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COMMENTARY

Together or not together: Paving the way to boundary crossing

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Interprofessional education (IPE) activities have gained ground in medical curricula as preparation for interprofessional collaboration, and the design and evaluation of IPE programmes have become an increasingly relevant and prevalent topic in health professions' education literature.^{1,2} In the last 2 years, the COVID-19 pandemic has boosted the use of 'virtual' IPE training; however, its theoretical groundworks are still lacking.³ In their paper 'Building a Theoretical Model for Virtual IPE,' Azim et al⁴ explored the extension of two inter-professional and workplace learning frameworks into the virtual setting using simulation-based workshops in which both medical and nursing students participated. Without the context of the clinical workplace and professional labels, the authors found that students participated more freely. In the online environment, students experienced no hierarchy, power imbalance or role misunderstanding, which allowed them to focus on their interprofessional tasks. One quotation reflected this perfectly: 'We felt like we were all part of one group'.

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It makes you wonder: What would collaborative practice look like if you take away professional boundaries? Currently, the landscape of

healthcare practice is made up of professional communities, separated by role boundaries, power and hierarchy and professional culture.^{5,6} Here lies possibly the biggest challenge to interprofessional practice and education: These boundaries are inherent to the clinical workplace, but act as barriers to successful interprofessional learning and collaboration.^{6,7} In this context, preparing students for *real-life* collaborative practice requires learning activities that take the sociocultural aspects of the clinical workplace—like professional boundaries—into account. In simulation training, fidelity refers to the degree to which the simulation reflects 'real' practice. Fidelity has several dimensions, including physical and psychological fidelity, but also *sociological fidelity*.^{8,9} 'High-sociological fidelity' simulation learning accurately reproduces the sociocultural aspects of clinical practice, helping students to directly transfer their learning to the workplace.⁹ Thus, simulation in IPE may benefit from increasing levels of sociological fidelity to prepare young healthcare professionals to deal with the complexity of real-life interprofessional collaboration.

In this context, preparing students for real-life collaborative practice requires learning activities that take the sociocultural aspects of the clinical workplace into account.

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When junior healthcare professionals enter the workplace, they need to learn and eventually master their own professional roles, including dealing with new tasks and responsibilities, while navigating the professional roles, attitudes and expectations of others. In addition, they need to manage complex interprofessional relations and preferably learn from these experiences at the same time.⁷ Doing so is a challenging endeavour that proves to be a highly emotional process. When neglected, emotions may even impair the learner's ability to reflect on and actually learn from interprofessional experiences.⁷

IPE is not expected to dissolve professional boundaries, but it may ease the transition into collaborative practice by laying the foundation for boundary crossing. IPE starts with educating students about the existence of professional cultures, creating sociocultural awareness through interprofessional team-based activities. Such activities should truly reflect aspects of interprofessional collaboration as role perceptions, misunderstood expectations and conflicts. Through these activities, students gain social knowledge concerning the values, attitudes and beliefs of other professions, which helps them to take on different 'professional views', and explore how different views could cause interprofessional tensions and disagreements. By focusing on role-understanding and acknowledging the diverse expertise within the team, the learning activities may show students how to find knowledge and guidance *inside* the interprofessional group. Interprofessional engagement can thus strengthen professional autonomy by allowing junior healthcare professionals' identity to develop across professional boundaries.^{5,7} In this way, undergraduate IPE can prime students for boundary crossing activities in the clinical workplace.

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In accordance to Paradis and Whitehead's *Fourth Wave of Education for Collaboration*,¹ IPE should also take place in the post-graduate practice setting. Learning with, from and about each other, starts with seeing the interprofessional team as a credible source of feedback. Interprofessional feedback, however, is hampered by biases between professional cultures and power imbalance within the team,¹⁰ stressing the importance of undergraduate IPE in paving the way to stimulate feedback-seeking behaviour across professional boundaries. For interprofessional feedback to be successful, health professionals will need to bridge professional silos and see both professional and interprofessional learning as an integrative process

that requires participation from each member of the interprofessional team.^{5,7} We argue that this is only possible if senior healthcare professionals act as collaborative role models and deliberately invite the interprofessional team into the feedback-process.

For interprofessional feedback to be successful, health professionals will need to bridge professional silos and see both professional and interprofessional learning as an integrative process that requires participation from each member of the interprofessional team.

Virtual simulation might prove a 'low-sociological fidelity' activity, not suited to prepare for effective collaboration in the sense of sociological learning, but it could be a promising primer for students to explore their own role in a team, learn to communicate when performing different tasks and discover the benefits of interprofessional engagement.⁴ Using the absence of professional silos, virtual IPE can bring learners together—perhaps in a way that current collaborative practice never could. The virtual space allows students to participate in conflict-free interprofessional learning activities from the comfort of their own homes—increasing psychological and sociological safety. As a consequence, the interprofessional activities are likely to carry less of an emotional burden and, without power imbalance or interprofessional tensions, open up the way to conversations that stimulate giving and receiving feedback. Using the safety of the online environment to show the benefits of gathering feedback—independent of students' primary professional identity, virtual IPE may be perfectly suited to nurture interprofessional feedback-seeking behaviour.

Using the absence of professional silos, virtual IPE can bring learners together—perhaps in a way that current collaborative practice never could.

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