Table 3. Summary of included studies that investigated SBE in interprofessional learning

Author(s), Year, Country	Study design	AIMS	Population	Intervention	Comparison	Control	Key findings
King, J., B, 2016, Canada	Quasi-experimental pre-post intervention study design.	Compare two different methods of patient simulation in improving competencies for students in Registered nursing, Physical Therapy and Respiratory Therapy programs.	13 Students (4 Respiratory Therapists, 5 Registered Nurses, 4 Physical Therapists) 2013 and 201443 students (19 Respiratory Therapists, 15 Registered Nurses and 9 Physical Therapists) from 3 institutions.	3 hour facilitated workshops covering topics that included hip fracture / COPD and difficulty in breathing treatment. All facilitated workshops included a debrief.	Standardised patients and mannequins	Standardised patients	Simulation improves competence (shown in conflict resolution $p<0.001$ and roles / responsibilities $p=0.03$) as judged by the Interprofessional Collaborative Competencies Attainment Scale (ICCAS) pre-post. No significant differences noted between conditions in communication, collaboration, patient/family-centred approach and team functioning.
Lefebvre, 2015, USA	Experimental Study	Examine the changes in Physical Therapy and Nursing student beliefs and attitudes toward learning from and collaborating with each other after an opportunity to engage professionally around a learning simulation involving a patient simulator and problem-solving patient code scenario.	2nd year Physical Therapy students plus volunteer 4th Year nursing students. Mean age 25 yrs. 56% female 67% white 36% no Interprofessional	Students interacted with a high-fidelity manikin, that was undergoing a cardiac arrest during a Physical Therapy treatment session in a simulated intensive care	Compared attitudes toward Interprofessional collaboration (IPC), Interprofessional Learning (IPL) and teamwork pre and post simulation.		Interdisciplinary education perception scale used. (Competence and autonomy $p=0.032$) Readiness for Interprofessional Learning scale used. (Teamwork and

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			Education exposure 56% no previous Interprofessional Collaboration for providing direct patient care.	unit.			collaboration p=0.033) Attitudes toward healthcare teams' scales used. (Team value and Admin / MD role showed significant p-values) Teams Skills scale used (showed highly significant results).
Rossler, 2016, USA	Mixed Methods Research Study.	Four research questions which were 1. Do perceptions of readiness to learn among pre-licensure students enrolled in a health professions program of study change following an interprofessional education simulation experience? 2. Are these difference among health profession pre-licensure students in perceptions of readiness to learn and collaboration following an interprofessional education simulation experience? 3. What are the pre-licensure health professions student participants perceptions of the interprofessional education simulation experience? 4. To what extent do the quantitative and qualitative results converge?	An interprofessional sample (n=53) pre-licensure health professions students. T 50% nursing students.	A high-fidelity patient simulation scenario translated from a geriatric role play case study.	Collected demographic data, two self-report instruments; revised Readiness for Interprofessional Learning Scale (RIPLS) and the Health Professional Collaboration Scale (HPCS).		Significant differences in RIPLS subscale of negative professional identity (p=0.01) and health professional collaboration scale (p=0.01). Qualitative data explored three themes that included 'exposure to experimental learning,' 'Acquisition of interactional relationships' and 'presence of chronology in role preparation.'
Thomas,	Quasi	Examined the impact of an Intensive Care	2nd Year	Intensive Care	Confidence and		87% of clinical

Author(s), Year, Country	Study design	AIMS	Population	Intervention	Comparison	Control	Key findings
2017, USA	experimental design. Pre and Post measures used.	simulation lab using a patient simulator and standardised patients on students' perceptions of their confidence and preparedness to work in acute care settings.	Doctoral Physical Therapy students (n=105) with 51 clinical instructors; 2nd year Occupational Therapists (MSc) (n=127). Mean age 25 years, majority of participants were white and female. Data collected over 3 years for DPT and 2 years for Clinical Instructors and Master of Occupational Therapy.	simulation lab using a patient simulator and standardised patients	Preparedness Surveys developed by investigators prior to and following the ICU lab. Using 5-point Likert scale and open-ended questions.		instructors found students were either prepared or very prepared for the acute setting in the first 2 weeks. Those not taught skills prior to simulations felt less prepared than those who did. Pressure situations were seen as valuable by a few students and 67% of students felt more prepared to practice in an ICU setting, with increased feelings of confidence and competence.
Wellmon, 2017, USA	Pre and Post Experimental Design.	To examine changes in nursing and physical therapy students' attitudes towards Interprofessional learning and interprofessional collaboration following an opportunity to engage in a simulated cardiac arrest scenario using high fidelity simulation.	2nd year students enrolled on a 3-year full time, entry level DPT program (n=41) at 1 institution and from the same institution 4th year UG BSc in nursing (n=33). Learning	90 mins Interprofessional learning experience using high fidelity simulation that was designed to address gaps in student knowledge on teamworking.	Interprofessional Education Perception Scale (IEPS), Readiness for Interprofessional Learning Scale (RIPLS) and Attitudes toward Health Care Teams Scale (ATHCTS).	Control Group (n=74) which did not have the opportunity to participate in the Interprofessional Learning experience was also included in data analysis.	Supports the effectiveness of high-fidelity simulation experience toward interprofessional learning and interprofessional collaboration. Nurses demonstrated the evidence was

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			Intervention group (n=77) vs Control Group (n=74).				valued and positively perceived the simulation activity.