

An audiovisual strategy for identifying and managing critical incidents in problem-based interprofessional education group discussions

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Abstract

Background: In interprofessional education (IPE) with problem-based learning (PBL), commonly termed interprofessional PBL (IPBL), students from various health professions engage in small group discussions facilitated by tutors. The group dynamics can be compromised by various critical incidents, potentially leading to group dysfunction. **Objective:** This study aimed to develop an instructional audiovisual tool that illustrates critical incidents within IPE discussions, designed to enhance tutors' ability to identify and effectively intervene in these situations. **Methods:** A two-phase research and development study was conducted, preceded by a qualitative study to identify potential critical incidents in IPE discussion. The first phase involved developing audiovisual media based on qualitative findings. In the second phase, a Focus Group Discussion (FGD) was conducted with five experienced IPE tutors to identify the critical incidents portrayed in the video and giving feedback to formulate appropriate interventions. **Results:** The audiovisual tool portrayed three primary critical incidents: professional stereotyping initiated by the tutor, imbalanced participation among group members, and pseudo-collaboration during a report-writing task. This tool was also provided with possible interventions for each situation. The FGD results indicated that all five tutors successfully identified the three incidents. They concurred with the proposed interventions, which included maintaining neutrality to avoid professional stereotypes, managing balanced participation, and fostering true collaboration through clear task delegation. **Conclusion:** The audiovisual tool is effective for helping tutors identify critical incidents in IPE discussions. This tool will be utilized to provide tutors with practical experience before facilitating IPE sessions.

Keywords: Audiovisual tool; critical incidents; interprofessional education; interprofessional PBL; problem-based learning; tutors

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INTRODUCTION

The Interprofessional education (IPE), defined as the process in which learners from diverse health disciplines engage in shared educational experiences, is internationally recognized as a cornerstone for cultivating collaborative competencies and enhancing patient care quality.[1] Evidence indicates that IPE enhances learners' attitudes toward teamwork, strengthens communication competencies, and deepens understanding of collaborative practice. Moreover, IPE is increasingly recognized as a fundamental prerequisite for achieving effective interprofessional collaboration (IPC) in healthcare settings.[2,3] Similarly, Problem-based learning (PBL) represents a well-established, student-centred pedagogical approach within medical and health professions education, employing small-group analysis of authentic cases to promote active engagement, critical reasoning, and collaborative learning.[4] Substantial evidence demonstrates that PBL effectively enhances students' problem-solving capacity, communication competence, and self-directed learning while maintaining comparable levels of knowledge acquisition.[4–6] Collectively, both IPE and PBL have been widely adopted and rigorously evaluated as fundamental pedagogical frameworks within health professions education, each contributing to the development of collaborative, reflective, and practice-ready healthcare professionals.[7–9]

Combining interprofessional education (IPE) with problem-based learning (PBL), commonly termed interprofessional PBL (IPBL), provides a structured framework through which learners from different professional backgrounds can cultivate collaborative competencies by engaging in shared problem-solving activities.⁹ Recent studies highlight that interprofessional PBL yields more favourable outcomes than uniprofessional formats. Students engaged in mixed-profession PBL achieved significantly higher teamwork attitudes and self-directed learning improvements compared with those in single-discipline groups.[9,10] While interprofessional problem-based learning (IPBL) has demonstrated considerable potential in fostering teamwork, communication, and self-directed learning among health-profession students, challenges can still emerge within its implementation. Despite these educational advantages, critical incidents occasionally arise during group discussions that disrupt constructive collaboration and impede learning progress. Within the context of PBL, such critical incidents refer to behaviours or circumstances that hinder effective group functioning, for instance, interpersonal conflict, domination by particular members, loss of focus in discussion, or other dysfunctional dynamics that may compromise the learning experience.[11–13]

Given that critical incidents within PBL discussions can undermine group cohesion and impede learning, the role of the tutor or facilitator becomes pivotal in sustaining productive group functioning. The facilitator's primary responsibility extends beyond content delivery to guiding the learning process, monitoring interpersonal dynamics, and fostering a psychologically safe environment. Distinct from a didactic lecturer, the PBL tutor supports balanced participation, mediates potential conflicts, and intervenes strategically to maintain focus and collaborative engagement.[14] Tutoring within interprofessional problem-based learning (IPBL) environments presents unique challenges that extend beyond those in uniprofessional settings. Tutors are required to navigate the complexities of multiple professional identities, maintaining neutrality and preventing dominance by any single discipline while ensuring equitable participation among students from diverse professional backgrounds.[15,16]

Ensuring that faculty are adequately prepared to undertake the tutor role is a critical prerequisite for the success of problem-based learning. Faculty development initiatives for PBL facilitators are most successful when they extend beyond theoretical instruction to include practical, experiential learning components. Best-practice recommendations for tutor training emphasize interactive approaches such as role-playing challenging facilitation scenarios, analyzing video recordings of group sessions, and engaging in peer observation or shadowing of experienced tutors.[17,18] Audiovisual media represent a powerful resource for faculty development and student learning. Evidence demonstrates that video-based instruction significantly enhances health professionals' knowledge, practical skills, and attitudinal outcomes compared with conventional teaching methods. The use of video cases and simulations allows learners to visualise complex interpersonal interactions and critically reflect on effective facilitation practice, offering experiential insights.[19] Moreover, incorporating video-review in training further strengthens facilitators' ability to identify productive and unproductive group interactions, deepens their understanding of facilitation strategies, and promotes continuous self-improvement in guiding group learning processes.[20,21]

The Faculty of Medicine and Health Sciences, Univeritas Jambi (FKIK UNJA), consists of 5 health study programs, including Medicine, Pharmacy, Public Health Sciences, Nursing, and Psychology. Currently, FKIK UNJA has implemented community-based learning IPE and Interprofessional problem-based learning.[22] This study aimed to develop an instructional audiovisual tool that illustrates several critical incidents in interprofessional PBL discussions, and to use it as a training resource to improve tutors' ability to identify and effectively intervene in these situations. We focused on critical incidents that can lead to group dysfunction in IPE settings, as identified through preliminary qualitative research. We also sought to gather experienced tutors' feedback on the realism of the scenarios and the appropriateness of proposed interventions, in order to refine best-practice strategies for managing each incident.

METHODS

Study design and setting

This study employed a two-phase research and development (R&D) design, preceded by a qualitative exploratory phase. A preliminary qualitative study was conducted to identify potential critical incidents that commonly arise during interprofessional PBL or tutorial discussions. The analysis resulted in several categories of critical incidents, including: (1) Professional stereotyping initiated by the tutor; (2) Imbalanced participation among group members; (3) Pseudo-collaboration during a group task.

Phase 1: Development of audiovisual media

Based on the identified critical incidents, a series of short video scenarios was developed to realistically portray challenges commonly observed in interprofessional tutorials. The scripts were written collaboratively by the research team. There were three separate vignettes (3-5 minutes each) around these themes. Each vignette was filmed with volunteer student actors from medicine, nursing, psychology, public health and pharmacy programs to resemble an interprofessional PBL tutorial. A faculty member played the role of the tutor. The video then resumes to show an example of an appropriate tutor intervention to address the incident.

Phase 2: Expert review

In the second phase of the R&D process, the developed audiovisual materials were reviewed through a Focus Group Discussion (FGD) involving five experienced IPE tutors. During the FGD, participants were asked to identify the critical incidents depicted in each video and give feedback on the proposed interventions shown, were they appropriate and effective, or would they suggest modifications. The discussion was audio-recorded and transcribed verbatim. Data were analysed thematically to refine the media content and to inform the development of a corresponding tutor-training framework focused on managing group dynamics and mitigating critical incidents.

RESULTS

The audiovisual tool successfully portrayed three primary critical incidents frequently observed in interprofessional education (IPE) tutorials. During the Focus Group Discussion (FGD), all five participating tutors accurately identified the three critical incidents and provided insightful reflections on the nature of each incident and its educational implications.

1. Professional stereotyping initiated by the tutor

In this vignette, the tutor explicitly positioned the medical profession as the central actor in the case discussion and directed discussion leadership to a medical student. The tutor's verbal and non-verbal behaviour reinforced hierarchical dominance, unintentionally marginalising contributions from other professions. All tutors readily identified this situation as an example of professional stereotyping. One participant noted, "This reflects a subtle bias we sometimes show unconsciously assuming doctors should lead, when in fact every profession can contribute equally." Another tutor added, "Such moments remind us to be more reflective about our facilitation stance and the language we use in class." The tutors agreed that maintaining neutrality and using inclusive language are key strategies to avoid reinforcing professional hierarchies.

2. Imbalanced participation among group members

The second vignette portrayed a discussion dominated by a medical student who continuously spoke, made decisions unilaterally, and dismissed the inputs of peers from other disciplines. Students from other disciplines became passive, while the facilitator remained silent.

All tutors immediately recognised this as a critical incident involving dominance and lack of balanced participation. One tutor commented, "I have seen this happen often, one confident student talks the most while others stay quiet. The tutor should intervene to restore balanced participation among group members". Another participant observed that "when facilitators don't intervene, the learning becomes one-dimensional and no longer interprofessional." They collectively emphasised the tutor's responsibility to guide equitable participation, acknowledge contributions from all professions, and refocus discussion toward shared learning objectives.

3. Pseudo-collaboration during report-writing tasks

The final vignette depicted students dividing report-writing tasks by profession after the facilitator left the room, leading to a mechanical completion of the assignment with little interprofessional exchange. Tutors unanimously identified this as a case of pseudo-collaboration, an activity that appears cooperative but lacks meaningful interaction or integration of professional perspectives. As one tutor reflected, "They were working together in form, but not in substance. There was no true synthesis of

ideas.” Another tutor added, “This shows why facilitators must stay until the end or at least ensure students understand how to collaborate, not just divide tasks.”

Tutors recommended that facilitators should provide clearer structure for collaboration, prompt joint reflection, and emphasise integration rather than task segmentation.

The audiovisual tool not only illustrated three primary critical incidents but also included suggested facilitation strategies to address each situation. During the Focus Group Discussion (FGD), all five tutors unanimously agreed that the proposed interventions were relevant, practical, and aligned with real facilitation challenges encountered in interprofessional tutorials. The tutors also emphasized that the audiovisual tool could be used as a reflective training resource for novice facilitators.

1. Intervention for “professional stereotyping initiated by the tutor”

To address the issue of tutor bias and professional stereotyping, the intervention strategies focused on promoting equality among professions and fostering neutral facilitation. Recommended approaches included: (1) explicitly affirming that every profession holds an essential role in patient care, (2) acknowledging the unique contributions of each discipline during discussion, and (3) allowing students to elect their own group leader, regardless of profession, to demonstrate that leadership can emerge from any discipline. All tutors strongly supported these measures. One tutor remarked, “Sometimes we unconsciously highlight one profession, especially medicine, but this video reminds us that facilitation should begin by creating equality among all disciplines.” Another added, “Letting students choose their leader helps break down hierarchy and gives everyone a sense of shared ownership in the discussion.”

2. Intervention for “imbalanced participation among group members”

To mitigate dominance and ensure equitable participation, the proposed interventions emphasized the facilitator’s active role in regulating group dynamics. The strategies included: (1) prompting contributions from quieter students, (2) connecting ideas from different professions to foster integrative discussion, and (3) clarifying each profession’s role in the case to prevent confusion or disengagement. Tutors unanimously agreed that these techniques were vital. One participant reflected, “A facilitator must sense when the balance is lost, then deliberately invite quieter voices, to restore true interprofessional learning.” Another commented, “When we link each profession’s perspective, students begin to see how their roles complement each other, not compete.”

3. Intervention for “pseudo-collaboration during a report-writing task”

For situations where collaboration becomes superficial, the interventions encouraged the facilitator to ensure meaningful integration of perspectives. The recommended strategies were: (1) explicitly emphasizing the need for collaborative synthesis rather than mere task division, and (2) allocating time for students to plan how they would integrate their work before the facilitator leaves the room. The tutors recognized this as a common challenge in practice. One tutor noted, “Students often equate dividing tasks with collaboration, but they miss the point of learning from one another. The facilitator must remind them to plan how to integrate their sections.” Another tutor added, “This intervention is simple but effective, just giving time and structure before leaving can change the entire group dynamic.”

The FGD feedback on the audiovisual tool was positive. Tutors described the video scenarios as realistic and relatable, often citing personal examples that mirrored the incidents shown. This realism is critical, one tutor remarked, “Watching the video

was almost like looking in a mirror of my past tutorial sessions. It makes you self-aware.” All five tutors successfully pinpointed the incidents and even anticipated some of the interventions before the video tutor enacted them, suggesting that the tool can effectively train the recognition of group dysfunction cues. Notably, all tutors admitted that they had faced comparable situations during their initial facilitation experiences. They described viewing the dramatized scenarios as “a concise peer-training experience” that reaffirmed insights gained over years of practice and trial-and-error learning.

The tutors agreed that the audiovisual tool would be highly valuable for training new Interprofessional problem-based learning facilitators. As one participant noted, “Learning theories about group dynamics is important, yet observing how these dynamics unfold in real situations provides a much deeper understanding. It allows us to see both the problems and the possible solutions at the same time.” The tutors further observed that novice facilitators often focus predominantly on content delivery while overlooking the dynamics of group interaction; thus, exposure to realistic audiovisual scenarios can enhance their awareness of facilitation processes and effective response strategies. There was also consensus that the tool could serve as a useful refresher for experienced tutors and as a learning resource for students, illustrating the contrast between effective and ineffective group interactions and reinforcing the principles of constructive interprofessional collaboration.

DISCUSSION

This study introduces an innovative audiovisual tool for faculty development in interprofessional PBL, and the findings suggest important theoretical and practical implications for tutor training and collaborative learning. The tutor’s consistent recognition of each critical incident and agreement with the corresponding interventions suggest that the audiovisual materials achieved strong authenticity, contextual accuracy, and instructional value. By visualizing authentic IPBL scenarios, novice tutors are exposed to the nuanced group dynamics and potential conflicts that can arise, which traditional lecture-based training may fail to convey. This approach responds to a recognized limitation in faculty development programs, emphasizing the need to shift from purely theoretical instruction to experiential, practice-oriented learning experiences.[23]

Novice PBL tutors commonly face challenges in managing group dynamics and addressing critical incidents, often demonstrating limited confidence in intervening when discussions become unproductive. Participating in the audiovisual scenarios functions as a form of guided rehearsal, allowing tutors to practice managing facilitation challenges within a simulated yet realistic context. This experiential approach enables them to observe, analyze, and reflect on authentic examples of group interaction before applying those insights in real tutorial settings. By witnessing both ineffective and effective facilitation behaviors, tutors can internalize appropriate intervention strategies and develop the confidence to respond adaptively when similar situations occur in practice.[24]

The audiovisual tool also serves as an ongoing reflective resource for tutor development. Experienced facilitators can use the videos to engage in self-assessment and peer dialogue aimed at improving their facilitation strategies. During the vignette review, expert tutors engaged in collegial reflection that allowed them to evaluate the depicted facilitation strategies in relation to their own experiences. This process

exemplifies reflective practice, which is widely acknowledged as essential for maintaining and deepening facilitation skills in medical education.[25,26]

Apart from enhancing tutor preparedness, the tool serves to enrich the broader interprofessional learning context by promoting more cohesive and collaborative educational experiences. By incorporating these video scenarios into tutor training, institutions can better equip facilitators to recognise and address common group-process disruptions, such as professional stereotyping, dominance by one profession, or pseudo-collaboration that compromise the effectiveness of interprofessional PBL. Effective facilitation is essential for learners acquisition of interprofessional competencies, including teamwork, communication, and role clarification. Current evidence suggests that the quality of group interaction in PBL strongly influences educational outcomes, while structured reflective tools on group processes enhance facilitators' and learners' ability to improve team performance.[12] Through enhancing tutors awareness of group processes and appropriate facilitation strategies, the tool addresses underlying factors contributing to variability in tutorial quality, thereby fostering more consistent and effective interprofessional learning sessions.

CONCLUSIONS

This study developed an audiovisual tool that effectively depicts and addresses critical incidents in interprofessional PBL discussions. The tool enhances tutors capacity to recognize and manage professional stereotyping, imbalanced participation, and pseudo-collaboration. Incorporating this tool into faculty development can provide experiential learning opportunities, preparing tutors to facilitate more inclusive, balanced, and collaborative interprofessional learning sessions.

CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

This study used artificial intelligence (AI) for language refinement and technical writing assistance. We confirm that all AI-assisted processes were critically reviewed by the authors to ensure the integrity and reliability of the results. The final decisions and interpretations presented in this article were solely made by the authors.

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