherapy/ist; IP – interprofessional; RN – registered nurse; MD – medical doctor; NS: not specified

**References**

Anderson A, Cant R, Hood K. 2014. Measuring students perceptions of interprofessional clinical placements: development of the Interprofessional Clinical Placement Learning Environment Inventory. Nurse Educ Pract. 14:518–524.

Brewer ML, Stewart-Wynne EG. 2013. An Australian hospital-based student training ward delivering safe, client-centred care while developing students’ interprofessional practice capabilities. J Interprof Care. 27:482–488.

Carlson E, Pilhammar E, Wann-Hansson C. 2011. The team builder: the role of nurses facilitating interprofessional student teams at a Swedish clinical training ward. Nurse Educ Pract. 11:309–313.

Dando N, d’Avray L, Colman J, Hoy A, Todd J. 2012. Evaluation of an interprofessional practice placement in a UK in-patient palliative care unit. Palliat Med. 26:178–184.

Ericson A, Lofgren S, Bolinder G, Reeves S, Kitto S, Masiello I. 2017. Interprofessional education in a student-led emergency department: a realist evaluation. J Interprof Care. 31:199–206.

Fallsberg MB, Wijma K. 1999. Student attitudes towards thegoals of an inter-professional training ward. Med Teach. 21:6.

Fallsberg MB, Hammar M. 2000. Strategies and focus at an integrated, interprofessional training ward. J Interprof Care. 14:337–350.

Freeth D, Reeves S, Goreham C, Parker P, Haynes S, Pearson S. 2001. ’Real life’ clinical learning on an interprofessional training ward. Nurse Educ Today. 21:366–372.

Hallin K, Henriksson P, Dalen N, Kiessling A. 2011. Effects of interprofessional education on patient perceived quality of care. Med Teach. 33:e22–e26.

Hallin K, Kiessling A. 2016. A safe place with space for learning: Experiences from an interprofessional training ward. J Interprof Care. 30:141–148.

Hallin K, Kiessling A, Waldner A, Henriksson P. 2009. Active interprofessional education in a patient based setting increases perceived collaborative and professional competence. Med Teach. 31:151–157.

Hansen TB, Jacobsen F, Larsen K. 2009. Cost effective interprofessional training: an evaluation of a training unit in Denmark. J Interprof Care. 23:234–241.

Hood K, Cant R, Leech M, Baulch J, Gilbee A. 2014. Trying on the professional self: nursing students’ perceptions of learning about roles, identity and teamwork in an interprofessional clinical placement. Appl Nursing Res. 27:109–114.

Hylin U, Lonka K, Ponzer S. 2011. Students’ approaches to learning in clinical interprofessional context. Med Teach. 33:e204–e210.

Hylin U, Nyholm H, Mattiasson AC, Ponzer S. 2007. Interprofessional training in clinical practice on a training ward for healthcare students: a two-year follow-up. J Interprof Care. 21:277–288.

Jakobsen F, Hansen TB, Eika B. 2011. "Knowing more about the other professions clarified my own profession". J Interprof Care. 25:441–446.

Jakobsen F, Larsen K, Hansen TB. 2010. This is the closest I have come to being compared to a doctor: views of medical students on clinical clerkship in an Interprofessional Training Unit. Med Teach. 32:e399–e406.

Lachmann H, Fossum B, Johansson UB, Karlgren K, Ponzer S. 2014. Promoting reflection by using contextual activity sampling: a study on students’ interprofessional learning. J Interprof Care. 28:400–406.

Lachmann H, Ponzer S, Johansson UB, Benson L, Karlgren K. 2013. Capturing students’ learning experiences and academic emotions at an interprofessional training ward. J Interprof Care. 27:137–145.

Lachmann H, Ponzer S, Johansson UB, Karlgren K. 2012. Introducing and adapting a novel method for investigating learning experiences in clinical learning environments. Informat Health Soc Care. 37:125–140.

Lindblom P, Scheja M, Torell E, Astrand P, Fellander-Tsai L. 2007. Learning orthopaedics: assessing medical students’ experiences of interprofessional training in an orthopaedic clinical education ward. J Interprof Care. 21:413–423.

Mackenzie A, Craik C, Tempest S, Cordingley K, Buckingham I, Hale S. 2007. Interprofessional learning in practice: the student experience. Br J Occup Ther. 70:358–361.

McGettigan P, McKendree J. 2015. Interprofessional training for final year healthcare students: a mixed methods evaluation of the impact on ward staff and students of a two-week placement and of factors affecting sustainability. BMC Med Educ. 15:185.

Meek R, Morphet J, Hood K, Leech M, Sandry K. 2013. Effect of interprofessional student-led beds on emergency department performance indicators. Emerg Med Aust. 25:427–434.

Morison S, Jenkins J. 2007. Sustained effects of interprofessional shared learning on student attitudes to communication and team working depend on shared learning opportunities on clinical placement as well as in the classroom. Med Teach. 29:450–470.

Morphet J, Hood K, Cant R, Baulch J, Gilbee A, Sandry K. 2014. Teaching teamwork: an evaluation of an interprofessional training ward placement for health care students. Adv Med Educ Pract. 5:197–204.

Norgaard B, Draborg E, Vestergaard E, Odgaard E, Jensen DC, Sorensen J. 2013. Interprofessional clinical training improves selfefficacy of health care students. Med Teach. 35:e1235–e1242.

Ponzer S, Hylin U, Kusoffsky A, Lauffs M, Lonka K, Mattiasson AC, Nordstrom G. 2004. Interprofessional training in the context of clinical practice: goals and students’ perceptions on clinical education wards. Med Educ. 38:727–736.

Sommerfeldt SC, Barton SS, Stayko P, Patterson SK, Pimlott J. 2011. Creating interprofessional clinical learning units: developing an acute-care model. Nurse Educ Pract. 11:273–277.

Wahlstrom O, Sanden I, Hammar M. 1997. Multiprofessional education in the medical curriculum. Med Educ. 31:425–429.

Wakefield A, Boggis C, Holland M. 2006. Team working but no blurring thank you! The importance of team work as part of a teaching ward experience. Learn Health Soc Care. 5:142–154.