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Featured Article

Interprofessional Simulation for Nursing and Divinity Students: Learning Beyond Checklists

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Abstract

Background: Interprofessional education occurs when students from different disciplines come together to gain knowledge of each other's roles, philosophies, and abilities.

Method: This qualitative study assessed nursing and divinity student responses/perceptions of an interprofessional simulation. Three cohorts of students (nursing, n = 17; divinity, n = 5) engaged in a three-part simulation using a standardized patient and focused on management of postpartum complications. Debriefing sessions were recorded for qualitative analysis.

Results: Two key categories emerged: holistic patient care and interprofessional awareness.

Conclusions: Student responses conveyed meaning-making experiences with new appreciation of interprofessional and intraprofessional roles. Students expressed improved ability to provide competent holistic care.

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An array of health care professionals provide care in hospital settings. However, contact with patients frequently occurs in succession, without deliberate communication or collaboration. Many national and international organizations call for greater integration of care across disciplines

(Institute of Medicine, 2015) with the goal of professionals from diverse educational backgrounds delivering health care in concert to improve outcomes (Cuff, 2013, p. 2). Interprofessional education allows students from different disciplines to interact and gain knowledge of each other's roles, philosophies, and abilities (World Health Organization, 2010) and may decrease biases and misunderstandings of others' roles (Thibault, 2013). Both pastoral care and nursing are concerned with the whole person,

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including the intertwining of body, mind, and emotional/spiritual well-being.

Pastoral care (chaplaincy) in a health care setting is provided by religious professionals with education in providing emotional/spiritual care to patients, families, and staff in situations of medical crisis. Pastoral care providers are prepared to interact with diverse faith traditions and routinely collaborate with community religious leaders. In addition, pastoral care staff often serve on ethics committees and provide patient education regarding advance directives (Russell, 2014).

Holistic nursing care incorporates all aspects of health and healing throughout the lifespan (American Holistic Nurses Association, 2005). Holistic nursing care assists individuals to make meaning out of life and lighten their burden(s) by being present and meeting their physical, emotional, intellectual, and spiritual needs (American Holistic Nurses Association, 2005; Dossey, Keegan, Guzzetta, & American Holistic Nurses' Association, 2005).

Although spiritual care has gained importance as a standard component of health care (Ehman, 2018), nurses feel inadequately trained to identify spiritual needs, apply interventions, or consult pastoral care (HealthCare Chaplaincy Network & Spiritual Care Association, 2017). Although holistic care and spiritual care are frequently mentioned in articles and texts, interprofessional teaching/learning models are less prominent in the literature.

Simulation allows learners to enhance their skills in an interactive, nonthreatening environment and augments didactic education with experiential engagement without putting patients at risk (National League for Nursing Board of Governors, 2015). Standardized patients (SPs) are individuals trained to realistically portray patients (or other identified roles), encouraging suspension of disbelief (Lewis et al., 2017). Although simulation including SPs is common in health care education, it has not been as widely used in pastoral care education, although experts have called for greater incorporation of this approach (Massey, 2014).

With this gap in both nursing and clinical pastoral education literature, we collaborated to create, implement, and qualitatively evaluate a three-segment, unfolding simulation. The purpose of this article is to present the development and qualitative evaluation of this interprofessional simulation to assist other programs in promoting holistic health care.

Theoretical Framework

Our simulation development was guided by the theory of constructivism and Kolb's experiential learning model (1984). Constructivism proposes that participants construct meaning from their experiences (Reed & Shearer, 2009). Kolb's experiential learning model (1984) includes concrete experience, reflective observation, abstract conceptualization, and active experimentation.

Materials and Methods

Setting

The involved divinity and nursing schools are within a large, private university located in the Southeast United States. All baccalaureate-level nursing students at this university participate in a maternal-newborn care simulation. Previous simulations focused on communication and the maternity care skills but lacked an interprofessional component. Although the primary goal of this simulation was to improve education, institutional review board approval was obtained for dissemination of findings.

Simulation Development

Consistent with the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: Sim-IPE, the group identified learning goals unique to each profession as well as shared learning goals for interprofessional collaboration (International Nursing Association for Clinical Simulation and Learning, 2016). An effective simulation for bachelor's level nursing students and second year master's level divinity students required a simulation scenario engaging both disciplines, using knowledge and skills appropriate to the students' level of education.

The goals identified for the simulation reflected the four competency domains of interprofessional collaborative practice (Interprofessional Education Collaborative, 2016). First, there was a focus on the values and ethics involved in interprofessional practice. Second, the simulation emphasized clarifying roles and responsibilities and capitalizing on team member strengths. Third, faculty wanted to enhance interprofessional communication skills. Finally, the simulation was designed to give students

Key Points

- Nursing and divinity students who participated in this interprofessional simulation expressed an increase in interprofessional and intraprofessional role awareness.
- Our findings suggest experiential interprofessional education engages nursing and divinity students across disciplines, increases role awareness, and supports movement toward providing more holistic patient care.
- Nursing and divinity students expressed increased comfort from the immersive nature of the simulation and awareness of potential translation to patient care.

practice providing holistic care within a functioning team in a low-stakes environment.

Postpartum hemorrhage was selected as a central component of the scenario as postpartum bleeding is a leading cause of maternal death in the United States and around the world (Creanga et al., 2015; Sheldon et al., 2014). (See Appendix A for the detailed simulation.) Many women who recover from postpartum hemorrhage experience psychological and spiritual distress, including posttraumatic stress disorder, anxiety, grief, and depression (Elmir, Schmied, Jackson, & Wilkes, 2012; Michelet et al., 2015). Women can also develop a heightened sense of spirituality and a new understanding of the meaning of life (Wilde & Murray, 2009). Appropriate care of this life-threatening condition includes attention to the physiological, psychological, and spiritual needs of the woman during and after the acute event.

To enable students to provide dynamic, personalized holistic care, an SP was trained to portray a woman's medical and social history, affect, and emotional responses. The SP received four hours of initial training plus one to three hours training before subsequent simulations to ensure consistent quality of performance. The SP for this project had extensive simulation experience, as well as training in verbal feedback to learners.

The simulation consisted of three progressive segments and included (a) acute care of a postpartum hemorrhage, (b) a postoperative communication after a hysterectomy, and (c) postpartum discharge with counseling regarding circumcision. These three segments allowed nursing students to implement knowledge and skills learned in coursework and permitted them to provide nursing care during emergent and nonurgent situations. Divinity students offered spiritual care to the patient after notification and report from the nursing students (See Appendix B). All three segments were performed on one day and only once per cohort.

The simulation took place within a multiroom simulation center. Two rooms were used for simulated encounters and resembled a hospital room and a conferencing station. The center's digital audiovisual network, including ceiling-mounted cameras and microphones, enabled students and faculty in an adjoining room to observe the simulation.

Orientation to the simulation environment was provided by faculty during a 30-minute prebrief period and included discussion of objectives, a "fiction contract," and specific information regarding interaction with the SP. For example, students were oriented to props portraying the postpartum abdomen (International Nursing Association for Clinical Simulation and Learning, 2016).

The simulation scenario began with the SP portraying a postpartum woman after an uncomplicated vaginal birth. In this segment, nursing students participated in routine postpartum care until the woman had a severe postpartum hemorrhage. The bleeding continued despite medication administration and fundal massage. The first segment ended with the woman being transferred to the operating room.

During the second segment, the woman processed the loss of her childbearing capability because of unanticipated hysterectomy. Nursing and divinity students were asked to collaborate to provide care for the grieving woman.

The third segment was set on the day of discharge to allow learners to assess physical and emotional well-being and provide education regarding postpartum and newborn care. The woman reported that her husband, who is Jewish, wanted a bris (Jewish ritual circumcision) for their son. The woman's concerns regarding the procedure enabled students to engage the cultural, religious, emotional, relational, and medical implications of infant circumcision within an interfaith marriage.

Nursing students cared for the patient during each simulation segment (each lasting approximately 20 minutes), entering in teams of two. For the second and third segments, a single divinity student received a face-to-face report from the nursing students and then provided pastoral care to the patient in each encounter. The remaining students and faculty observed via live stream in an adjacent room.

After each segment, all students gathered in the conference room. Faculty experienced in debriefing facilitated discussion to encourage student reflection on their experiences, feelings, and insights into the care they provided or observed. The purpose of debriefing is to facilitate transfer of learning from the simulation to future clinical situations (International Nursing Association for Clinical Simulation and Learning, 2016). At the end of the final debriefing, the SP provided verbal feedback from the patient's perspective.

Participant Selection

Over one semester, a convenience sample of divinity students ($n = 5$) and nursing students ($n = 17$) from three maternal-newborn clinical groups participated in the simulation. Divinity students volunteered to participate by responding to an email from the divinity faculty and received no academic credit. No students received monetary compensation. In the prebriefing consent process, students were assured of a safe learning environment. Students were provided the opportunity to sign consent forms releasing the use of their recorded encounters and still photographs.

Data Collection and Analysis

Two forms of data were gathered from each clinical group: audio recordings of debriefing sessions and an online anonymous survey of narrative questions completed at the end of the simulation. Although data saturation occurred after the second clinical group, information from all groups was included in the analysis. Qualitative content analysis as described by Elo and Kyngas (2008) was used to analyze the debriefing transcripts, and techniques described by Graneheim and Lundman (2004) ensured rigor and

trustworthiness. All authors reviewed all transcripts multiple times and immersed themselves in the data and then open-coded the documents. The full author team met several times to discuss general codes and categories and then define codes. Through group discussion, a codebook was developed and all authors coded the transcripts. Authors (L.S.S., T.S.H., and J.V.R.) then further refined the coding until consensus was reached. Once a codebook was established, all transcripts were recoded. Categories were then developed and iteratively defined by the entire author group (Appendix C).

Results

Two main categories emerged from the student responses: (a) holistic patient care and (b) interprofessional awareness, and further codes and subcodes reflected student comments on significant aspects of relational care, inner awareness, outer awareness, role awareness, teamwork awareness, and implications for interprofessional practice.

Holistic Care: Inner Awareness, Outer Awareness, and Relational Care

Both nursing and divinity students discussed holistic patient care throughout their written and verbal feedback, referring to care for the whole patient through meeting physical, emotional, psychological, and spiritual needs. Following are representative quotes supporting these categories.

Nursing student: “Realizing that spiritual/religious care is a very important factor for some patients. The ability to understand your patient’s needs outside of a medical perspective is crucial to providing holistic care.”

Because nursing and divinity students ascend steep learning curves to provide patient care, their inexperience makes it difficult to move beyond tasks and checklists to provide holistic care.

Nursing student: “... but we talk about it (spiritual care) because holistic care is really important and we know that intellectually, but ... sometimes I think we get caught up ... just getting through basic nursing, the whole aspect of assessment and checking off things when really ... the most important thing might be spiritual.”

Within the category of holistic care, three subcategories emerged: (a) inner awareness, (b) outer awareness, and (c) relational care. Students noted that when these are attended to, the patient feels valued and respected and safe to reveal concerns. When holistic care is not provided, the individual

may be denied the opportunity to express their emotional, psychological, and spiritual needs, impacting their healing and recovery process.

Inner Awareness

An important part of understanding and providing holistic care involves the student developing inner awareness of his/her/their embodied response and anxiety related to the patient and their condition. The students voiced awareness of how their emotional responses of performance anxiety, emotional discomfort from the interaction, and competing care priorities challenged their ability to provide holistic care. One student did not want to inflict pain with fundal massage but realized the necessity to manage the life-threatening hemorrhage. Another nursing student reported experiencing personal anxiety and emotional discomfort assessing and responding to the patient’s emotional and spiritual needs.

Nursing student: “It (when the patient is visibly in pain) makes me anxious initially. I think it makes me start to focus on their pain more and stuff. It can definitely distract you too. Like “Ah she’s freaking out, and I need to calm her down first,” which obviously you do need to calm them down to help with their physical needs, but you also need to focus on life-threatening issues.”

Nursing student: “ ... People are nervous about asking that (religious preferences) and then the spiritual aspect ... Most people would need that as part of holistic care, but approaching that topic in a way that’s sensitive ... You can put yourself aside and really focus on patients and their care ...”

One divinity student conveyed worry/anxiety about her verbal interaction, concerned that she might have offended the patient by using a gender title for God during the prayer.

Divinity student: “The minute I said “Father” (during the prayer) I went ... Oh! ... (not using my) divinity school (training). But um ... it was kind of natural for me to say, but it was totally inappropriate ...”

Outer Awareness

The subcategory of outer awareness entwines the understanding of the physical, emotional, psychological, social, and spiritual milieu of the current patient’s condition and experience to meet patient needs in each of these areas. In this simulation, the SP’s realistic portrayal of emotional responses enabled the participants to be cognizant of this larger context. This included understanding her tearfulness and grief over her loss of fertility, parsing out the root of her concern over circumcision, and being attentive to the lack of having a family member present for an important medical/spiritual discussion.

Nursing student comments on divinity student's consult after the patient's hysterectomy: "There was like a calm ... just from me watching it (divinity student and interacting with patient) here (from the live stream). The nature of the room, from this horrific event to ... so I thought the presence that you provided, the prayer and just being there, the pauses you provided were just necessary in that situation."

Relational Care

As students developed awareness of their inner emotional responses and outer surroundings, they discovered the ability to provide relational care with the focus on the woman and not on themselves. Students reflected the need and desire to care for the whole person in a relational way, using person-centered care. They described using active listening and being present in the moment for the human-to-human relationship of caregiving. After the divinity student's consultation with the SP regarding her grief over her loss of fertility, the debriefing discussion included these student insights.

Divinity student: "I struggle with the courage to interrupt or interpolate, I guess, my own comments. But, I have just found that if you are steady, people will kind of open."

Nursing student B: "I think you've got a calmness to your interaction and I think that's really helpful. (You) kind of let her be what she needed to be then. She was vulnerable."

Divinity student: "I think patient language gives it (beliefs) away ... "Why did God let this happen to me" or "why did this happen to me?" There's something very personal and intimate ... and is not meant for you, it's meant for whatever this person believes about higher power. However, someone frames their grief ... (they aren't) going to ask the question the same way ... There's just a very different portrayal of someone's beliefs and their language."

Interprofessional Awareness: Role Awareness, Teamwork Awareness, and Implications for Inter-professional Practice

An essential part of any profession is to learn the many facets of the role and how to implement that role in practice. This simulation offered exploration and application of interprofessional roles in a safe environment. Throughout the three cohorts, students conveyed they expanded understanding of these roles. The unfolding scenario provided them the opportunity to practice deciding which health care member to call (charge nurse, maternity care provider, divinity) and how to communicate and interact with each to optimize holistic care.

Nursing student: "As a nurse, not only is time often what holds us back, but we are often taught about procedures and physiology and it is the psychosocial conversations that, at times, can throw us off. It was wonderful practicing looking for clues and practicing referring chaplain services because I have not had the opportunity in the hospital to do so."

Role Awareness

Students expressed learning about their roles and the roles of other team members within the larger health care system to better meet patient needs.

Nursing student: "I had a very narrow understanding of chaplain services and what their patient interactions entailed, and now I have a much more broad understanding and appreciation for their role."

Divinity student: "I think this was a very valuable experience to see what nursing staff have to focus on and to demonstrate where pastoral care people can provide support."

Nursing student: "... we hear about it (pastoral care) and ... "it's just a bullet on a slide" because when you're studying ... "Oh yeah, pastoral care." But seeing it here and seeing how effective it can be, knowing that we can only do so much, but then we know that ... there's resources out there that's not being utilized to their full potential ... and knew there was somebody else that could really tackle that issue ..."

Teamwork Awareness

Students recounted their experiences from this simulation as promoting their overall understanding of interprofessional care. They reported obtaining a better grasp of their own as well as each other's roles, while learning how to communicate within the team.

Nursing student: "We'll still talk about it (clinical situation) and say, "Hey, these are the things that I'm considering in this moment. What are the things that you're considering in this moment, and how can we bridge them in a way that honors the patient best?" So, the collaboration with these things is really important too."

Divinity student: "... the chaplains, are working with the nursing staffs to create that (collaborative) culture, that mindset of ... we're not separate, but apart. And we're your backup ...that's the culture we're working to create because the goal is not just to be there for the patient, but for the nurses as well."

Although an overwhelming majority of student-written responses were positive, a few students were challenged by implementing teamwork during the simulation. Because

two nursing students interacted with the SP for each segment, some found this complex or awkward. Several nursing students reported the challenges of deciding who should stay with the patient versus call for the maternity care provider or chaplain. One student voiced she would have rather cared for the person alone. However, clinical practice has similar delegation challenges, and during debriefing sessions, students offered alternative ways they could have divided the care more successfully.

Implications for Interprofessional Practice

This experiential application of interprofessional care promotes confidence in student knowledge and ability to provide spiritual care for future patients. Students expressed increased comfort from the immersive nature of the simulation and awareness of potential translation to patient care.

Nursing student: “So helpful to watch the chaplain role unfold. I will definitely feel more comfortable asking for one in the future if my patient needs it.”

Divinity student: “I feel that this was a “dense” learning opportunity. I learned more during the time (simulation) than I could have through study alone. The combination of a real-feeling experience in a health care setting and the debriefing periods was very useful.”

Nursing student: “I know that if I encountered a similar situation in the hospital, I would feel very comfortable about my plan of action because I have already watched it and participated in it.”

Discussion

This simulation provided the opportunity for interprofessional learning between nursing and divinity students to facilitate collaborative, holistic care. Qualitative student responses supported this collaborative simulation expanding their understanding of patient care to include the inextricably interrelated aspects of the human condition: physical, emotional, relational, and spiritual. Several aspects of this interprofessional simulation are of particular importance. For example, students conveyed a mindfulness of their inner awareness and their emotional responses as essential components to the encounter. The inclusion of divinity students expanded their understanding of interprofessional learning in health care by explicitly including spiritual care as a distinct professional focus. In addition, students overwhelmingly reported that utilizing an SP enhanced relational engagement and increased the simulation’s emotional realism. They also valued feedback from the “patient’s” perspective. These features aided in student recognition of the role of relationship in holistic caregiving.

This interprofessional simulation increased student knowledge of the other’s discipline and increased the likelihood of interprofessional collaboration. Students also indicated a

sense of shared humanity with the patient and awareness of the relational, interpersonal aspect of caregiving. Increased self-awareness and insight into the importance of active listening as vital to caregiving were noted by a number of students. Nursing students evidenced an increased awareness of the role and services offered by pastoral/spiritual staff. Students also articulated increased likelihood of consulting with pastoral/spiritual care staff for their patients.

Simulation-based interprofessional experiential education requires commitments of time and resources beyond that of traditional pedagogies ([International Nursing Association for Clinical Simulation and Learning, 2016](#)). Yet, the immersive experience provides what one student described as “a ‘dense’ learning experience,” one that requires exploration and reflection during debriefing and beyond, resonates in future student clinical encounters, and continues to reverberate in cognitive, affective, embodied provision of care. Information gleaned from debriefing sessions and surveys suggests students learned that holistic care involves not only attention to the patient but also to the physical, relational, emotional/spiritual aspects of the care provider. As we continue to seek innovations in professional education to improve interprofessional collaboration, this study fills a gap in the literature. Expanding beyond task-focused role definitions toward a more interprofessional understanding of the physical, emotional, relational, and spiritual aspects of being human requires interaction outside of our immediate teaching environment.

Although we feel this simulation was beneficial to student learning, there were limitations to our approach. Our desire to maintain small, actively involved groups of students limited the number of participants. To provide the opportunity to more students, additional repetitions of the simulation would be needed, creating additional cost and scheduling challenges.

Our clinical groups were predominantly composed of white women, aged 25 to 35 years. Student responses may differ with a more ethnically, culturally, and religiously diverse group. Although a safe environment for expressing feedback was provided, some students may be hesitant to offer negative responses to faculty. However, the online survey provided anonymity for expressing feedback.

In our simulation, there were more nursing than divinity students due to the sizes of the educational programs and scheduling challenges. Different ratios of nursing to divinity students may affect results. Although both nursing and divinity students reported benefit from this simulation, further research is needed to determine translation to the clinical setting and impact on patient outcomes.

Conclusions

Nursing and divinity students reported improved insight into their inner responses and an increased contextual awareness necessary for providing holistic care after this

interprofessional simulation. Through practice and application of these essential care components, students were able to exhibit interprofessional collaboration. This experience engaged students across disciplines, increased role awareness, and enabled students to move beyond tasks and checklists to provide holistic, interprofessional care.

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Supplementary Data

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