

**AN EVALUATION OF A CONFLICT RESOLUTION CURRICULUM IMPLEMENTED
AMONG INTERPROFESSIONAL HEALTH FACULTY IN HIGHER EDUCATION**

Robin G. Arndt

M. Sebrena Jackson, Committee Chair

S. Aukahi Austin Seabury, Committee Member

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Abstract

Introduction/Background: Interprofessional education (IPE) prepares healthcare professionals to work collaboratively in team-based environments. While IPE includes competencies for conflict resolution, it is often under-addressed in faculty development and training. This project aimed to evaluate the effectiveness of a targeted educational intervention focused on conflict resolution.

Methods: A two-hour online workshop based on the TeamSTEPPS® Mutual Support module was delivered to faculty and affiliates from Hawai'i's Interprofessional Education programs. A pre-post design was used to measure outcomes. Tools included the TeamSTEPPS® Learning Benchmarks, the Teamwork Attitudes Questionnaire (T-TAQ), and the Interprofessional Collaborative Competency Attainment Survey (ICCAS). Data were analyzed using SPSS to assess satisfaction and changes in knowledge and attitudes.

Results: Fourteen participants completed the pre-survey, and thirteen completed the post-survey. Participants showed statistically significant improvement across all 20 ICCAS items. One item on the T-TAQ and one conflict-related question on the TeamSTEPPS® Learning Benchmarks showed significant gains. Participants reported high satisfaction, found the material relevant, and noted increased confidence in managing interprofessional conflict.

Discussion: The findings suggest brief, targeted training can improve faculty confidence and competence in managing conflict. This has implications for faculty development, IPE curriculum design, and organizational practices. Limitations include a small sample size, reliance on self-report, and limited generalizability. Future research should explore long-term outcomes and broader application across health disciplines.

Keywords: *conflict resolution curriculum, interprofessional education, TeamSTEPPS,*

faculty development, social work

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Introduction

Interprofessional education (IPE) is defined by the World Health Organization (WHO) as when “students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.” Healthcare institutions and educational programs utilize IPE to prepare healthcare professionals for effective teamwork in interprofessional practice settings (World Health Organization, 2010). IPE is a crucial pedagogical approach for preparing health professionals to work effectively in team-based healthcare environments.

Interprofessional practice in healthcare aims to improve patient outcomes and the quality of care by fostering collaboration among different health professionals (World Health Organization, 2010). By working together, healthcare providers can combine their expertise and resources to address complex health issues more effectively, increase the efficiency of health service delivery, enhance patient safety, and improve the overall health system's performance. And though quantifying its impact may be difficult, benefits from interprofessional practice can include improved patient care, resource utilization and adherence to policies (Allen et al., 2023). Interprofessional practice encourages a team-based approach to healthcare, where shared decision-making and communication are vital components, leading to a more cohesive and integrated care delivery to patients (World Health Organization, 2010). Green & Johnson outline several benefits to collaboration, including opportunities to learn and go beyond traditional ways of thinking, gain from the wisdom of others, access to new resources and the potential to develop new skills, cross-fertilization across disciplines, and the pooling of knowledge for tackling large and complex problems.

Supporting the focus of team-based collaborative care, professional associations formed

the Interprofessional Education Collaborative (IPEC). IPEC comprises twenty-two professional associations representing the majority of health professions education in the United States. Since the formation of IPEC in 2009 and the creation of core competencies of interprofessional education, many accreditation bodies have required the incorporation of IPE into healthcare curricula to enhance teamwork and patient care outcomes (Allen et al., 2023; Interprofessional Education Collaborative, n.d.). All IPEC member associations endorse the core competencies, though not all organizations require it as a component of accreditation (Interprofessional Education Collaborative, 2023).

IPEC outlines four core competencies for interprofessional collaborative practice: values and ethics, roles and responsibilities, communication, and teams and teamwork (Interprofessional Education Collaborative, 2023). Each competency consists of several sub-competencies with two sub-competencies that speak to conflict: one under communication, “C7. Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts,” and another under teams and teamwork, “Apply interprofessional conflict management methods, including identifying conflict causes and addressing divergent perspectives” (Interprofessional Education Collaborative, 2023).

Conflict resolution is a crucial skill within interprofessional education (Hasan, 2004) . By addressing conflicts in interprofessional education, students can develop the skills needed to handle disagreements and misunderstandings in their future healthcare practice (Green & Johnson, 2015). This includes enhancing communication competence, problem-solving ability, and conflict-resolution skills through education and training (Sexton & Orchard, 2016). Various studies highlight the importance of teaching conflict resolution skills and emphasize the significance of physicians negotiating and resolving conflicts, suggesting adopting conflict

resolution models from the business world to teach team dynamics and structured approaches to conflict resolution (Wolfe et al., 2018).

Though competencies exist and underscore the importance of collaboration and communication, limited literature focuses on conflict resolution training and its effectiveness in IPE (Chen et al., 2019). This gap in the literature highlights the need for additional research and attention on conflict resolution in interprofessional education to ensure that students are equipped with the necessary skills. Given this, what contributes to conflict in interprofessional teams, and how are students taught to resolve conflict?

Background

The healthcare system is a complex organization characterized by a hierarchical structure that generally places physicians as the primary authority figure. Other health professions, such as nurses, pharmacists, social workers, etc., have been seen as playing supportive roles. This has resulted in conflicts from perceived inequities, inefficient resource management, duplication of duties, and poor patient care (Almost et al., 2016; Bajwa et al., 2020; Moreland & Apker, 2016). Within the healthcare team, power dynamics, specifically associated with decision-making, often result in conflict. Other factors that may compound the conflict include communication and a clear understanding of roles and responsibilities (Almost et al., 2016; Moreland & Apker, 2016; Odeniyi et al., 2017; Thomson et al., 2015).

With the release of *To Err Is Human: Building a Safer Health System* (Institute of Medicine (US) Committee on Quality of Health Care in America, 2000) and *Crossing the Quality Chasm: A New Health System for the 21st Century* (Institute of Medicine & Committee on Quality of Health Care in America, 2001), emphasis on problems plaguing the current healthcare system surfaced, and a renewed call for change occurred. The World Health

Organization Field (2010) reinforced this by releasing *Framework for Action on Interprofessional Education & Collaborative Practice*. Strategies reinforcing structured communication frameworks emerged, and professional healthcare educational associations formed an entity committed to developing, researching, and adopting interprofessional education frameworks (Interprofessional Education Collaborative, 2023).

Despite these calls for change emphasizing collaborative team-based models, challenges remain. Though new graduates enter the field with skills and competencies associated with IPE, educational gaps specific to conflict resolution exist (Allen et al., 2023; Bajwa et al., 2020; Blackwell & Faraci, 2020; Odeniyi et al., 2017). Healthcare teams continue to work in parallel rather than in a collaborative environment. New practitioners are confronted by a system that has not yet fully adapted to a collaborative model. Systemic barriers, including varying schedules by discipline, multiple responsibilities, unrealistic workloads, coverage of duties, and unclear team composition, perpetuate divisions (Almost et al., 2016; Moreland & Apker, 2016; Odeniyi et al., 2017).

Defining the Problem

Conflict occurs when individuals' or groups' goals, expectations, or interests are perceived to be incompatible. It arises when disagreements, ideas, beliefs, values, or actions clash. Conflict can be constructive, leading to improved decision-making, understanding, and team cohesion, or it can be destructive, weakening collaboration, problem-solving, and communication.

In healthcare environments, conflicts may emerge from individual characteristics, interpersonal dynamics, or organizational structures and impact both patient care as well as the well-being of healthcare professionals (Kim et al., 2017). In interprofessional education,

conflicts may arise due to differences in perspectives, values, and roles among healthcare professionals.

Preparing healthcare providers to resolve interprofessional conflicts effectively has not been a priority in most health science curricula (Sexton & Orchard, 2016). This is despite studies emphasizing the benefits that result in conflict resolution training for the healthcare profession, including a safer work environment, improved quality care, and a reduction in malpractice lawsuits (Sexton & Orchard, 2016). In their study, Sexton & Orchard utilized a cross-sectional survey design. Results indicated that healthcare professionals, on average, believe they have a mid-level confidence in their ability to resolve team conflict. Most do not think they have adequate education in resolving conflict. Additionally, results indicated three variables strongly correlate to the perceived ability to resolve conflicts: communication competence, problem-solving ability, and conflict resolution and training.

Conflict resolution skills are vital for healthcare professionals as conflict and miscommunication can harm decision-making, patient care, and overall outcomes. This includes anxiety and mistrust in the workplace, which can lead to unsafe patient care environments (Blackwell & Faraci, 2020). However, the lack of training in conflict resolution within healthcare education programs has been a barrier to effectively addressing and resolving conflicts.

Additionally, faculty play an important role in how issues are perceived and the importance they are given. If faculty, who mentor and guide students in their development, do not value or hold in high regard interprofessional education, conflict resolution, or team-based care, the students' attitude towards these items may be impacted (Vandergoot et al., 2018).

Though competencies exist and underscore the importance of collaboration and communication, limited literature focuses on conflict resolution training and its effectiveness in

IPE (Chen et al., 2019). This gap in the literature highlights the need for additional research and attention on conflict resolution in interprofessional education to ensure that students are equipped with the necessary skills. Given this, what contributes to conflict in interprofessional teams, and how are students taught to resolve conflict?

Review of the Literature

Utilizing the University of Alabama Libraries website, the Academic Search Premier database was selected to conduct the search, which was conducted on May 23, 2024. Limiters included “Full Text; Peer Reviewed; Publication Date: 20140101-20241231.” One expander was included, “apply equivalent subjects”, and the search modes included “find all my search terms”. The following search terms were used, “interprofessional education or ipe or interdisciplinary education or interprofessional learning” AND “conflict resolution or conflict management or resolving conflicts” AND “higher education or college or university or post secondary or postsecondary” AND “healthcare education.”

The search produced 50 articles. The results were exported and then imported Rayyan.ai for title and abstract review. Rayyan.ai is an online application that assists researchers with conducting systematic reviews. The platform was used to conduct the first screening round, resulting in 8 articles being excluded. The full-text PDF copies of the remaining 42 articles were downloaded. The methods, results, and discussion of the remaining articles were reviewed for elements related to conflict or conflict resolution in relation to interprofessional practice or interprofessional education. This resulted in 17 articles being included in the full review.

Of the articles included, six used a mixed-methods approach, six used a qualitative method, and two used a quantitative method. The remaining three were comprised of one integrative review and two scoping reviews. Five articles were discipline-specific, meaning that

the studied population was restricted to a discipline (medicine, nursing, and community health workers). Still, the findings speak to conflict within interprofessional teams. Nine articles focused on causes of conflict, whereas the remaining eight articles provided information on conflict resolution interventions. This paper focuses on the causes of conflict, and the remaining articles on interventions will be discussed in the subsequent paper.

Overview of the Literature

Almost et al. provide an in-depth overview of the literature on conflict resolution. In their article, they establish four themes in reviewing the literature related to the causes or antecedents of conflict. These themes are outlined in Table 1 and used as a guide in this paper. Support was added to Almost et al.'s sub-themes when possible, and additions from the reviewed literature were added.

Table 1 - Literature Review Themes

Theme	Sub-Theme	Description
Individual Characteristics	Emotional Intelligence	Lower emotional intelligence. (Almost et al., 2016)
	Personality Traits	Being highly competitive or having low agreeableness. (Almost et al., 2016)
	Motivational Needs	When individuals' needs and goals are not aligned. Disagreements related to patient care and patient-related tasks. (Almost et al., 2016; Bajwa et al., 2020)
	Attitudes and Values	Differences in personal and professional values resulting in internal conflict. (Almost et al., 2016; Odeniyi et al., 2017)
	Knowledge	Varying levels of knowledge and experience. (Almost et al., 2016)
Interpersonal Characteristics	Communication Barriers	Miscommunication, lack of clarity, and ineffective communication channels happen within and between teams and system levels. Exclusionary communication is demonstrated by failure to support through not listening to opinions, rudeness, gossiping, and minimizing or ignoring contributions. Lack of interprofessional communication resulting in competition for patient time. (Almost et al., 2016; Moreland & Apker,

2016; Odeniyi et al., 2017; Thomson et al., 2015)

	Communication Styles	Varying communication styles can produce clashes among individuals. Lack of cooperative communication behaviors between and within teams. (Almost et al., 2016; Odeniyi et al., 2017; Thomson et al., 2015)
	Conflict Management Skills	When individuals lack the skills to address conflict constructively. (Almost et al., 2016)
	Lack of Trust	A lack of trust increases results in increased misinterpretation of other's actions and intentions. (Almost et al., 2016)
	Power Imbalances	A sense of hierarchy; poor relationships, power differentials, and power imbalances within a team create resentment and conflict. Fear of making mistakes and being blamed. (Almost et al., 2016; Bajwa et al., 2020; Thomson et al., 2015)
	Professional Versus Team Identity	Strong identification with one's profession; in-group identity and profession-specific goals; categorization, stereotypes, and negative generalizations about other professions; and depersonalization of out-group members. Lack of team focus can increase competition for time with patients. (Thomson et al., 2015)
Contextual Factors	Resource Scarcity	Limited resources, including staff, time, equipment, or funding. Perceived unfair resource allocation. (Almost et al., 2016)
	Workplace Dynamics	Role ambiguity as demonstrated by unclear roles or responsibilities leading to overlapping duties, confusion, and conflict. (Almost et al., 2016; Odeniyi et al., 2017)
		Unrealistic expectations, including unrealistic or unsustainable workloads or deadlines, lack of control over work, and unfair blame for inefficiencies. (Almost et al., 2016; Moreland & Apker, 2016)
	External Factors	Periods of change or uncertainty within an organization (e.g., new leadership, restructuring), lack of participation in organizational decision-making, exclusion from job-related decisions, or a transactional leadership style. (Almost et al., 2016)
	External Factors	Industry regulations, different interpretations, or

disagreements, and patient complexity: Healthcare is subject to many rules and regulations. (Almost et al., 2016)

The literature provides a comprehensive overview of factors contributing to interprofessional teams' conflict. Outside of specific discussions on interventions, less literature highlights specific factors or indicators that reduce or resolve conflict, which will be addressed in this paper as protective factors. Examples of protective factors found to reduce or resolve conflict include the personality trait of humility and a willingness to learn and adapt (Allen et al., 2023). Additionally, clear, respectful, open communication and conflict resolution skills were protective factors (Allen et al., 2023; Almost et al., 2016; Moreland & Apker, 2016), as were understanding team dynamics (Allen et al., 2023), roles and responsibilities (Allen et al., 2023), and a transformational leadership style (Almost et al., 2016).

There is a need for education on identifying and addressing conflict resolution in healthcare teams (Allen et al., 2023; Bajwa et al., 2020; Odeniyi et al., 2017). Despite efforts to develop a collaborative healthcare team and competencies that center on the needed knowledge, skills, and abilities, there has been a lack of intentionality in teaching the practical aspects of resolving conflict. Blackwell & Faraci found that only 40.3% of nurse practitioners and 29.8% of physicians in their study received formal education on conflict resolution. Other studies conducted with practitioners post-degree indicate that such training was not included and that they did not feel prepared to handle conflict in the workplace (Allen et al., 2023; Odeniyi et al., 2017).

Research articles indicate that their interventions improved interprofessional competencies (J. King et al., 2016; Singer et al., 2018), which include conflict management. Still, the studies are based on simulated experiences not intentionally designed for conflict resolution

or focused on bringing different disciplines together to learn from, with, and about each other. Though the focus may be on collaborative practice, there is little discussion on the contextual factors that impact practice. Some disciplines may include specific curricula on interpersonal communication, but it is done in isolation.

With a focus on collaborative interprofessional practice, the starting point for an educational intervention targets elements under the interpersonal characteristic theme. It is essential that it not only include communication and conflict management skills, but expand to address facilitating team dynamics and group facilitation as well as understanding and leveraging professional roles and responsibilities (Allen et al., 2023). Underscoring a team identity's role in resolving power imbalances within the system would help reinforce the collaborative approach, resulting in strong teams and increasing trust amongst team members. Additional training should address the individual characteristics that impact conflict, and system level interventions should be considered to address the contextual factors.

Social work was not overly present in the literature. The profession was mentioned in a few studies (Allen et al., 2023; Washburn et al., 2022) in discussions related to roles and responsibilities. With social work's continued growth in healthcare (Rieley, 2024), including the profession in future studies is needed, and full inclusion in the interprofessional team is essential. Additionally, social work's curriculum is poised to facilitate addressing the antecedents to conflict identified in the literature. An underlying theoretical perspective fundamental to social work is based on the combination of the ecological perspective and systems approach. It equips the practice to be leaders in the healthcare team.

An Evidence-based Intervention

TeamSTEPPS® (Team Strategies & Tools to Enhance Performance & Patient Safety)

was developed by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD) in response to the Institute on Medicine's (IOM) report that highlighted up to 98,000 deaths annually are due to medical errors (Institute of Medicine (US) Committee on Quality of Health Care in America, 2000). The curriculum was designed to enhance patient safety through improving team performance. It incorporates over 25 years of research on teamwork, team training, and culture change through the translation of research into practice H.B. (H. B. King et al., 2008).

The curriculum consists of four modules: communication, situation monitoring, leadership, and mutual support. Curriculum for the modules are publicly available online on the TeamSTEPPS website (*TeamSTEPPS (Team Strategies & Tools to Enhance Performance & Patient Safety)*, n.d.). Training materials include welcome guides, presentations, tools, videos, and training simulation videos. It is designed to include tools and strategies to overcome common barriers. The website also includes research cataloged on the site, covering 25 different topic areas.

In 2016, the University of Hawai'i's Hawai'i Interprofessional Education (HIPE) committee began requiring students in the first semester of their pre-professional health and wellness program to complete an asynchronous version of TeamSTEPPS. In 2022, HIPE reported that over 2,000 students had completed the modules (Hawaii Interprofessional Education Committee, 2022). To reinforce the curriculum, strategies from the modules are integrated throughout simulations offered by HIPE and are called out as part of the debrief exercises. With over ten peer reviewed articles produced by the HIPE committee and a robust evaluation committee, there has not been comprehensive evaluation conducted on the integration of the TeamSTEPPS® modules.

The primary focus of TeamSTEPPS® is on improving patient safety and enhancing team performance within the healthcare setting (H. B. King et al., 2008). Additionally, it seeks to standardize teamwork practice, promote sustainability, and improve outcomes. Though conflict resolution isn't outlined as a goal of the curriculum, its emphasis on communication addresses one of the antecedents outlined by Almost et al. and specific conflict resolution strategies – advocacy and assertion, two-challenge rule, CUS (Concern, Uncomfortable, and Safety), and the DESC (Describe, Express, Suggest, and Consequences) script – are included within the mutual support module (*Section 1: Overview of Mutual Support Key Concepts and Tools*, 2023).

To understand the extent of literature that focuses on TeamSTEPPS and conflict, a search was conducted utilizing the Academic Search Premier. Search terms were replicated from those used in the current literature search and “TeamSTEPPS” replaced “interprofessional education or ipe or interdisciplinary education or interprofessional learning.” The remaining search terms included AND “conflict resolution or conflict management or resolving conflicts” AND “higher education or college or university or post-secondary or postsecondary” AND “healthcare education” producing two results, one of which Chen et al.’s appears in the current paper. The second article, Weinstein et al. found improvement in attitudes toward limiting personal conflicts among participants, suggesting that the curriculum assisted in enhancing students’ ability to manage and resolve conflict. Removal of “healthcare education” increased the results to four articles. Azimirad et al.’s focused on nurses who were part of a medical emergency team at a university teaching hospital. Despite participants in the study having previously been trained in TeamSTEPPS, the authors concluded that communication and teamwork skills needed strengthening and further implementation of TeamSTEPPS was recommended. The last article was excluded as it utilized the TeamSTEPPS Teamwork Attitudes Questionnaire, not the

curriculum, in the study. The lack of available research reinforces the need for studies focused on evaluating the impact on TeamSTEPPS on conflict resolution.

Adaptation

In Table 2, a matrix applies TeamSTEPPS's key concepts and tools and aligns them to the causes of conflict. Most of the causes of conflict are addressed either explicitly or implicitly throughout the curriculum. The curriculum doesn't address the contextual factors or personality traits found under the individual characteristics theme.

Table 2 - Matrix comparing Cause of Conflict from Literature Review to TeamSTEPPS® Modules

Theme	Sub-Theme	Module 1: Communication	Module 2: Team Leadership	Module 3: Situation Monitoring	Module 4: Mutual Support
Individual Characteristics	Emotional Intelligence	X	-	-	-
	Personality Traits	-	-	-	-
	Motivational Needs	-	X	X	X
	Attitudes and Values	-	-	X	X
	Knowledge		X		X
Interpersonal Characteristics	Communicati on Barriers and Styles	X	X	X	
	Conflict Management Skills	-	-	-	X
	Lack of Trust	-	X	-	X
	Power Imbalances	-	X	-	X
	Professional Versus Team Identity	-	X	-	-
Contextual Factors	Resource Scarcity	-	-	-	-
	Workplace Dynamics	-	-	-	-
	External	-	-	-	-

Factors

One module is central to the intervention and addresses conflict management. Module 4, entitled Mutual Support, is referred to as the “back-up behavior” where team members support one another, feedback is provided, and advocacy efforts are explored (Agency for Healthcare Research and Quality, 2023a). This module introduces conflict management strategies including advocacy and assertion, two-concern rule, and the DESC script.

The curriculum lacks a direct relationship to the causes of conflict and how TeamSTEPPS's tools and concepts address them. In adult learning theory, learners have a need to know (Knowles et al., 2014). In the proposed intervention, an interactive synchronous workshop would have the participants practice the tools and then present a rationale for reducing the potential for conflict. Participants would engage in simulated activities to practice the tools, particularly emphasizing the tools presented in Module 4, and scenarios specific to social work’s role within a healthcare setting would be embedded.

Theoretical Framework (or Evidence-Based Practice Model)

Several theoretical frameworks for conflict resolution can guide why this occurs. Conflict Theory, specifically the work of Marx, suggests that conflicts arise from inherent inequalities within social structures (Crouch, 2001). As healthcare systems operate within a hierarchy, this can lead to perceived or actual imbalances in decision-making power and professions vying for influence in decision-making (Kim et al., 2017). Tajfel and Turner emphasize the role of group membership in Social Identity Theory (Abrams, 2001). When teams do not have a shared identity but rather identify with their specific discipline, the result could be interprofessional conflict (H. B. King et al., 2008). If effective communication is central to conflict resolution, Communication Theory leads us to think about how barriers to communication result in

misunderstanding and miscommunication (Odeniyi et al., 2017).

Aside from specific theories related to conflict resolution, several leadership theories also guide our understanding of conflict resolution, with some theories assisting in reducing conflict and others increasing it. Transformational leadership is characterized by inspirational motivation, intellectual stimulation, individualized consideration, and idealized influence (Yukl & Gardner (III), 2019). Two traits – inspirational influence and individualized consideration- were found to reduce conflict (Almost et al., 2016). Transformational leaders can mitigate conflicts and enhance team cohesion by promoting a culture of trust and respect.

Emotional Intelligence (EI) and leadership argue that the ability to recognize, understand, and manage one's own emotions and the emotions of others is crucial for effective leadership and conflict resolution (Almost et al., 2016). Leaders with high EI can navigate emotional dynamics, de-escalate tensions, and foster positive relationships.

The intervention is based upon learning theory and guided by adult learning theory principles. This includes that the learners are self-directed, their life experiences shape their understanding and serve as a resource to their learning, they are goal-oriented and relevant, they present with a readiness to learn, and there is an internal motivation and a need to know the why behind the learning (Knowles et al., 2014).

Project Rationale and Aims

When different professional groups work together in healthcare, conflicts can arise due to differences in values, communication styles, and workplace cultures. These conflicts may stem from unclear roles, power dynamics, communication problems, and differing goals (Almost et al., 2016). Conflicts can take many forms, from personal disagreements to broader group tensions and system-wide issues.

Despite the importance of resolving conflicts to maintain a collaborative work environment and ensure quality care, many healthcare professionals feel unprepared to handle these situations (Allen et al., 2023). Studies show that only a small percentage of post-degree practitioners have received formal training in conflict resolution (Allen et al., 2023; Blackwell & Faraci, 2020; Odeniyi et al., 2017). Although interprofessional education has included competencies associated with conflict management and the significant impact of conflict on team dynamics and patient care, it's surprising that few interventions have been studied to address this issue.

TeamSTEPPS (Team Strategies & Tools to Enhance Performance & Patient Safety) was developed by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD) and was designed to enhance patient safety through improving team performance. It incorporates over 25 years of research on teamwork, team training, and culture change through the translation of research into practice (H. B. King et al., 2008). The curriculum includes a module titled Mutual Support, which introduces tools to resolve conflict. This module, coupled with material from other modules focused on communication, may prepare practitioners to resolve conflict and increase their confidence to handle such situations. Though TeamSTEPPS has been implemented and evaluated in interprofessional higher education settings (Chen et al., 2019), studies have not specifically evaluated its impact on conflict management, nor is there substantial research surrounding its use in social work.

Objectives

Following the evaluation strategies outlined by the Kirkpatrick model of evaluation (*What is the Kirkpatrick Model?*, 2024), it will address levels 1 and 2 of the model using the following objectives:

Objective 1: Participants feel that the content is relevant to their practice.

Objective 2: Participants show increased knowledge acquisition related to conflict management.

Objective 3: Participants demonstrate a change in attitude related to conflict management.

Methodology

A single-session workshop used a pre-post evaluation methodology to assess satisfaction, participant knowledge, and attitude changes.

Format

The intervention was offered as a single two-hour workshop synchronously online via the Zoom.US platform. Participants had to have a reliable internet connection, a computer or tablet, speakers, a microphone, and a webcam. They were expected to participate for the entire duration of the workshop, remain on camera, and be free of other distractions. Participants were encouraged to be alone in an office or room.

Target Population

The intervention was offered to thirty faculty and faculty affiliates of the Hawaii Interprofessional Education Committee member schools. This includes the Daniel K. Inouye College of Pharmacy, John A. Burns School of Medicine (JABSOM), Nancy Atmospera-Walch School of Nursing (NAWSON), and the Thompson School of Social Work and Public Health (Thomson School). Faculty affiliates included non-compensated adjunct appointments including clinical preceptors or field instructors.

Measurements

The TeamSTEPPS® Learning Benchmarks provided a series of questions with

accompanying best answers for each scenario (Agency for Healthcare Research and Quality, 2023b). Five of the 23 questions were specific to the conflict resolution skills outlined in the Mutual Support module. The questions were administered pre- and post-intervention, and a change in knowledge would be demonstrated by an increase in the number of correct answers from pre- to post-. This tool was used to answer Objective 2.

The TeamSTEPPS® Teamwork Attitudes Questionnaire (T-TAQ) is a 30-item self-report tool that uses 5-point Likert scales to measure staff perceptions of the TeamSTEPPS® modules (Agency for Healthcare Research and Quality, 2023c). Questions 19-24 are specific to the Mutual Support module and was used to address Objective 3 and deployed pre- and post-intervention.

The Interprofessional Collaborative Competencies Attainment Survey (ICCAS) is a 20-item self-report tool that measured participants' skills related to communication, collaboration, roles and responsibilities, collaborative patient-family-centered approach, conflict management/resolution, and team functioning (Archibald et al., 2014). The survey used a pre-post retroactive study and was completed after the intervention, but the individual rated their abilities twice. The ICCAS was selected as it is used with all other interprofessional education (IPE) activities at the institution and would allow TeamSTEPPS® to be compared against other IPE activities. The ICCAS was only administered during the post-intervention questionnaire and was used to address Objective 3.

A series of brief demographic questions was included. These questions aligned with those asked as part of other standard IPE post-activity questions used at the institution. The questions were specific to the area of study, years of practice in the discipline, and years serving as an instructor for their profession.

Lastly, the post-intervention questionnaire included questions related to the participants' satisfaction and perceived level of relevance. Utilizing both open and closed-ended questions, it evaluated the objectives, the materials presented, the instructor/presenter, takeaways, and areas for improvement.

Data Collection

Before the intervention was deployed, participants completed the Pre-Workshop Questionnaire online on the Qualtrics surveying platform. Qualtrics is an industry-leading platform utilized in research and noted for its security (XM for Employee Experience, 2019). The Pre-Workshop Questionnaire included the minimal demographic questions, the TeamSTEPPS® Learning Benchmarks, and the T-TAQ.

After the intervention, participants completed a Post-Workshop Questionnaire online on the Qualtrics survey platform. It consisted of the minimal demographic questions, the TeamSTEPPS® Learning Benchmarks, the T-TAQ, the ICCAS, and the workshop evaluation.

Statistical data analysis was completed after the two questionnaires had been completed. T-test calculations were conducted for the TeamSTEPPS® Learning Benchmarks, the T-TAQ, and the ICCAS. Additional statistical analysis was completed using the demographic data and workshop evaluation.

Ethical Considerations/Protection of Human Subjects

The project was approved by the University of Alabama's Institutional Review Board. To protect the participants' identity and ensure data integrity, the intervention utilized systems known to the university, including Qualtrics and Zoom. Additionally, the sessions were not recorded and occurred in real time. Informed consents were sent electronically via Adobe Sign, and participants could decline participation in the intervention at any time. No identifiable

information was collected.

Results

There were fourteen participants across two sessions. Thirteen selected social work as their profession, and one identified as public health. The number of participants who completed the pre- versus post-questionnaire was slightly different, a difference of 1 (Pre=14, Post=13). Data was analyzed and downloaded using the Qualtrics software, and additional analysis occurred using SPSS.

Over 93% of the participants have been practicing in their discipline for over 6 years, and 50% have been instructors in their profession for 0-5 years, with 50% reporting they served as instructors for 11 years or more. Tables 3 and 4 outline additional demographic details regarding the participants.

Table 3 - Participants by profession

	Medicine	Nursing	Pharmacy	Public Health	Social Work
What is your profession?				1	13

Table 4 - Participants by length of practice and length of instruction

	0-2 years	3-5 years	6-10 years	11-20 years	21 years and over
How many years have you been practicing in your discipline?	1		3	3	7
How long have you been an instructor for your profession?	3	4	2	4	1

All respondents (N=13) selected “Strongly Agree” that the workshop accomplished its stated objectives. And all selected “Yes” for the question “Was the content sufficient?” There was a positive response from the participants regarding whether their ability to collaborate interprofessionally was better now compared to before the learning activity, with 5 selecting

“Much better now,” 6 selecting “Somewhat better now,” and 2 selecting “About the same.”

Table 5 - Ability to Collaborate Interprofessionally Statistical Table

	Min	Max	Mean	SD	Variance	N
Compared to the time before the learning activities, would you say your ability to collaborate interprofessionally is...(1 = Much better now; 2 = Somewhat better now; 3 = About the same; 4 = Somewhat worse now; or 5 = Much worse now)	1.00	3.00	1.77	0.70	0.49	13

In evaluating the session, participants responded favorably to questions about the material presented and the instructor/presenter. The results in both sets of questions showed a high mean of 4.77 and above. Questions were asked using a Likert scale of 1 -5, with 1 being Strongly Disagree and 5 being Strongly Agree.

Table 6 - Post-Event Evaluation Results

	Min	Max	Mean	SD	Variance	N
Regarding the material presented						
The course material was appropriate to my education, experience, and/or licensure.	4.00	5.00	4.92	0.27	0.07	13
The course material was relevant to my practice.	4.00	5.00	4.77	0.42	0.18	13
The course material was current.	4.00	5.00	4.85	0.36	0.13	13
The handouts and teaching aids enhanced the content of the course/session.	4.00	5.00	4.85	0.36	0.13	13
Regarding the instructor/presenter						
Was knowledgeable about the content.	4.00	5.00	4.92	0.27	0.07	13
Presented the subject matter clearly.	4.00	5.00	4.92	0.27	0.07	13
Responded to participants.	4.00	5.00	4.85	0.36	0.13	13
Used the technology effectively.	4.00	5.00	4.92	0.27	0.07	13

A paired-samples T-test was conducted to compare respondents' responses to questions

in the Interprofessional Collaborative Competency Attainment Scale (ICCAS) Revised. This is a retroactive pre- and post-scale where respondents were asked to simultaneously rate their current ability (post) and perceived ability before the event (pre) for each statement. All 20 paired items showed statistically significant improvement ($p < .05$). Four paired items showed significant observed improvements: Pair 1 Promote effective IP communication Pre ($M=3.42$, $SD=.793$) and Post ($M=4.17$, $SD=.718$) conditions; $t(11)=-5.745$, $p < .001$; Pair 6 Express my ideas and concerns in a clear, concise manner Pre ($M=3.67$, $SD=.888$) and Post ($M=4.33$, $SD=.651$) conditions; $t(11)=-4.690$, $p < .001$; Pair 18 Address team conflict in a respectful manner Pre ($M=3.33$, $SD=.788$) and Post ($M=4.17$, $SD=.718$) conditions; $t(11)=-5.000$, $p < .001$, and Pair 19: Develop an effective care plan with IP team members Pre ($M=3.50$, $SD=.674$) and Post ($M=4.17$, $SD=.718$) conditions; $t(11)=-4.690$, $p < .001$.

Table 7 - ICCAS Paired Sample Statistics

		Mean	N	SD	Std. Error Mean
Pair 1	Pre - 1. Promote effective communication among members of an interprofessional (IP) team	3.42	12	.793	.229
	Post - 1. Promote effective communication among members of an interprofessional (IP) team	4.17	12	.718	.207
Pair 2	Pre - 2. Actively listen to IP team members' ideas and concerns	4.17	12	.718	.207
	Post - 2. Actively listen to IP team members' ideas and concerns	4.50	12	.522	.151
Pair 3	Pre - 3. Express my ideas and concerns without being judgmental	3.58	12	.900	.260
	Post - 3. Express my ideas and concerns without being judgmental	4.00	12	.603	.174
Pair 4	Pre - 4. Provide constructive feedback to IP team members	3.42	12	.669	.193
	Post - 4. Provide constructive feedback to IP team members	4.17	12	.718	.207
Pair 5	Pre - 5. Express my ideas and concerns in a clear, concise manner	3.42	12	.793	.229
	Post - 5. Express my ideas and concerns in a clear, concise manner	4.17	12	.577	.167

		manner			
Pair 6	Pre - 6. Seek out IP team members to address issues	3.67	12	.888	.256
	Post - 6. Seek out IP team members to address issues	4.33	12	.651	.188
Pair 7	Pre - 7. Work effectively with IP team members to enhance care	3.75	12	.866	.250
	Post - 7. Work effectively with IP team members to enhance care	4.25	12	.754	.218
Pair 8	Pre - 8. Learn with, from and about IP team members to enhance care	3.67	12	1.07 3	.310
	Post - 8. Learn with, from and about IP team members to enhance care	4.42	12	.669	.193
Pair 9	Pre - 9. Identify and describe my abilities and contributions to the IP team	3.75	12	.965	.279
	Post - 9. Identify and describe my abilities and contributions to the IP team	4.25	12	.754	.218
Pair 10	Pre - 10. Be accountable for my contributions to the IP team	3.82	11	.603	.182
	Post - 10. Be accountable for my contributions to the IP team	4.36	11	.674	.203
Pair 11	Pre - 11. Understand the abilities and contributions of IP team members	4.09	11	.701	.211
	Post - 11. Understand the abilities and contributions of IP team members	4.64	11	.505	.152
Pair 12	Pre - 12. Recognize how others' skills and knowledge complement and overlap with my own	4.00	12	.853	.246
	Post - 12. Recognize how others' skills and knowledge complement and overlap with my own	4.50	12	.674	.195
Pair 13	Pre - 13. Use an IP team approach with the patient to assess the health situation	3.75	12	.965	.279
	Post - 13. Use an IP team approach with the patient to assess the health situation	4.17	12	.937	.271
Pair 14	Pre - 14. Use an IP team approach with the patient to provide whole person care	3.75	12	1.05 5	.305
	Post - 14. Use an IP team approach with the patient to provide whole person care	4.17	12	.937	.271
Pair 15	Pre - 15. Include the patient/family in decision-making	4.08	12	.996	.288
	Post - 15. Include the patient/family in decision-making	4.58	12	.515	.149
Pair 16	Pre - 16. Actively listen to the perspectives of IP team members	4.08	12	.669	.193
	Post - 16. Actively listen to the perspectives of IP team members	4.58	12	.669	.193
Pair 17	Pre - 17. Take into account the ideas of IP team members	3.92	12	.793	.229
	Post - 17. Take into account the ideas of IP team members	4.42	12	.669	.193
Pair 18	Pre - 18. Address team conflict in a respectful manner	3.33	12	.778	.225
	Post - 18. Address team conflict in a respectful manner	4.17	12	.718	.207

Pair 19	Pre - 19. Develop an effective care plan with IP team members	3.50	12	.674	.195
	Post - 19. Develop an effective care plan with IP team members	4.17	12	.718	.207
Pair 20	Pre - 20. Negotiate responsibilities within overlapping scopes of practice	3.33	12	.985	.284
	Post - 20. Negotiate responsibilities within overlapping scopes of practice	3.92	12	.996	.288

Table 8 - ICCAS Paired Samples Test

	Mean	SD	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Significance	
				Lower	Upper			1-side p	2-sided p
Pair 1	-.750	.452	.131	-1.037	-.463	-5.745	11	<.001	<.001
Pair 2	-.333	.492	.142	-.646	-.020	-2.345	11	.019	.039
Pair 3	-.417	.515	.149	-.744	-.089	-2.803	11	.009	.017
Pair 4	-.750	.622	.179	-1.145	-.355	-4.180	11	<.001	.002
Pair 5	-.750	.622	.179	-1.145	-.355	-4.180	11	<.001	.002
Pair 6	-.667	.492	.142	-.980	-.354	-4.690	11	<.001	<.001
Pair 7	-.500	.522	.151	-.832	-.168	-3.317	11	.003	.007
Pair 8	-.750	.754	.218	-1.229	-.271	-3.447	11	.003	.005
Pair 9	-.500	.522	.151	-.832	-.168	-3.317	11	.003	.007
Pair 10	-.545	.522	.157	-.896	-.195	-3.464	10	.003	.006
Pair 11	-.545	.522	.157	-.896	-.195	-3.464	10	.003	.006
Pair 12	-.500	.522	.151	-.832	-.168	-3.317	11	.003	.007
Pair 13	-.417	.515	.149	-.744	-.089	-2.803	11	.009	.017
Pair 14	-.417	.515	.149	-.744	-.089	-2.803	11	.009	.017
Pair 15	-.500	.674	.195	-.928	-.072	-2.569	11	.013	.026
Pair 16	-.500	.674	.195	-.928	-.072	-2.569	11	.013	.026
Pair 17	-.500	.674	.195	-.928	-.072	-2.569	11	.013	.026
Pair 18	-.833	.577	.167	-1.200	-.467	-5.000	11	<.001	<.001
Pair 19	-.667	.492	.142	-.980	-.354	-4.690	11	<.001	<.001
Pair 20	-.583	.515	.149	-.911	-.256	-3.924	11	.001	.002

An independent-samples T-test was conducted to compare the TeamSTEPPS® Teamwork Attitudes Questionnaire pre- and post-test scores. The Questionnaire consisted of 30 questions spread across five domains and uses a Likert scale from Strongly Disagree to Strongly

Agree. An independent-samples t-test was selected because the responses varied, with 14 pre-test and 13 post-test. One domain, Mutual Support, was analyzed with 7 questions. Of the questions, only one, Question 22: Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance, showed a significant difference in the scores for pre-test (M=4.50, SD=0.650) and post-test (M=4.92, SD=0.277) conditions; $t(17.848) = -2.226, p = 0.039$.

The TeamSTEPPS® Learning Benchmarks was also analyzed using independent samples t-tests due to unequal responses, with 14 pre-test and 13 post-test. The test consists of 23 multiple-choice questions. Within Qualtrics, the questions were coded with 1 point awarded for the correct answer. These scores were then compared in SPSS. Of the 23 questions, six were directly associated with content from the intervention. One question, Question 5, showed a significant difference in the scores for pre-test (M=0.64, SD=0.497) and post-test (M=1.00, SD=0.00) conditions; $t(13.00) = -2.687, p = 0.019$.

Discussion

This project aimed to address an identified gap in the literature regarding the lack of emphasis on conflict resolution skill development in interprofessional education (IPE). Although IPE is endorsed and integrated across higher education health professional programs (Interprofessional Education Collaborative, 2023), few interventions have measured a learner's ability to manage interprofessional conflict, focused on higher education faculty, and emphasized social work. In focusing on the TeamSTEPPS® Mutual Support module, this project helped fill the gap by evaluating its effect on learner satisfaction, knowledge acquisition, and attitude change. This project also addressed the underrepresentation of the social work profession. The findings contribute to the literature and support moving beyond the theoretical framework toward

practical, skill-based training with measurable outcomes.

Overall, the learners reported high satisfaction with the workshop. All learners agreed (M=5) that the workshop accomplished its objectives. They felt the course material was appropriate to their education, experience, and/or licensure (M=4.92), that the course material was relevant to their practice (M=4.77), and the course material was current (M=4.85). They also rated the instructor highly, indicating that the instructor was knowledgeable about the content (M=4.92), presented the subject matter clearly (M=4.92), and was responsive to participants (M=4.85). These responses indicate that the workshop accomplished Objective 1, which aligns with Kirkpatrick's first level of evaluation, reaction.

When learners enjoy training, find it relevant, and feel the instructor is effective, they are more likely to pay attention and retain information. This is fundamental to higher levels of evaluation, in this case, Level 2, which evaluates whether learning occurred. Results from ICCAS demonstrated statistically significant improvement across all 20 competencies, indicating that the training effectively enhanced participants' self-assessed skills related to interprofessional collaboration. The most significant improvements were seen in abilities to promote effective communication ($t(11)=-5.745, p<.001$) and address team conflict respectfully ($t(11)=-5.00, p<.001$). These findings align with previous research asserting that communication and feedback skills are foundational to effective conflict resolution in healthcare teams (Allen et al., 2023; Sexton & Orchard, 2016). The statistically significant gains in nearly all items support literature asserting that even brief training interventions can lead to meaningful change in perceived readiness for interprofessional practice. Of interest, the highest pre-training ratings were found in basic listening and collaboration skills (Actively listen to IP team members' ideas and concerns), which suggests that participants entered with a relatively high self-efficacy in this

area and aligns with the foundations of social work practice which 93% of the participants identified as their profession. Increased post-intervention scores on items like “providing constructive feedback” and negotiating responsibilities” may indicate that the training may prevent misunderstanding tied to role ambiguity, a frequent cause of conflict in healthcare teams (Almost et al., 2016). Additionally, the findings align with literature indicating that structured communication training improves learners’ ability to navigate interprofessional tensions (Chen et al., 2019; Sexton & Orchard, 2016).

Of the T-TAQ results, question 22, offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance, was statistically significant ($p=.020$). This was the only statistically significant question of the six questions set regarding mutual support. With many of the post-test items receiving a mean score of 5.00, there is a possibility of a ceiling effect in attitude, meaning that many participants could have already held the items in high regard before the intervention. Compared to other work by Weinstein et al. this intervention showed greater improvement in the mutual support items, suggesting that a conflict-specific framing may yield stronger gain in targeted competencies.

The TeamSTEPPS® Learning Benchmarks only showed one item related to mutual support to be statistically significant, with an additional question approaching significance. Question 5 was associated with the two-challenge rule introduced during the intervention, and all participants answered it correctly in the post-test, showing a statistically significant improvement ($p=.019$). This change in post-training response rate is promising and could reflect fidelity and relevance of the course. The second B-8, related to a specific method of conflict resolution, utilization of the DESC script, and though not statistically significant, it approached significance ($p=.085$).

Impact on Social Work

Social workers are uniquely positioned to lead or co-facilitate interprofessional teams and resolve conflict. However, the literature showed that social work is underrepresented. This project illustrates that including social workers in interprofessional training enhances their visibility and reinforces their leadership potential in managing teams. Social workers can be champions in environments where difficult conversations and power dynamics are more readily addressed.

The limited empirical evidence regarding conflict resolution interventions in IPE and the inclusion of social workers needs additional investigation. Social work researchers can contribute to a deeper understanding of how interprofessional dynamics intersect with systems theory, role clarity, and leadership—all concepts rooted in social work practice. Future research might explore the impact of conflict resolution training across disciplines or examine long-term outcomes, including those tied to team cohesion and patient safety. This also poses some challenges in the research, as indicated by the ceiling effect encouraged with the T-TAQ questionnaire. If participants are predisposed to collaborative practice, how best can the impact of the intervention be captured?

Implications for Organizations

Frameworks for resolving conflict and improving communication can enhance employee satisfaction and improve healthcare delivery and patient outcomes. Investing in the implementation of such tools requires investment and dedication from the organizations. Often, new tools or interventions are implemented in organizations without the right support and follow-through. For such tools to be impactful, organizations must be willing to invest and champion the change while also evaluating the impact with the understanding that the return on

investment may not be seen immediately. This highlights the need for robust high-level evaluation, which Kirkpatrick references as Level 3 behavior change and Level 4 results (*What is the Kirkpatrick Model?*, 2024).

Future Directions

The intervention's findings support using the TeamSTEPPS® Mutual Support module as a tool to help teach conflict resolution; however, additional research with larger sample sizes is needed. Future research should investigate longitudinal knowledge retention, aligning with Levels 3 and 4 of Kirkpatrick's evaluation method. Additionally, a mixed methods approach would provide an additional lens to the topic and help reinforce findings. Streamlining of the questionnaires could also prove beneficial, as participants could have experienced assessment fatigue. Narrowing the focus of the questions and only including specific questions from the tools relevant to the module being addressed may positively impact the participants' experience.

Limitations

The study has several limitations, including small sample size, self-reported data, and challenges with technology. The first is the small sample size. The original dates for the intervention produced low interest, requiring them to be rescheduled. The intervention was then offered on two dates at different times to increase participation. Potential reasons for the low recruitment include the short time between when the activities were advertised and when they would be held, the duration of the activity, and the day of the week and time of day the activity was held. This also relates to the difference in the number of pre- versus post-questionnaires that were completed and the reliance on self-reported data.

Though participants were familiar with the registration process, the Zoom platform, and participating in online activities, challenges ensued, resulting in one participant joining the

intervention on the incorrect day, needing to log off and sign back on. The participant continued to encounter problems with seeing the presenter's screen, and it was disclosed that due to a firewall at the individual's organization, they were participating on their personal device and at one point needed to call in using their phone. Additional challenges included time zones, as a subgroup of the participants were connecting from outside of the presenter's time zone, which caused delays in joining and, for some participants, an inability to be present.

Conclusion

Developing conflict resolution skills among healthcare professionals, with particular attention to the role and inclusion of social workers, is a critical and rarely explored gap in the interprofessional education literature. While conflict resolution is embedded within the IPEC competencies, few interventions directly evaluate learners' ability to manage conflict, especially within the context of higher education faculty and with social work participation. By leveraging the TeamSteps® mutual support module curriculum to deliver a targeted workshop, the intervention equipped faculty with strategies and tools to manage interprofessional conflict effectively.

Aligning the intervention to an established evaluation framework and applying retroactive pre-post questionnaires, the project demonstrated statistically significant improvements in learners' self-reported communication and conflict management competencies. The intervention translated theoretical constructs into practical skills, fostering a deep understanding of how interpersonal, structural, and role-based dynamics contribute to conflict and how they can be managed through structured approaches.

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Appendix A

PRE-Workshop Questionnaire

What is your profession?

- Medicine
- Nursing
- Pharmacy
- Public Health
- Social Work
- Other: (Please specify) _____

How many years have you been practicing in your discipline?

- 0 – 2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21 years and over

How long have you been an instructor for your profession?

- 0 – 2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21 years and over

TeamSTEPPS Benchmark Quiz These questions focus on medical teamwork and communication and their effect on quality and safety in patient care. For each of the following questions, please circle the letter next to the one best answer

1. A nurse is called to the phone to receive a telephone order from the doctor about a patient she is taking care of today. After clearly establishing the patient and physician identities, the best procedure for the nurse would be:

- a. Listening to the order, calling the pharmacist, writing the details on the order sheet, and bringing the drug to the bedside.
- b. Refusing to take this telephone order and indicating that she can't be sure of the physician's thought process.
- c. Listening to the order, repeating back what the doctor said, and then writing it down in the patient's medical record.
- d. Listening to the order, asking the charge nurse how to spell the drug's name, asking the family member if that was in the plan for today, and carrying out the order.
- e. Listening to the order, writing it on the order page, reading the order back to the physician, and seeking his verification of the order's accuracy.

2. A nurse is very concerned about a baby he is taking care of and feels it would be best to have

the attending pediatrician come to the bedside immediately to evaluate. Checking around the unit, he locates the pediatrician, but she is busy dictating a consultation. The nurse's best action is to:

- o a. Wait quietly, but tap his foot rhythmically to indicate urgency.
- o b. Quickly explain the infant's worrisome appearance and state, "I need you right now!"
- o c. Walk away, planning to check back in a few minutes.
- o d. Interrupt, shake her shoulder, and pull her quickly toward the crib.
- o e. Leave his pager number with the clerk with instructions to have her call.

3. A surgeon, anesthesiologist, nurse, and technologist are in the OR for a complicated case, which will start shortly. The surgeon, as team leader, should:

- o a. Go scrub and tell the circulating nurse to "get the ball rolling."
- o b. Reassure the new team that she has plenty of experience with tough cases like this one and not to worry, and say, "I'll tell you what you need to know."
- o c. Introduce herself, briefly describe the situation, plan, and potential pitfalls and ask for input from the team members.
- o d. Explain the need for extra speed during this complicated case and set expectations for rapid turnover between cases.
- o e. Pull out the x rays and textbook and explain the details of the surgery to the rest of the crew, emphasizing the strict need for following protocols.

Questions 4, 5, 6, and 7 are linked:

4. The team is making great progress with the procedure until the nurse recognizes that the doctor is clearly making a dangerous mistake in asking for a dose that is 10 times the usual dose. Very concerned, she asks the doctor if he's sure that is what's wanted. Giving her a nasty look, he growls, "Well, that's what I asked for, isn't it?." Confident that the dose is way off base, her next action should be to:

- o a. Walk away and indicate discouragement at being treated so rudely.
- o b. Say loudly, "That's a huge mistake, doctor; nobody uses a dose like that!"
- o c. Not say anything for fear of making the doctor even more angry.
- o d. Ask the secretary to put in a stat page to the nursing supervisor.
- o e. Say, "I'm very concerned about the safety of that dose, Doctor; it's much higher than I've ever seen given."

5. For the real-life situation in question 4 above, a nurse in the same circumstances, but NOT confident and NOT positive that the dose is too high, but still very concerned about the patient's safety, should take the following course of action:

- o a. Walk away and indicate discouragement at being treated so rudely.
- o b. Say loudly, "That's a huge mistake, doctor; nobody uses a dose like that!"
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6. The doctor on this procedure team (questions 4 and 5), upon being challenged by the nurse

about the potentially dangerous medication dose, and realizing she is right, should respond by:

- o a. Demanding that this nurse be replaced immediately.
- o b. Saying, "You're right. Thanks for watching my back; it's been a bad day."
- o c. Saying, "I'm the doctor, do what I say."
- o d. Calling his partner on his cell phone to discuss the case.
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7. If the doctor, in fact, is correct in his dosage (question 4) and the nurse was incorrect in her memory of the proper medication dosage, when this is suspected, the doctor's best action would be to:

- o a. Call the pharmacist and ask her to send a package insert to review.
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- o c. Using a structured and detailed handoff document.
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- o a. Call for a supervisor to come into the room.
- o b. Quietly observe and hope that the doctor notices.
- o c. Let the patient and doctor figure it out.
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- o c. An action of cross-monitoring that makes teamwork safer.
- o d. An action the doctor will likely get defensive about.
- o e. A wrong-headed approach to teamwork.

15. In the interest of patient care quality and safety, it is expected and mandatory that:

- o a. Conflict is avoided at all cost.
- o b. People always do the right thing.
- o c. Members speak up if they are concerned.
- o d. Leaders not make mistakes.
- o e. Everyone agrees with the plan.

Instructions: For each of this series of questions, based on your knowledge of medical

communication, teamwork, and patient care quality and safety, select the one best answer.

B-1. The attribute least likely to be found in a medical team that is functioning in a highly effective manner is:

- a. Adaptability.
- b. Complacency.
- c. Trust.
- d. Respect.
- e. Information sharing.

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- a. Outdated equipment.
- b. Incompetent providers.
- c. System problems.
- d. Lack of caring.
- e. Stupidity.

B-3. Who is the leader in medical teams?

- a. Doctor.
- b. Nurse.
- c. Supervisor.
- d. It depends on circumstances.
- e. Patient.

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- a. Call-out.
- b. Check-back.
- c. Write it on the white board.
- d. Write it in the orders.
- e. Time-out.

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- a. The team leader may be obnoxious.
- b. Members having important information may not speak up or be heard.
- c. The nurse and doctor may disagree.
- d. Patients may be upset at the team being bossed around.
- e. It results in significant pay inequity.

B-6. A shared mental model is key for medical team members primarily because:

- a. They need to have vision.
- b. They all need to have the same understanding of the plan.
- c. A mind is a terrible thing to waste.
- d. Otherwise, leaders may go adrift.
- e. Otherwise, patients will be confused.

B-7. The following are human factor problems that research has identified as contributing to medical error except:

- o a. High workload.
- o b. Fatigue.
- o c. Distractions.
- o d. Friendship in the workplace.
- o e. Conflict and anger.

B-8. The BEST method of conflict resolution for medical teams in the workplace is:

- o a. Compromise.
- o b. Accommodation.
- o c. Avoidance.
- o d. Collaboration using the DESC script.
- o e. Dominance.

TeamSTEPPS Teamwork Attitudes Questionnaire Respond to the questions below by filling in the circle that corresponds to your level of agreement from Strongly Agree to Strongly Disagree.

Select only one response for each question.

Team Structure

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. It is important to ask patients and their families for feedback regarding patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Patients are a critical component of the care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This facility's administration influences the success of direct care teams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A team's mission is of greater value than the goals of individual team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Effective team members can anticipate the needs of other team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. High-performing teams in healthcare share common characteristics with high performing teams in other industries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Leadership	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. It is important for leaders to share information with team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Leaders should create informal opportunities for team members to share information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Effective leaders view honest mistakes as meaningful learning opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. It is a leader's responsibility to model appropriate team behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is important for leaders to take time to discuss with their team members plans for each patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Team leaders should ensure that team members help each other out when necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Situation Monitoring	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Individuals can be taught how to scan the environment for important situational cues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Monitoring patients provides an important contribution to effective team performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Even individuals who are not part of the direct care team should be encouraged to scan for and report changes in patient status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. It is important to monitor the emotional and physical status of other team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. It is appropriate for one team member to offer assistance to another who may be too tired or stressed to perform a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Team members who monitor their emotional and physical status on the job are more effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mutual Support					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
19. To be effective, team members should understand the work of their fellow team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Asking for assistance from a team member is a sign that an individual does not know how to do his/her job effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Providing assistance to team members is a sign that an individual does not have enough work to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. It is appropriate to continue to assert a patient safety concern until you are certain that it has been heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Personal conflicts between team members do not affect patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication					
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
25. Teams that do not communicate effectively significantly increase their risk of committing errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Poor communication is the most common cause of reported errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix B

POST-Workshop Questionnaire

What is your profession?

- Medicine
- Nursing
- Pharmacy
- Public Health
- Social Work
- Other: (Please specify) _____

How many years have you been practicing in your discipline?

- 0 – 2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21 years and over

How long have you been an instructor for your profession?

- 0 – 2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21 years and over

TeamSTEPPS Benchmark Quiz These questions focus on medical teamwork and communication and their effect on quality and safety in patient care. For each of the following questions, please circle the letter next to the one best answer

1. A nurse is called to the phone to receive a telephone order from the doctor about a patient she is taking care of today. After clearly establishing the patient and physician identities, the best procedure for the nurse would be:

- a. Listening to the order, calling the pharmacist, writing the details on the order sheet, and bringing the drug to the bedside.
- b. Refusing to take this telephone order and indicating that she can't be sure of the physician's thought process.
- c. Listening to the order, repeating back what the doctor said, and then writing it down in the patient's medical record.
- d. Listening to the order, asking the charge nurse how to spell the drug's name, asking the family member if that was in the plan for today, and carrying out the order.
- e. Listening to the order, writing it on the order page, reading the order back to the physician, and seeking his verification of the order's accuracy.

2. A nurse is very concerned about a baby he is taking care of and feels it would be best to have the attending pediatrician come to the bedside immediately to evaluate. Checking around the

unit, he locates the pediatrician, but she is busy dictating a consultation. The nurse's best action is to:

- o a. Wait quietly, but tap his foot rhythmically to indicate urgency.
- o b. Quickly explain the infant's worrisome appearance and state, "I need you right now!"
- o c. Walk away, planning to check back in a few minutes.
- o d. Interrupt, shake her shoulder, and pull her quickly toward the crib.
- o e. Leave his pager number with the clerk with instructions to have her call.

3. A surgeon, anesthesiologist, nurse, and technologist are in the OR for a complicated case, which will start shortly. The surgeon, as team leader, should:

- o a. Go scrub and tell the circulating nurse to "get the ball rolling."
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Questions 4, 5, 6, and 7 are linked:

4. The team is making great progress with the procedure until the nurse recognizes that the doctor is clearly making a dangerous mistake in asking for a dose that is 10 times the usual dose. Very concerned, she asks the doctor if he's sure that is what's wanted. Giving her a nasty look, he growls, "Well, that's what I asked for, isn't it?." Confident that the dose is way off base, her next action should be to:

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- o d. Ask the secretary to put in a stat page to the nursing supervisor.
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Leadership	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Situation Monitoring	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Individuals can be taught how to scan the environment for important situational cues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Monitoring patients provides an important contribution to effective team performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Even individuals who are not part of the direct care team should be encouraged to scan for and report changes in patient status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. It is important to monitor the emotional and physical status of other team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. It is appropriate for one team member to offer assistance to another who may be too tired or stressed to perform a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Team members who monitor their emotional and physical status on the job are more effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mutual Support					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
19. To be effective, team members should understand the work of their fellow team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Asking for assistance from a team member is a sign that an individual does not know how to do his/her job effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Providing assistance to team members is a sign that an individual does not have enough work to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Offering to help a fellow team member with his/her individual work tasks is an effective tool for improving team performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. It is appropriate to continue to assert a patient safety concern until you are certain that it has been heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Personal conflicts between team members do not affect patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication					
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
25. Teams that do not communicate effectively significantly increase their risk of committing errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Poor communication is the most common cause of reported errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Adverse events may be reduced by maintaining an information exchange with patients and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I prefer to work with team members who ask questions about information I provide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. It is important to have a standardized method for sharing information when handing off patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. It is nearly impossible to train individuals how to be better communicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Interprofessional Collaborative Competency Attainment Scale (Revised) Using the following scale, please rate your ability for each of the following statements: 1 = “Poor”; 2 = “Fair”; 3 = “Good”; 4 = “Very good”; 5 = “Excellent”

	Before participating in the learning activities, I was able to					After participating in the learning activities, I was able to:				
	P	F	G	VG	E	P	F	G	VG	E
1. Promote effective communication among members of an interprofessional (IP) team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Actively listen to IP team members’ ideas and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Express my ideas and concerns without being judgmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Provide constructive feedback to IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Express my ideas and concerns in a clear, concise manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Seek out IP team members to address issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Work effectively with IP team members to enhance care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learn with, from and about IP team members to enhance care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Identify and describe my abilities and contributions to the IP team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Be accountable for my contributions to the IP team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Understand the abilities and contributions of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Recognize how others' skills and knowledge complement and overlap with my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Use an IP team approach with the patient to assess the health situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Use an IP team approach with the patient to provide whole person care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Include the patient/family in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Actively listen to the perspectives of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Take into account the ideas of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Address team conflict in a respectful manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Develop an effective care plan with IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Negotiate responsibilities within overlapping scopes of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Compared to the time before the learning activities, would you say your ability to collaborate interprofessionally is...

- 1 = Much better now;
- 2 = Somewhat better now
- 3 = About the same
- 4 = Somewhat worse now
- 5 = Much worse now

Using the provided scale, please evaluate the following.

The workshop accomplished its stated objectives.

- 5 - Strongly Agree
- 4
- 3
- 2
- 1 - Strongly Disagree

Regarding the material presented:

	5 = Strongly Agree	4	3	2	1 = Strongly Disagree
The course material was appropriate to my education,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experience and/or licensure level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The course material was relevant to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The course material was current.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The handouts and teaching aids enhanced the content of the course/session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Regarding the instructor/presenter:

	5 = Strongly Agree	4	3	2	1 = Strongly Disagree
Was knowledgeable about the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented the subject matter clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responded to participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used the technology effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was one take away from the workshop?

Was the content sufficient?

- Yes
- No

What could be added or improved to this workshop?

Appendix C

IRB Approval Letter



EXEMPT DETERMINATION

January 16, 2025

Robin Arndt
School of Social Work
The University of Alabama

Dear Robin:

On January 16, 2025, the IRB reviewed the following protocol:

Protocol Information	Submission Details
Type of Review:	Initial
Title:	The Evaluation of a Conflict Resolution Curriculum with Higher Education Interprofessional Health Faculty
Investigator:	Robin Arndt
IRB ID:	24-09-7968
Funding:	None
Grant Title:	None
Grant ID:	None
IND, IDE or HDE:	None
Documents Reviewed:	Informed Consent

The IRB determined that this protocol meets the criteria for exemption from IRB review.

In conducting this protocol you are required to follow the requirements listed in HRP-103 - INVESTIGATOR MANUAL.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

If you have and questions or require further information, please contact the UA HRPP via email at rcompliance@ua.edu.