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# Embedding ePortfolio in Simulation-Based Interprofessional Education for Physical Therapist Assistant and Occupational Therapy Assistant Students: A Pilot Study

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In this pilot study, we examined ePortfolio as a high-impact practice (HIP) in a simulation-based interprofessional education (IPE) event between associate-degree level physical therapist assistant (PTA) and occupational therapy assistant (OTA) students at LaGuardia Community College (LAGCC). Through ePortfolio, students considered their roles as members of the larger interprofessional team and their development of professional identity. Key features of the ePortfolio design included digital collaborative workspaces, case study review and treatment planning, clinical documentation practice, and reflective practice. Data on student attitudinal and performance outcomes were collected using the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R) and the individual Teamwork Observation and Feedback Tool (iTOFT) to measure observable behaviors in teamwork, leadership, shared decision-making, and patient safety. Post-simulation reflections using the PEARLS Healthcare debriefing tool were analyzed through thematic coding. Findings revealed strong performance in communication and teamwork. Although SPICE-R2 scores demonstrated an improvement in attitudes toward interprofessional collaboration, the change was not statistically significant. Significant differences were observed among teamwork domains assessed using the iTOFT ($p < .001$). Results highlight the benefits of integrating ePortfolio as a strategic shift toward integrated interprofessional learning at the associate degree level.

Preparing allied health students for contemporary clinical practice necessitates the inclusion of interprofessional education (IPE) and electronic medical record (EMR) documentation into the curriculum. In this pilot study, we describe a simulation-based IPE utilizing ePortfolio as a high-impact practice (HIP) to simulate EMR engagement and support collaborative treatment planning between physical therapist assistant (PTA) and occupational therapy assistant (OTA) students at LaGuardia Community College (LAGCC), located in New York City. The initiative was designed to promote clinical reasoning, communication, teamwork, and professional identity development through experiential learning in the classroom. The simulation design aligns with the INACSL Healthcare Simulation Standards of Best Practice (INACSL Standards Committee, 2021) and the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice (IPEC, 2023), which provided the foundation for developing student skills in the "role and responsibilities" and "teams and teamwork" competencies.

The PTA and OTA programs at LAGCC, accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and the Accreditation Council for Occupational Therapy Education (ACOTE), respectively, lead to an associate in applied sciences (AAS) degree. Within two years, students graduate and enter the healthcare system with an entry-level skill set. Both programs of study regularly conduct periodic program reviews to align with evolving education accreditation standards and evidence-based practices. Within the rigorous clinical training in both programs, gaps were found in EMR proficiency and interprofessional collaboration, particularly in managing complex patients in acute settings. Improving skills in these areas will better prepare students for the growing demands for accurate, efficient, and legally sound clinical documentation in healthcare environments. Entry-level practitioners are expected to demonstrate proficiency in documenting patient progress and safety measures in real time across interprofessional teams.

While EMR systems are essential in healthcare, their use in classrooms is often limited due to cost and complexity. ePortfolio was customized as a pedagogical tool and digital record to promote team-based learning (Whitmore & Thacker, 2021). Key features of the ePortfolio design included collaborative workspaces, case study review and treatment planning, clinical documentation practice, and reflective practice. A documentation template using Google Forms was embedded in the EMR within ePortfolio for students to practice live charting and emergency response documentation aligned with clinical standards. Faculty supported the entire learning process, beginning with initial ePortfolio preparation and professional notation of medical information, continuing with guidance as students interpreted the case scenario for clinical practice, and extending into guided reflections on documentation and team building. Within their respective courses, OTA and PTA students were provided a guided pre-brief with faculty to orient the students to the ePortfolio and simulation. Students were assigned to review documents in the EMR and complete pre-simulation modules in the ePortfolio. Students asynchronously collaborated within the EMR subsection of the ePortfolio to review and annotate

notes on the medical record of a case study in advance of the interprofessional simulation event. On the day of the event, students were grouped into interprofessional teams and continued collaborating using the shared digital workspace in the ePortfolio. They documented findings, prioritized discipline-specific goals, and referred to the annotated notes in the medical record to simulate real-time decision-making for treatment planning. Post-simulation, students engaged in guided reflections on the experience using the PEARLS Healthcare Debriefing Tool (Bajaj et al. 2018).

By integrating collaborative documentation, team-based problem-solving, and reflective analysis, this simulation aimed to support both professional identity development and applied EMR literacy. To assess the effectiveness of the intervention, the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R; Dominguez et al., 2015) and the individual Teamwork Observation and Feedback Tool (iTOFT; Thistlethwaite et al., 2016) were used to evaluate student attitudes and observed teamwork performance.

## Literature Review

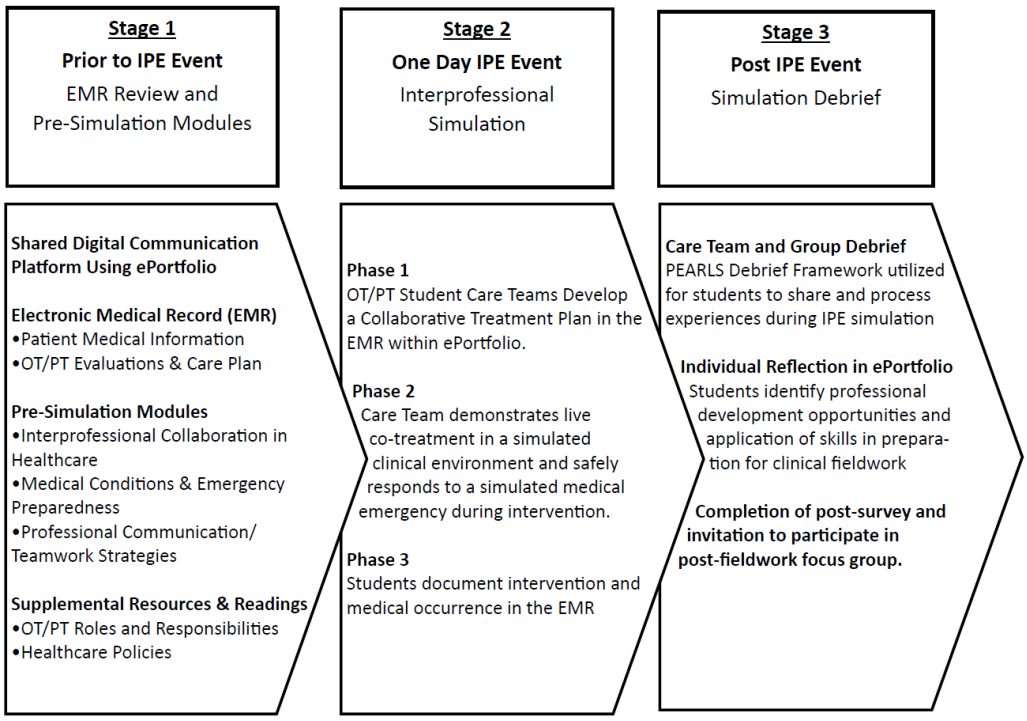
Interprofessional education (IPE) is a well-established framework for developing collaborative competencies among health care students; however, structured opportunities at the associate degree level remain limited, particularly for PTA and OTA programs. Gentry et al. (2022) demonstrated the value of simulation-based IPE in promoting collaboration among PTA and OTA students. Burrows et al. (2022) found that integrating academic electronic health records (AEHR) enhances understanding of interdisciplinary teams and student learning within PT and OT curricula. Copley et al. (2024) reported how multidisciplinary simulations led to improvements in communication and conflict resolution skills while Weiner et al. (2020) found statistically significant improvements in role clarity and readiness for collaborative practice following the use of simulations. McLaney et al. (2022) further described that structured interprofessional frameworks prepare students for hospital settings by developing team competencies in communication, conflict resolution, shared decision-making, reflection, role clarification, and values and ethics. These findings emphasize the value of integrated IPE models in acute care environments. Collectively, the literature suggests that intentionally designed simulation-based IPE experiences can strengthen teamwork competencies, clarify professional roles, and better prepare students for collaborative clinical practice.

Digital platforms such as ePortfolio offer a practical and adaptable approach to experiential learning, particularly in academic environments where there is limited access to simulated EMR training before clinical internships. ePortfolios support competency-based education through documentation, reflection, and interdisciplinary collaboration (Janssen et al., 2022; Whitmore & Thacker, 2021). When customized to mirror EMR systems, they provide a cost-effective alternative to proprietary EMR systems, allowing students to engage in real-time clinical reasoning, collaborative treatment planning, and interprofessional communication (Karsten et al., 2015; Robertson et al., 2022). Uslu and Stausberg (2021) further emphasized the value of EMR integration in hospital care, citing improvements in workflow efficiency and care coordination. Their findings support the adaptation of ePortfolio platforms that simulate EMR functionalities as effective preparatory tools for clinical documentation and interprofessional practice.

By simulating real-time EMR engagement, ePortfolio, as a HIP, supports technical skill acquisition and enables collaborative reflection and communication essential for interprofessional teamwork. Given the limited availability of structured IPE at the associate-degree level, integrating simulations with ePortfolio can promote digital documentation proficiency and collaborative competencies required for effective team-based care. In this pilot study, we directly address these gaps by implementing a simulation that is designed to increase EMR literacy and interprofessional readiness among OTA and PTA students, contributing to the advancement of workforce preparedness in medically complex clinical settings.

Constructivist learning theory posits that learners actively construct knowledge through authentic experiences, social interaction, and reflection rather than passively receiving information (Vygotsky, 1978). This perspective aligns closely with Kolb's (1984) experiential learning theory, which conceptualizes learning as a cyclical process involving concrete experience, reflective observation, abstract conceptualization, and active experimentation. In simulation-based education, tasks such as documenting in an EMR and engaging in team-based case discussions promote higher-order thinking and deepen clinical reasoning (Jolly et al., 2026). Purposeful integration of digital documentation tools further supports learners in synthesizing information, interpreting evolving patient data, and engaging in reflective practice, which are key components of experiential learning (Sawyer et al., 2016). Studies incorporating academic EMRs demonstrated that digital documentation within simulation environments enhances authenticity, supports scaffolding of clinical decision-making, and strengthens learners' digital fluency (Hong et al., 2022; Raghunathan et al., 2021). When paired with reflection, these experiences allow students to develop knowledge together, articulate their reasoning, and connect simulated practice to real-world clinical practice, reinforcing active learning through meaningful engagement.

Figure 1
*Overview of the Stages in the Interprofessional Education (IPE) Simulation*




*Note.* The figure depicts the three-stage simulation design consisting of pre-simulation preparation, a one-day interprofessional simulation event, and post-simulation debrief and assessment. ePortfolio was integrated throughout all stages to facilitate collaborative communication, documentation, and reflection.

## Methodology

Twenty-five students (17 OTA, 8 PTA) participated in a three-stage IPE simulation in May 2024 that was incorporated as a co-curricular activity in one of the OTA or PTA clinical courses. Students were assigned to one of four interprofessional teams supported by two faculty facilitators, an occupational therapist and a physical therapist. The design followed a three-stage structure consisting of (a) EMR Review and Pre-Simulation Modules, (b) One-Day IPE Event, and (c) Post-IPE Event Simulation Debrief (Figure 1). A central ePortfolio webpage was configured to emulate the functions of an EMR for educational purposes, providing students with structured opportunities to engage in collaborative documentation, clinical reasoning, and digital communication as they progressed through each stage of the IPE simulation. Students from both OTA and PTA courses were added to the ePortfolio webpage where they were provided access to all simulation materials and could digitally communicate and interact with one another using the conversation tool function. Faculty portrayed the role of clinical supervisor to guide students throughout the IPE simulation to emulate supervision practices that students would encounter on fieldwork. This role included orienting students to the ePortfolio and monitoring student engagement and responses throughout the IPE simulation.

The IPE simulation used two assessment tools: Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R2; Dominguez et al., 2015) to evaluate attitudes toward interprofessional practice and the Individual Teamwork Observation and Feedback Tool (iTOFT; Thistlethwaite et al., 2016) to assess performance in teamwork, leadership, shared decision-making, and safety. The SPICE-R2, a validated self-report instrument, was selected for its sensitivity in detecting perceptual changes following short-term IPE interventions (Dominguez et al., 2015; Nicoteri, 2023). It has been widely applied across health professions education to evaluate students' attitudes toward interprofessional collaboration. The SPICE-R2 was administered to students at the beginning and conclusion of the IPE simulation. The iTOFT tool provides an observational tool that enables faculty to assess key behavioral competencies in teamwork, leadership, safety, and shared decision-

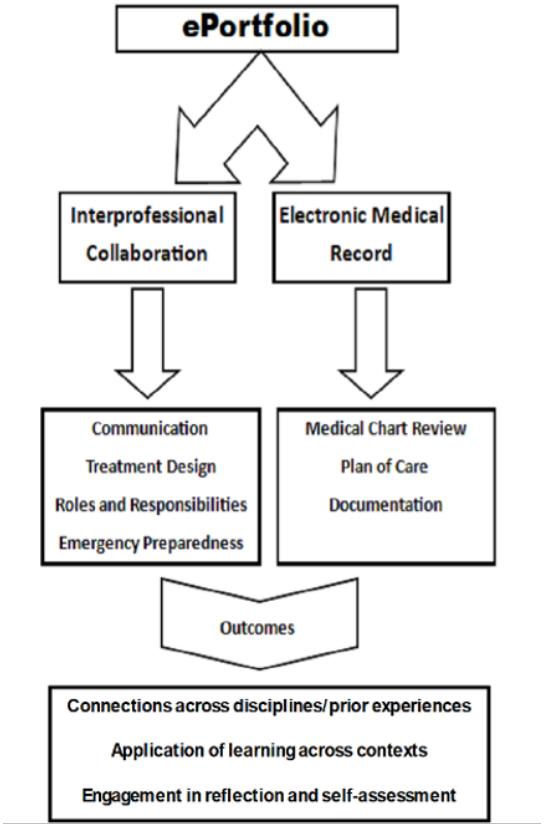
making during simulated clinical interactions (Thistlethwaite et al., 2016). Students also utilized this tool to provide peer feedback on their observations of collaboration between the two disciplines. These instruments support both formative assessment and curriculum refinement based on learner performance in real-time educational environments.

Through the customization of ePortfolio as a HIP, students engaged in integrative learning by connecting didactic content, prior experiences, and reflective practice as emerging clinicians. ePortfolio's versatility promotes a learner-centered experience (Chun-Burbank et al., 2023) as students interact with different perspectives, share knowledge, and synthesize information across disciplines for clinical practice. This strengthens a student's understanding and application of knowledge in two main areas: interprofessional collaboration and electronic medical records. The ePortfolio design scaffolded learning through collaborative documentation, treatment planning, clinical reasoning, and reflection. This multi-stage approach supported students' professional development and transfer of skills to novel clinical contexts (Figure 2).

**ePortfolio Design and Platform**

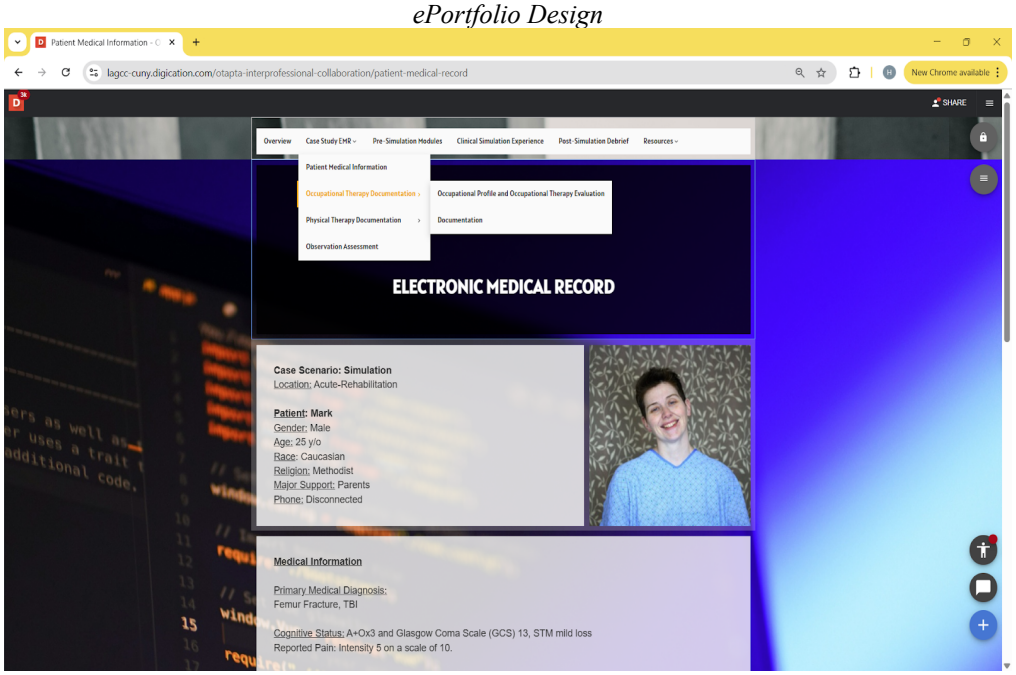
ePortfolio was selected as a web-based platform to facilitate IPE and to simulate clinical documentation practices. It is widely used in academic and professional settings to showcase student work, track progress, and support reflective learning (Digication, 2025). This platform was customized to design a model of an EMR system for students to collaborate and document clinical interventions in real time. The EMR system was customized within ePortfolio to enable students to review patient information, annotate treatment plans, participate in the collaborative development of patient care strategies, and practice clinical documentation (Figure 3). The platform provided a familiar digital interface that students previously utilized in prior coursework, allowing students to engage with digital tools to record, share, and assess clinical information. The ePortfolio also included Pre-Simulation Modules to prepare students with foundational skills in preparation for a one-day IPE event.

Figure 2
*Integrative Learning Flowchart*




*Note.* The flowchart illustrates faculty scaffolding of interprofessional learning through preparation, collaboration, simulation, documentation, reflection, and application to clinical practice. The ePortfolio platform supported student engagement in integrative learning throughout the simulation.

Figure 3
*ePortfolio Design*




*Note.* The ePortfolio platform was customized to simulate key components of an electronic medical record (EMR) and to guide students throughout each stage of the IPE simulation.

## Key Features of ePortfolio for Promoting Interprofessional Collaboration

### *Collaborative Workspaces*

Interprofessional teams of PTA and OTA students digitally collaborated using a shared workspace within the ePortfolio. PTA and OTA students contributed discipline-specific knowledge as members of an interprofessional team to foster team-based communication when developing the patient's care plan. This enabled students to share clinical information, co-create treatment plans, and clinical notes collaboratively, replicating the conditions of an authentic interprofessional healthcare setting.

A shared ePortfolio workspace promotes PTA and OTA student engagement in collaborative decision-making. By contributing their clinical knowledge and insights in the same digital space, students experience the benefits and challenges of working within a team-based learning experience (Whitmore & Thacker, 2021).

### *Case Study Review and Treatment Planning*

Students were provided with a case scenario patient within the simulated EMR involving a 25-year-old patient admitted to an acute rehabilitation facility with a diagnosis of femur fracture and traumatic brain injury (TBI). This case study served as a basis for the simulation, where students discussed their discipline-specific roles and responsibilities in preparation for collaboratively developing an OT/PT co-treatment session.

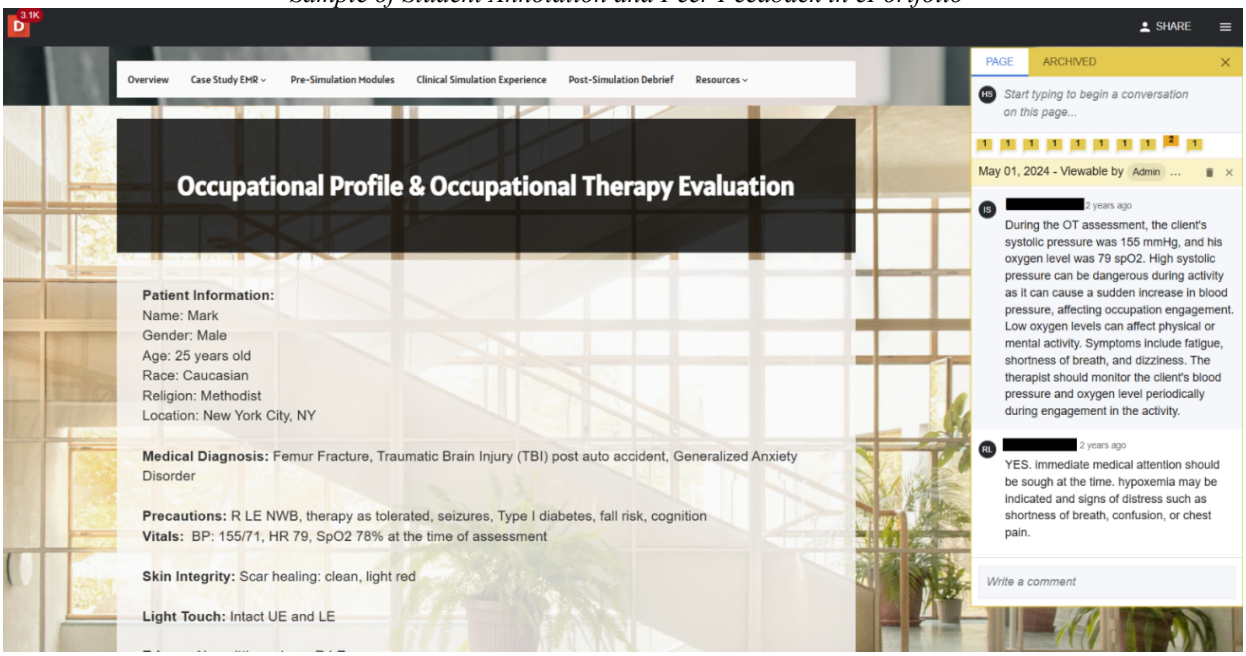
In the ePortfolio, students shared key clinical findings and prioritized treatment goals based on the patient's medical record and within their discipline-specific care plans. Each entry could be annotated with comments, clinical insights, and additional resources. The ability for students to view other student comments was designed to help simulate the dynamic nature of clinical care and the integrative process of treatment planning. Careful review of the medical record was also critical to anticipate potential emergency situations and engage in emergency response preparedness.

### *Clinical Documentation*

ePortfolio permitted students to document the treatment session in real time, simulating the process of entering patient information into an EMR system. Through the ePortfolio, students gained hands-on experience in documenting patient assessments, treatment interventions, and progress reports.

Google Forms were integrated into the ePortfolio platform as pre-designed templates for treatment planning and progress notes based upon the simulation experience. Progress notes followed standard clinical guidelines using a SOAP (Subjective, Objective, Assessment, Plan) format to support real-time clinical

Figure 4
*Sample of Student Annotation and Peer Feedback in ePortfolio*




*Note.* The figure demonstrates peer annotation and collaborative review of patient information within the simulated EMR environment. Student identifying information has been removed to protect confidentiality. The annotations illustrate how students exchanged information and contributed discipline-specific perspectives during treatment planning.

documentation and ensure completion of essential documentation elements (Figure 5). Integrating Google Forms within ePortfolio enabled live documentation tools to be utilized within the platform for students to record patient progress, interventions provided, responses to treatment as they occurred, and modifications required during the session according to patient needs or emergencies just as they would in an actual clinical environment. Students also documented their treatment interventions as well as any modifications required during the session according to patient needs or emergencies.

### *Reflective Practice*

Following the IPE simulation, students engaged in self-reflection following a group discussion using the PEARLS Healthcare Debriefing Tool (Bajaj et al. 2018). Students were encouraged to reflect on their treatment strategies, challenges faced, and how they collaborated with their peers during the IPE. Students utilized ePortfolio to self-evaluate their practice, recognize growth, and promote professional development in preparation for clinical practice in fieldwork. In addition, transformative learning occurred as students considered their roles as members of the larger interprofessional team and reflected on their developing professional identities.

The platform's integration of both reflective journaling and clinical documentation was utilized for students to critically assess their decision-making and to align their interventions with evidence-based practices. The post-simulation debriefs, where students reviewed their documented entries and discussed their experiences, further supported the learning process by prompting them to analyze their clinical reasoning and communication within an interprofessional team.

Through the ePortfolio, students were also able to track their own learning progress as well as observe how their peers contributed to the interdisciplinary care plan. This real-time collaborative process facilitated a deeper understanding of each profession's role in patient care and underscored the value of teamwork in achieving optimal patient outcomes.

## Stages of the Interprofessional Education (IPE) Simulation

### *Stage 1 – EMR Review and Pre-Simulation Modules*

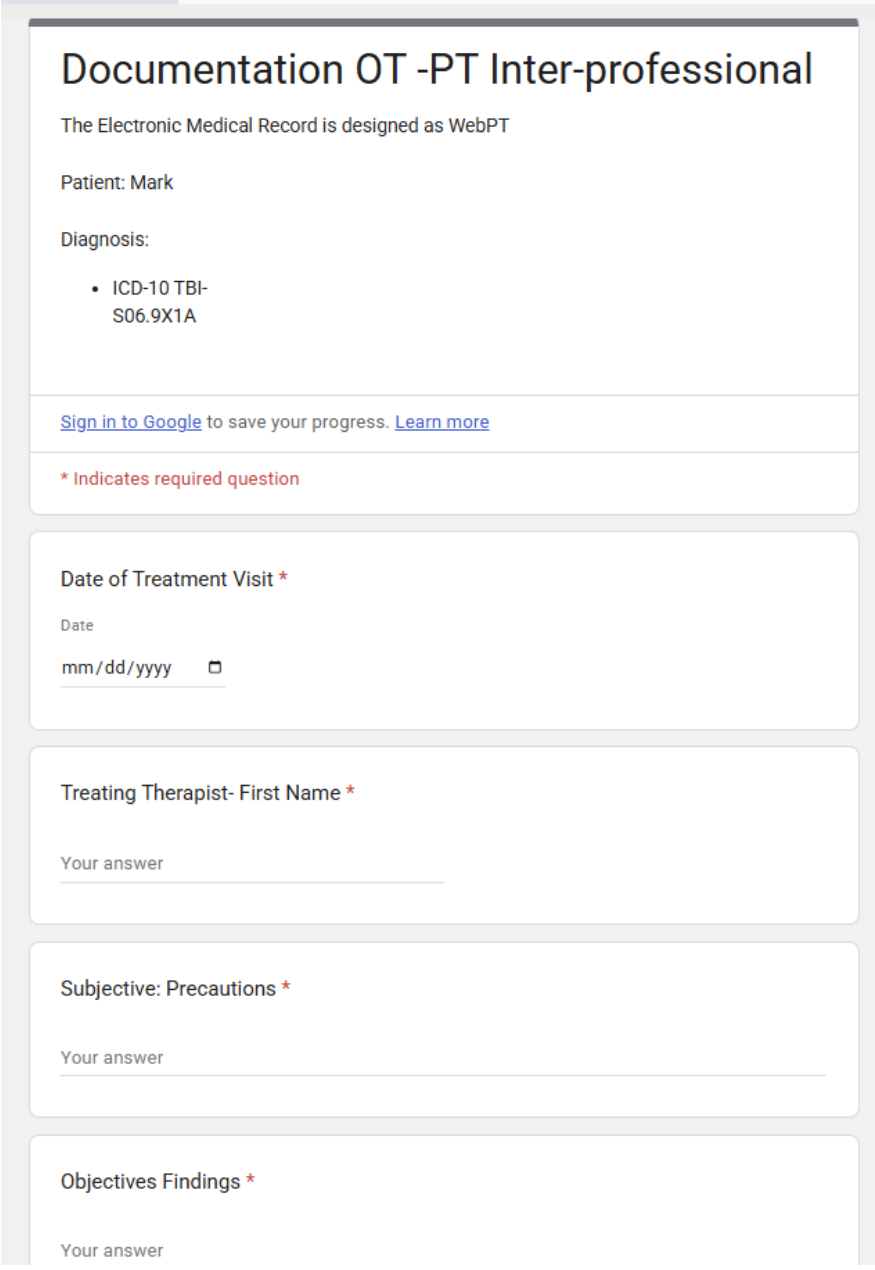
Prior to a live one-day IPE event, students completed a series of pre-simulation modules with the IPE ePortfolio to build foundational knowledge and prepare for the collaborative healthcare experience. These modules focused on the following topics:

- Interprofessional Collaboration in Healthcare
- Medical Conditions and Emergency Preparedness
- Professional Communication/Teamwork Strategies

Students also had access to supplemental resources and readings that addressed topics such as OT/PT Roles and Responsibilities and Healthcare Policies. Students were required to review the case study involving the patient's medical history, including OT and PT evaluations, and to document relevant information within the EMR section of the ePortfolio. Using the conversation tool in ePortfolio, students highlighted and annotated key clinical information in the EMR to share information and provide peer feedback (Figure 4). This facilitated shared understanding of the patient information in preparation for a one-day IPE event held on campus.

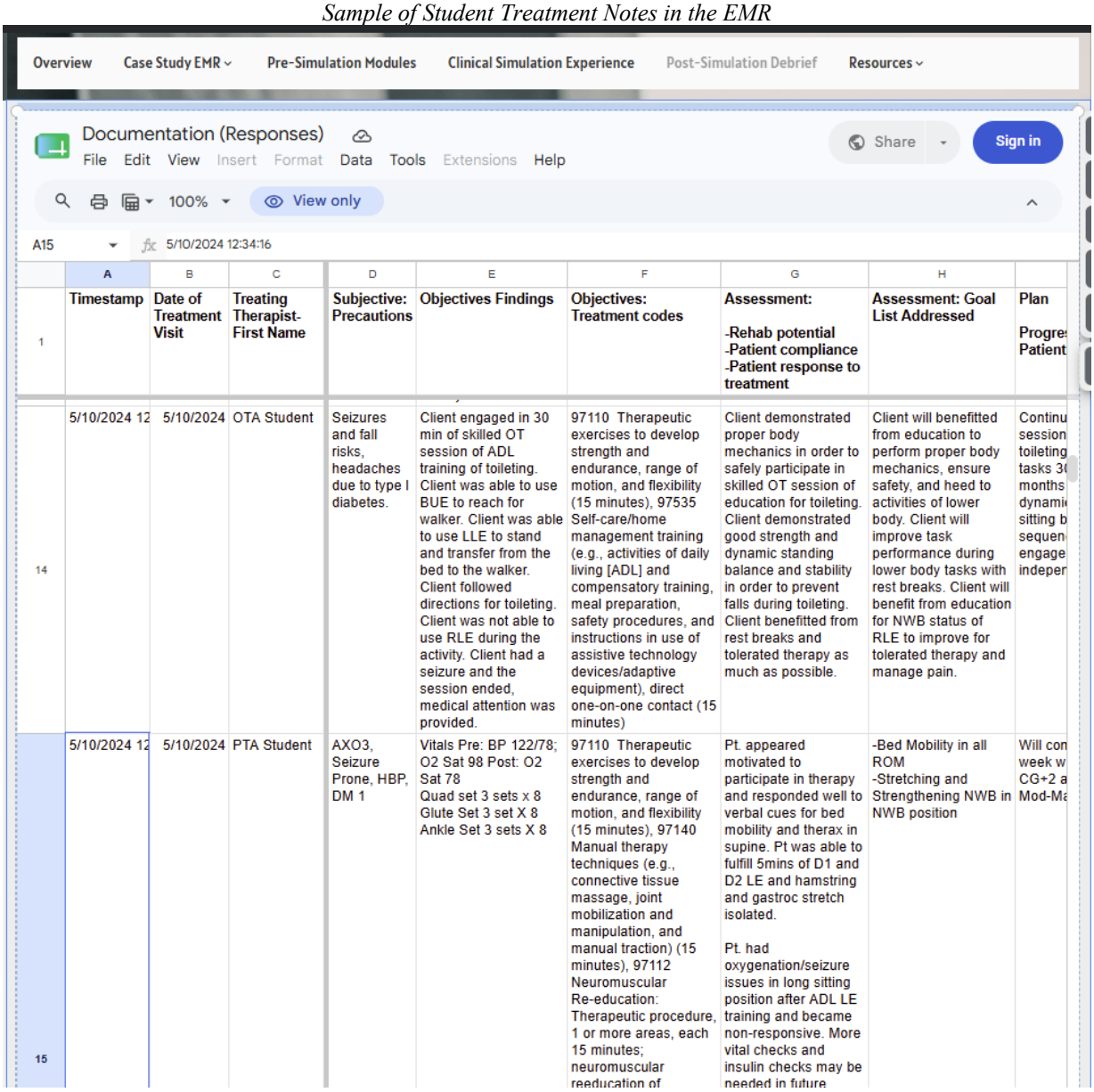
Figure 5

*Documentation Form in Electronic Medical Record Within ePortfolio*




*Note.* The figure illustrates the documentation form embedded within the simulated EMR. Students used the form to document the simulated treatment encounter in a format aligned with professional documentation practices.

Figure 6
*Sample of Student Treatment Notes in the EMR*




| | A | B | C | D | E | F | G | H | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Timestamp | Date of Treatment Visit | Treating Therapist-First Name | Subjective: Precautions | Objectives Findings | Objectives: Treatment codes | Assessment: -Rehab potential -Patient compliance -Patient response to treatment | Assessment: Goal List Addressed | Plan Progre Patient |
| 14 | 5/10/2024 12 | 5/10/2024 | OTA Student | Seizures and fall risks, headaches due to type I diabetes. | Client engaged in 30 min of skilled OT session of ADL training of toileting. Client was able to use BUE to reach for walker. Client was able to use LLE to stand and transfer from the bed to the walker. Client followed directions for toileting. Client was not able to use RLE during the activity. Client had a seizure and the session ended, medical attention was provided. | 97110 Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes), 97535 Self-care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact (15 minutes) | Client demonstrated proper body mechanics in order to safely participate in skilled OT session of education for toileting. Client demonstrated good strength and dynamic standing balance and stability in order to prevent falls during toileting. Client benefitted from rest breaks and tolerated therapy as much as possible. | Client will benefitted from education to perform proper body mechanics, ensure safety, and heed to activities of lower body. Client will improve task performance during lower body tasks with rest breaks. Client will benefit from education for NWB status of RLE to improve for tolerated therapy and manage pain. | Continu session toileting tasks 3 months dynami sitting b sequen engage indeper |
| 15 | 5/10/2024 12 | 5/10/2024 | PTA Student | AXO3, Seizure Prone, HBP, DM 1 | Vitals Pre: BP 122/78; O2 Sat 98 Post: O2 Sat 78 Quad set 3 sets x 8 Glute Set 3 set X 8 Ankle Set 3 sets X 8 | 97110 Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes), 97140 Manual therapy techniques (e.g., connective tissue massage, joint mobilization and manipulation, and manual traction) (15 minutes), 97112 Neuromuscular Re-education: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of | Pt. appeared motivated to participate in therapy and responded well to verbal cues for bed mobility and therax in supine. Pt was able to fulfill 5mins of D1 and D2 LE and hamstring and gastroc stretch isolated. Pt. had oxygenation/seizure issues in long sitting position after ADL LE training and became non-responsive. More vital checks and insulin checks may be needed in future | -Bed Mobility in all ROM -Stretching and Strengthening NWB in NWB position | Will con week w CG+2 a Mod-Ma |

*Note.* The figure provides an example of student-generated treatment notes completed during the simulation. The notes demonstrate clinical reasoning, documentation skills, and the integration of discipline-specific knowledge into the patient care process. Student identifying information has been removed.

### *Stage 2 – One-Day Interprofessional Education (IPE) Event*

The one-day IPE event on campus consisted of three phases, each representing a crucial step in the interprofessional treatment planning and implementation process.

**Phase 1 – Pre-Briefing and Treatment Planning.** Students were divided into four interprofessional teams of PTA and OTA students. Each team was tasked with reviewing the case study and collaboratively developing a 30-minute treatment session, ensuring that the intervention was inclusive of both disciplines' specific roles and scope of practice. The teams were responsible for setting up the treatment environment within a simulated acute rehabilitation facility and selecting the appropriate equipment for the intervention. Treatment planning was documented in the EMR section of the ePortfolio.

**Phase 2 – Treatment Implementation.** During the treatment implementation phase, each interprofessional team engaged in co-treatment with a live model patient, following the collaborative treatment plan developed

earlier. Additionally, a simulated medical emergency was introduced during the intervention, based on the patient's medical history. Teams were required to demonstrate safety protocols and provide post-emergency care during this phase.

**Phase 3 – Clinical Documentation.** Students documented their treatment intervention in the EMR section of the ePortfolio, simulating the process of entering clinical documentation typically required in professional practice. This included detailing the interventions implemented, patient responses, and any additional notes related to the treatment process. Documentation of the intervention, including the emergency response, was recorded using a Google Form embedded into the EMR of the ePortfolio (Figure 6).

### *Stage 3 – Post-Simulation Debrief*

Following the simulation, students participated in an individual reflection and group discussion to process their experiences. The PEARLS Healthcare Debriefing Tool (Bajaj et al. 2018) was used to guide the conversation, encouraging students to reflect on strategies implemented during the simulation, challenges faced, and solutions developed. The tool facilitated discussions on communication, teamwork, co-treatment, and safety/emergency response preparedness. Students were also encouraged to reflect on how the skills learned during the simulation could be applied to their upcoming clinical fieldwork experiences.

Figure 7

*Sample of Peer Feedback on Collaborative IPE Using iTOFT-Advanced Form*

**iTOFT ADVANCED Version**

***Individual Teamwork Observation and Feedback Tool***

| | | | |
|---|---|---|---|
| Student ID | Student Observer | Observer ID | |
| Profession | | Profession | |
| Year level | | Student peer observer Yes/No | |
| Graduate entry Yes/No | | Yes | |

Institutional logo

Date 5/10/24

**Activity observed:** I saw the OTA's and PTA's stretch him out and help him work on bed mobility. The OTA's were then working on helping him use the dressing stick to help him put on his pants.

Team composition

| Observable behaviours | Not applicable to this activity | Please tick one: Inappropriate | Appropriate | Responsive | Feedback for student |
|---|---|---|---|---|---|
| **Shared decision making** | | | | | Everyone was very involved and responsive to peoples ideas on how we should go about performing the interventions. Everyone is also a very good listener and didnt interupt anyone. |
| 1. Plans patient/client care or group/community intervention with team members | | | | ✔ | |
| 2. Includes patient/client/family or group/community as partners in decision-making processes | | | | ✔ | |
| 3. Includes relevant health professionals in patient/client care management or group/community intervention as appropriate | | | | ✔ | |
| **Working in a team** | | | | | People were able to work together in pulling ideas and bringing it together in their interventon plan. As well as when they were performing the interventions everyone was involved at least at one point. |
| 4. Participates in interprofessional discussions about patient/client care or group/community intervention | | | | ✔ | |
| 5. Demonstrates respect for others in and outside the team | | | | ✔ | |
| 6. Invites the opinions of other team members | | | | ✔ | |
| **Leadership** | | | | | My recommendation is to let the students know that they don't have to speak so formally to the patient on what you're going to do. The patient is here to get better and is looking to you to help him do so, letting him know with medical terminology can potentially agitate him. Just say what you're going to do and explain it to him and his caregiver in simpler terms. |
| 7. When leading is sensitive to the needs of the team | | | | ✔ | |
| 8. Provides constructive feedback to team members about their performance | | | | ✔ | |
| **Patient Safety** | | | | | Everyone handled the emergency very well and put the safety of the patient first. |
| 9. Discusses patient safety issues with the team | | | | ✔ | |
| 10. Works with other team members to manage conflict | | | | ✔ | |
| **Overall global impression** | | | | | Comment: Very good group that knew what they were doing and knew how to help him. As well as very rsponsive in the emergency and handled themselves very well. |

*Note.* The figure presents an example of peer feedback using the Individual Teamwork Observation and Feedback Tool (iTOFT-Advanced). The instrument was used to evaluate observable teamwork behaviors related to communication, leadership, shared decision-making, and collaboration during the simulation experience. Student identifying information has been removed.

Table 1
*Pre- and Post-IPE Simulation SPICE-R2 Mean Scores*

| | Students *n* | Pre-IPE *M(SD)* | Post-IPE *M(SD)* |
|---|---|---|---|
| OTA | 17 | 4.34(0.331) | 4.20(0.714) |
| PTA | 8 | 4.39(0.349) | 4.75(0.353) |
| Combined (unweighted) | 25 | 4.38(0.329) | 4.47(0.447) |

Table 2
*t-Test Analysis of SPICE-R2 Scores*

| Comparison | Test | *t*(*df*) | *p* |
|---|---|---|---|
| Pre vs. Post-IPE (Combined PTA and OTA) | Paired *t* test | 0.95(9) | .413 |
| PTA vs. OTA (Pre-IPE) | Independent *t* test | 0.00(14) | .719 |
| PTA vs. OTA (Post-IPE) | Independent *t* test | 0.00(14) | .042 |

*Note.* Statistical significance was set at $p < .05$. The degrees of freedom (*df*) correspond to the number of students with complete SPICE-R2 domain scores included in each test. Ten students had complete matched domain data for the paired samples *t* test, and 16 students had complete data for the PTA versus OTA comparisons.

Select students completed the iTOFT to provide peer observations on the collaborative process, and all students completed a SPICE-R2 post-survey to assess changes in their interprofessional collaboration competencies, and their reflections were documented in the ePortfolio (Figure 7).

**Data Collection and Analysis**

Pre- and post-simulation scores from the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R2; Dominguez et al., 2015) survey were collected. The SPICE-R2 is a validated, 10-item self-report instrument designed to measure health professions students' perceptions of interprofessional education and collaborative practice. It uses a 5-point Likert scale ranging from *strongly disagree* to *strongly agree* and assesses three key domains: interprofessional teamwork and team-based practice, roles and responsibilities for collaborative practice, and patient outcomes from collaborative practice. Responses were stratified by program, specifically PTA and OTA students, to examine group-specific patterns in interprofessional perceptions.

Descriptive statistics were used to examine changes in student perceptions of interprofessional education following a simulated learning experience. SPICE-R2 mean scores were analyzed separately for PTA and OTA students both before and after the IPE simulation, and combined scores were calculated using an unweighted average of the two group means (Table 1).

Pre-simulation data revealed comparable averages between groups, with the overall mean SPICE-R2 score across both professions being 4.38 (PTA: 4.39; OTA: 4.34). Post-simulation scores indicated a general increase in perceived value of interprofessional education, with a combined mean rising to 4.47. PTA students showed the largest increase, with their average improving to 4.75, while OTA students exhibited a modest decline to 4.20. The modest decline observed among OTA students should be interpreted with caution given the small sample size and exploratory nature of this pilot study. Future research with larger cohorts is needed to better understand potential discipline-specific differences in perceptions of interprofessional collaboration.

We used *t* tests to compare the mean scores of the SPICE-R2 scores for the combined PTA and OTA groups (Table 2). A paired *t* test comparing pre- and post-IPE SPICE-R2 scores for combined PTA and OTA students yielded a non-significant result, $t(9) = 0.95$, $p = .413$, indicating no statistically significant change in perceptions following the simulation. Similarly, a independent samples *t* test comparing PTA and OTA scores prior to the IPE showed no significant difference between group*p*s, $t(14) = 0.00$, $p = .719$. However, a statistically significant difference was found in the post-IPE scores between PTA and OTA students, $t(14) = 0.00$, $p = .042$, suggesting discipline-specific variations in perception following the simulation. These results point to a potential divergence in how the two groups experienced or responded to the IPE activity (Table 2). Degrees of freedom reflect the number of students with complete SPICE-R2 domain data included in each analysis. Although 25 students completed both the pre- and post- IPE surveys, only those with complete SPICE-R2 domain scores could be included in the statistical analysis. Ten students had complete matched domain data for the paired *t* test ($df = 9$), and 16 students had complete data for the PTA versus OTA comparisons ($df = 14$).

The Individual Teamwork Observation and Feedback Tool (iTOFT; Thistlethwaite et al., 2016) Advanced version was used to assess student

performance across four domains: shared decision-making, working on a team, leadership, and safety. This version includes 10 observable behaviors rated by trained observers, using a rubric that evaluates the presence and quality of each behavior during interprofessional teamwork activities.

A one-way ANOVA was conducted to evaluate whether statistically significant differences existed among the mean scores for four observed teamwork domains: shared decision-making, working on a team, leadership, and safety. The analysis yielded a significant effect, $F(3, 28) = 17.14$, $p < .001$, indicating that at least one domain mean differed significantly from the others. Descriptive statistics for each domain, including standard deviations, are presented in Table 3.

In the analysis of the iTOFT single-factor domains, the highest average score was observed in Working on a Team ($M = 6.00$, $SD = 0.00$), indicating unanimous agreement in strong team-based competence among participants. Shared Decision-Making also demonstrated consistently strong performance ($M = 5.50$, $SD = 0.75$). In contrast, Leadership had the lowest average ($M = 3.38$, $SD = 1.41$), reflecting greater variability and potential development gaps. Safety showed moderate consistency ($M = 3.50$; SD = 0.92), signaling a need for continued emphasis in training or assessment. Overall, the results reflect high performance in collaboration and communication domains, with variation suggesting areas for targeted instructional reinforcement (Table 4).To gain deeper insights into student reflections and interactions, qualitative data from the debriefing dialogue and written responses were systematically analyzed using Taguette, an open-source tool for qualitative coding and thematic analysis. The debriefing dialogue was conducted with the entire student cohort, facilitated by trained faculty using the PEARLS (Promoting Excellence And Reflective Learning in Simulation) method to guide discussion and promote critical reflection. Following the group dialogue, each small group submitted written responses, which were included in the analysis. Emergent themes from this process are summarized in Table 5.

Furthermore, sentiment analysis was conducted using ATLAS.ti, a qualitative data analysis software that enables in-depth examination of emotional tone and affective responses. This analysis facilitated the identification of underlying sentiments—positive, negative, or neutral—associated with the discussions, thereby illuminating the emotional and cognitive dimensions of student engagement. The sentiment distribution results are presented in Table 6, offering a comparative view across the identified themes.

## Discussion

The use of ePortfolio as a simulated EMR tool within IPE significantly enhanced students' self-perceived competencies, particularly in communication and co-treatment planning. The findings suggest that the simulation, supported by the ePortfolio platform, not only improved perceived readiness for interprofessional collaboration but also identified curricular areas requiring further development in leadership and safety competencies.

ePortfolio's flexibility enabled students to annotate decisions, document care in real time, and collaborate asynchronously. Compared to costly proprietary EMRs, ePortfolio offered an accessible and feasible alternative that supports both learning and assessment. Features such as comment functions and embedded Google Forms supported both synchronous and asynchronous collaborative engagement. In this capacity, the platform served both as a documentation system and as an assessment tool, reinforcing competency-based education practices (Janssen et al., 2022). Faculty noted that students arrived at the simulation with annotated medical information, contributed meaningfully to discussions on clinical treatment, and demonstrated emerging documentation skills.

Table 3
*One-Way ANOVA Results for iTOFT Domains*

| Source of variation | *SS* | *df* | *MS* | *F* | *p* | *F* crit |
|---|---|---|---|---|---|---|
| Between iTOFT domains | 43.84 | 3 | 14.61 | 17.14 | <.001 | 2.95 |

*Note.* ANOVA compared four teamwork domains: shared decision-making, working on a team, leadership, and safety.

Table 4
*iTOFT Single Factor ANOVA*

| Domains | *n* | Sum | *M* | *SD* |
|---|---|---|---|---|
| Shared decision-making | 8 | 44 | 5.50 | 0.75 |
| Working on a team | 8 | 48 | 6.00 | 0.00 |
| Leadership | 8 | 27 | 3.38 | 1.41 |
| Safety | 8 | 28 | 3.50 | 0.92 |

Table 5
*Debriefing Themes*

| Theme | Frequency | Example |
|---|---|---|
| Client included | 6 | "Shared and seek information, integrated preferences, discussed opinions, advocated all with client" |
| EMR for decision-making | 5 | "Decreased my gap in clinical skills and preparedness to emergency situation and helps with starting clinicals" |
| Client not included | 4 | "Did not ask client what thinks about the idea or intervention" |
| Safety maintained | 3 | "More client information prior to session to create treatment and target goals" |
| Positive collaboration | 14 | "Members supported and sensitive. Polite and considerate with contributions to ideas of interventions" |
| Positive communication | 11 | "Communication formal during treatment with simple language with client and caregiver" |

Table 6
*Sentiment Analysis*

| Sentiment | Frequency | Example theme |
|---|---|---|
| Positive | 17 | Collaboration |
| Negative | 11 | Response to emergency |
| Neutral | 10 | Clinical decision-making |

Results from the SPICE-R2 instrument indicated a positive shift in student attitudes toward interprofessional teamwork, with combined (unweighted) average scores increasing from 4.38 (pre-simulation) to 4.47 (post-simulation). Although this increase did not reach statistical significance in the paired-samples *t* test for combined OTA and PTA groups, the upward trend supports an enhanced appreciation for collaborative care. These findings are consistent with prior research by Gentry et al. (2022) and Karsten et al. (2015), who reported that even brief, structured IPE interventions can positively influence students' perceptions of teamwork and career preparedness.

Notably, a statistically significant difference in post-simulation SPICE-R2 scores was observed between the PTA and OTA cohorts ($p = .042$), suggesting that discipline-specific training or role expectations may influence perceptions of interprofessional collaboration. These findings underscore the importance of incorporating discipline-specific role clarification and collaboration exercises into IPE design.

iTOFT results further supported the development of interprofessional competencies, revealing that students performed most strongly in areas of teamwork and shared decision-making. However, lower average scores in leadership ($M = 3.38$) and safety ($M = 3.50$) indicate areas for targeted curricular enhancement. These differences were statistically significant according to the one-way ANOVA, $F(3, 28)$, $p < .001$. Such gaps are noteworthy given the critical role of leadership in clinical decision-making and emergency response. Incorporating structured crisis management scenarios, peer modeling, and guided leadership tasks in future simulations may help address these deficits. Future simulations should incorporate explicit leadership roles, critical decision-making scenarios, and emergency response protocols. These elements, supported by structured feedback from faculty and peers, can help cultivate student confidence in managing complex clinical situations collaboratively.

Post-simulation reflections and debriefings, guided by the PEARLS Healthcare Debriefing Tool (Bajaj et al. 2018), revealed several emergent themes. Students reported increased clarity regarding collaboration, emergency response, and clinical decision-making. The inclusion of a simulated medical emergency was cited as a particularly valuable component, enhancing the realism of the experience and testing students' communication and critical thinking under pressure. These reflective exercises, integrated into the ePortfolio platform, can facilitate identity formation and metacognitive awareness (Torres & McKinley, 2023).

Faculty review of the iTOFT scores indicated strong student performance in team building, role clarification, and clinical reasoning. Positive trends in SPICE-R2 scores were reflected in students' ability to actively extrapolate information from the case scenario, collaborate in problem solving, and synthesize information both verbally and within the EMR. These findings underscore the value of integrating ePortfolio-based simulations into the curriculum to promote interprofessional competencies, document clinical reasoning processes, and scaffold reflective practice.

Faculty were able to gain meaningful insights into students' clinical reasoning where emergency responses and collaborative treatments were safely handled, clarity and conciseness in documentation practices were evident, and overall preparedness for fieldwork was observed. The experience emphasized the significance of preparing students to meet the clinical requirements. By practicing real-time clinical notetaking, treatment justification, and interdisciplinary data sharing, students developed skills that are essential for documentation accuracy, accreditation requirements, reimbursement processes, and continuity of care. These competencies align with the professional standards increasingly demanded of entry-level healthcare providers.

Faculty observations suggested that ePortfolio provided greater visibility into student learning than simulation activities alone by allowing instructors to review treatment plans, clinical documentation, and reflective entries within a shared digital workspace. The platform supported team building by facilitating communication, shared decision-making, and the integration of discipline-specific perspectives throughout the treatment planning process. Faculty noted that the collaborative workspace made students' clinical reasoning more transparent and enabled instructors to observe how teams synthesized information, negotiated treatment priorities, and applied interprofessional competencies in real time.

Faculty also observed that ePortfolio provided evidence of professional competencies associated with workforce readiness, including communication, accountability, reflective practice, and leadership. While collaboration was consistently demonstrated across teams, variability was noted in students' willingness to assume leadership roles during treatment planning, emergency response activities, and team coordination tasks. The shared digital environment made these behaviors more visible by documenting student contributions and decision-making processes. These observations align with the lower leadership scores identified through the iTOFT assessment and suggest that future simulations should incorporate structured opportunities for students to practice leadership, role delegation, and team coordination within interprofessional settings.

## Recommendations for Future Research

The simulation functioned as a dynamic platform for faculty to observe a student's ability to demonstrate live review of EMRs, organize treatment plans, and respond to emergent challenges. These tasks mirror essential responsibilities in clinical practice. Such observations provided valuable insight into students' preparedness for clinical placements and their capacity to function effectively under time constraints and within shared professional responsibilities.

To further support professional growth, the inclusion of structured video-based self-assessment is recommended. Reviewing recorded simulations involving team-based care, documentation, and critical incidents can enhance student self-awareness and clinical judgment. Embedding these video reflections within the ePortfolio environment, supplemented by standardized prompts and instructor feedback, creates a robust feedback loop that promotes deep learning and metacognitive development.

It is also recommended that future program evaluations incorporate post-fieldwork focus groups to assess the transferability of simulation-based learning to real-world clinical settings. These qualitative discussions can provide valuable insights into students' application of interprofessional collaboration and EMR documentation skills in practice, informing ongoing curriculum refinement to better align simulation activities with clinical demands.

In the future, this ePortfolio design could be adopted across other allied health programs to expand understanding of professional roles and strengthen shared documentation practices. Broadening its use would support greater healthcare efficiency by creating a unified digital space where learners from multiple disciplines can record, reflect, and track their clinical reasoning and contributions to patient care. The findings also have broader implications for interdisciplinary teaching and learning. As a collaborative digital workspace, ePortfolio can support integrative learning by enabling students from different disciplines to share knowledge, document project development, engage in reflective practice, and co-construct solutions to complex problems. The platform's flexibility allows educators to create authentic learning environments that promote communication, teamwork, and professional identity development across diverse academic and professional fields.

These recommendations provide opportunities for a strategic shift toward integrated interprofessional learning at the associate degree level. The ePortfolio platform provides a digital infrastructure to support implementation by enabling structured reflection, clinical documentation, and performance assessment across the student learning continuum. Embedding EMR and IPE competencies into core curricular activities prepares OTA and PTA students to enter the workforce as collaborative, reflective, and digitally literate healthcare professionals.

## Conclusion

This pilot study demonstrates the potential of ePortfolio as a high-impact educational practice that supports simulation-based interprofessional education among PTA and OTA students. By integrating collaborative documentation, clinical reasoning, reflective practice, and simulated EMR functions within a shared digital environment, the project provided

students with opportunities to develop communication, teamwork, and documentation competencies that are essential for contemporary healthcare practice. Quantitative and qualitative findings suggest that the experience fostered interprofessional engagement, strengthened awareness of professional roles, and promoted reflection on clinical decision-making and emergency response preparedness.

Grounded in constructivist and experiential learning principles, the integration of ePortfolio extended learning beyond the simulation event itself by providing a space for students to document experiences, engage with peer perspectives, and critically reflect on professional growth. In this capacity, ePortfolio functioned as more than a repository of student work; it served as an active learning environment that supported the construction of knowledge through collaboration, reflection, and authentic clinical experiences. The combination of simulation and ePortfolio created opportunities for learners to connect disciplinary knowledge with interprofessional practice while developing skills that can transfer to clinical education and future employment settings.

Beyond its application within healthcare simulation, this study highlights the potential of ePortfolio to serve as an interdisciplinary learning platform that supports integrative and high-impact educational practices. By creating opportunities for students to collaboratively document experiences, exchange perspectives, and reflect on their learning, ePortfolio can facilitate meaningful connections across disciplines while promoting innovation, professional development, and collaborative problem-solving. As institutions seek approaches that prepare students for increasingly complex and team-oriented workplaces, ePortfolio offers a flexible framework for fostering engagement, integration of knowledge, and cross-disciplinary collaboration.

This study contributes to the growing body of literature on ePortfolio-supported interprofessional education by demonstrating how digital learning environments can be leveraged to promote collaboration, reflection, and workforce readiness at the associate degree level. Future research should explore the long-term impact of ePortfolio-supported simulations on clinical performance, professional identity formation, and interdisciplinary learning, while examining how similar models can be scaled across academic programs and institutional contexts.

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