

The Global&Regional IPE+ Forum

**Shaping the Future of Collaboration
through
Service Learning and Interprofessional Education**

March 9, 2025
Chiba University Inohana Memorial Hall with Zoom

March 2025



Contents

Opening speech

Tomoko Majima, Ph.D.

Vice director, Professor

Graduate School of Nursing, Advanced practice nursing, Chiba university

1

Organizer's Proposal

Ikuko Sakai, Ph.D.

Director, Professor

Inter Professional Education Research Center, Graduate School of Nursing, Chiba university

1

Session 1 Report from participating countries

Theme: Implementation Status and Challenges of IPE from the Perspective of Contribution to Society
(Social Implementation)

1. Japan (Chiba University)

Jiaru Sun, PhD, Lecturer

Interprofessional Education Research Center, Graduate School of Nursing,

2

2. South Africa (University of the Free State)

Elizabeth Cornelia Janse van Vuuren, PhD

Professor Vice-dean: Teaching & Learning Faculty of Health Science

Ronelle Jansen

Senior lecturer of UFS, School of Nursing

12

3. Qatar (Qatar University)

Alla El-Awaisi, PhD,

Professor of Health and Medical Science, Qatar University

Sawsan Ibrahim Almukdad

Professor of Health and Medical Science, Qatar University

19

4. Indonesia (Gadjah Mada University)

Uki Noviana, PhD

Secretary of the Master of Nursing Study Program

Sri Mulyani, PhD

Executive Manager of the Interprofessional Program of Education

29

5. Vietnam (Hanoi Medical University)

Nguyen Thi Lan Anh, PhD

Dean of Nursing and Midwifery faculty

Truong Quang Trungh, PhD

Vice Dean, senior lecturer in the subject of Fundamentals of Nursing

37

6. UK (University of Leicester)

Maria Keerig, PhD

Senior GP Clinical Educator

Samuel Adcock PhD

Senior Academic GP/Associate Professor

53

Session 2 Connecting Interprofessional Education (IPE) and Society

"Integrating IPE and service learning: implementation methods and evaluation"

1. Designated Speech

A) Symbiosis Community Outreach Program and Extension

Lelith Daniel, Assitant Professor

Symbiosis International (Deemed) University, India

60

B) GRIP PROJECT impact on Japanese and Indian Students

Kshipra Potdar

Representative of SGS Edunet, India

67

Summary of Remarks during Q&A and Discussion

70

Summary and Closing Speech

Ikuko Sakai, Ph.D.

Director, Professor

Inter Professional Education Research Center, Graduate School of Nursing, Chiba university

72

Appendix

The result of the Post Forum Questionnaire

73

Opening speech

Tomoko Majima, Ph.D.

Chiba University

Chiba University Graduate School of Nursing has been promoting interprofessional education (IPE) for many years. Our university has built a system where various professionals, such as medicine, nursing, and pharmacy, can learn interprofessional education while working together. We have also actively developed educational programs that emphasize collaboration with local communities both in Japan and abroad, allowing students to grow while learning in practical settings. Such efforts are also strongly linked to the development of "service learning" today.

This forum aims to shape the future of collaboration by inviting interprofessional leaders from six countries around the world and fusing international knowledge. Through this international dialogue, we hope to improve our ability to respond to various health-related social issues, share global standards for interprofessional education, and adapt them to the actual conditions of each region, leading to the development of more effective education and practice. We also hope that this forum will lead to the creation of new networks that will lead to future joint research and international projects.

We hope that today's discussion will be a meaningful learning experience for you and a place for new exchanges. We hope that you will gain a lot of knowledge through lively discussions. Thank you for your cooperation today.

Organizer's Proposal

Ikuko Sakai, Ph.D.

Chiba university

This forum aims to explore a more practical and socially contributing form of learning by combining IPE (Interprofessional Education) and service learning, and to draw the future of collaboration. The importance of IPE is increasing day by day. At the same time, the concept of service learning, which connects learning to real-world issues, is attracting attention as a method to foster deep understanding and empathy through practice, not just the acquisition of knowledge.


This forum has invited experts from Japan and abroad to deepen discussions on the possibilities brought about by the fusion of IPE and service learning from diverse perspectives. In addition, through the introduction of actual case studies, we will share the effects and challenges of the fusion and explore the future of education and practice.

The landing point we aim for is to clarify a concrete path for how IPE and service learning can complement each other, improve the quality of learning, and realize a better future of collaboration. We hope that each session will provide participants with new perspectives and practical hints, as well as a place to find possibilities for future collaboration and joint research. We sincerely hope for your active participation and fruitful discussions.

Session 1 Report from participating countries

1. Japan (Chiba University)

Jiaru Sun, Ph.D, Lecturer Jiaru Sun, Ph.D., Lecturer, Interprofessional Education Research Center, Graduate School of Nursing,



Implementation Status and Challenges of IPE in JAPAN— From the Perspective of Contribution to Society (Social Implementation)

Speaker:

Jiaru SUN, PhD (Lecturer, Interprofessional Education Research Center, CHIBA University)


Toshinori SHIMOI, PT, PhD, (Assistant Professor, Interprofessional Education Research Center)

Narumi IDE, PHN, RN, PhD (Associate Professor, Chiba University Graduate School of Nursing)

Ikuko SAKAI, RN, PHN, MSN, PhD (Professor, Director, Interprofessional Education Research Center)

March 9th, 2025 Global & Regional IPE+ Forum 1

1



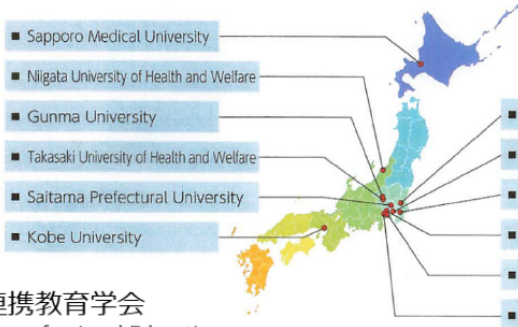
IPE implementation overview in JAPAN

1. IPE start date


日本語のIPE開始日

- ・ 4; 2019年
- ・ 4; 2020年

Japan Interprofessional Working and Education Network (JIPWEN)



- Sapporo Medical University
- Niigata University of Health and Welfare
- Gunma University
- Takasaki University of Health and Welfare
- Saitama Prefectural University
- Kobe University
- University of Tsukuba
- Keio University
- Chiba University
- Tokyo Metropolitan University
- Showa University
- Kitasato University



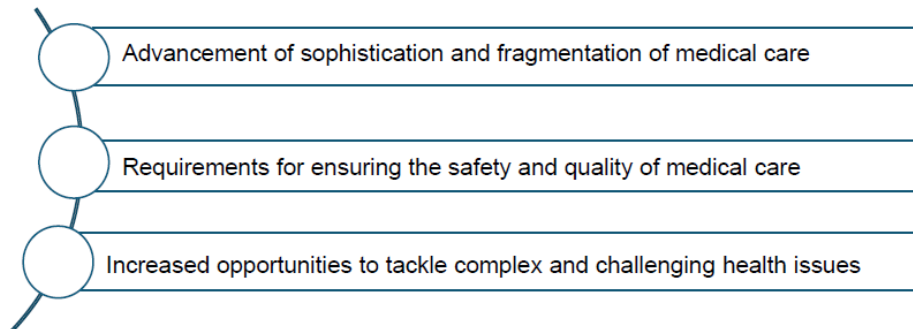
日本保健医療福祉連携教育学会
Japan Association for Interprofessional Education

2

2

IPE implementation overview in JAPAN

2. Background and reasons for introducing IPE



March 9th, 2025

Global & Regional IPE+ Forum

3

3

IPE implementation overview in Chiba U

Inohana IPE from May 2007



**Patient-centered care
Team building**

4

4

IPE implementation overview in Chiba U

3. IPE goal setting

March 9th, 2025

Global & Regional IPE+ Forum

5

5

Competencies for Collaborative Practice to be acquired at Inohana IPE

	Adjustability	Ability to contribute
Willingness to collaborate and practice	Actions to achieve team goals	Provision of treatment and care respecting the patient
Professional competency	Team collaboration skills	Professional attitudes and beliefs
Ability to be a member of society	attitude that enhances team cohesion	Fulfillment of professional roles

The rubric was developed inductively from interviews with health-related professionals in the prefecture and set as an attainment goal at graduation. Since 2013, the rubric has been used as a common evaluation indicator among faculties.

6

6

IPE implementation overview in Chiba U

4. Collaborative faculties/areas/faculty members

Undergraduate School

- College of Liberal Arts and Sciences
- Faculty of Letters
- Faculty of Law, Politics and Economics
- Faculty of Education
- Faculty of Science
- Faculty of Engineering
- Faculty of Horticulture
- School of Medicine
- Faculty of Pharmaceutical Sciences
- School of Nursing

2017~ Step1

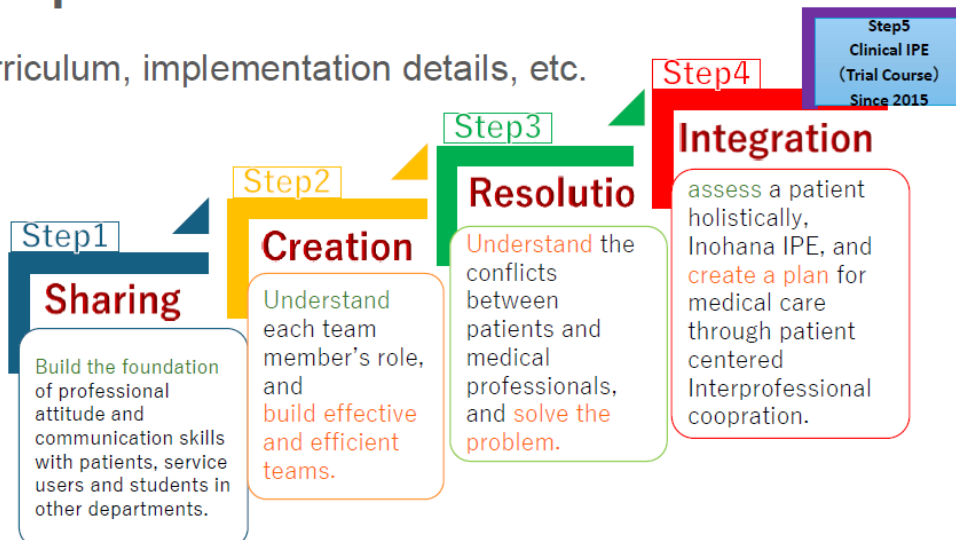


7

7

IPE implementation overview in Chiba U

5. Curriculum, implementation details, etc.



March 9th, 2025

Global & Regional IPE+ Forum

8

8



9




10



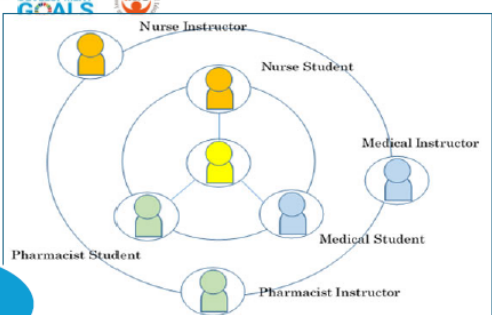
11



12



CHIBA UNIVERSITY
grip
Global & Regional Interprofessional Education Plus Program



SUSTAINABLE DEVELOPMENT GOALS
JAPE

Clinical IPE

Student teams have to manage the care of a patient and conduct IPE with medical participation.

Clinical IPE: 3days(July)

Clinical Clerkship (2-4week)

In-service Training(3 week)

Integrated Practicum(2 week)

Med. 5th year

Pharm. 5th year

Nurse. 4th year

March 9th, 2025
Global & Regional IPE+ Forum
13

13

<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CHIBA UNIVERSITY</div> <div>grip</div> <div>Global & Regional Interprofessional Education Plus Program</div> <div>SUSTAINABLE DEVELOPMENT GOALS</div> <div>JAPE</div> </div>								
student	Ma v.	June	Jul.	Aug.	Sep.	Oct.	Nov.	Jan.
342	step1		M 1st	N 1st	P 1st	T 3rd		
276	step2		M 2nd	N 2nd	P 2nd			
254						M 3rd	N 2nd	P 3rd
246					Step 4	M 4th	N 3rd	P 4th
19			CIP E	M 5th	N 4th	P 4th		

14

14

IPE implementation overview in Chiba U

6. Specific outcomes and evaluation methods

Student Evaluation Methods

Each factor's percentage depends on the department.

Self-Evaluation: Students assess themselves after each class.

Peer Evaluation: Students evaluate their group members, and fina-presentations .

Instructor Evaluation: Teachers assess group activities, assignments, and final presentations.

Inohana IPE Evaluation

Student Feedback: Students evaluate the course through questionnaires

IPERC Self-Evaluation: The IPE operational department, IPERC, conducts self-evaluation to ensure continuous improvement.

Operational and External Evaluation: We hold annual committee meetings to evaluate and improve the program.

March 9th, 2025

Global &Regional IPE+ Forum

15

15

IPE in CHIBA University : implementation stage, challenges and prospects as social contribution

1. Current EPIS stage:

2005-2011 Inohana IPE Start

2012-2018 IPERC Installation and Improvement of Inohana IPE

2019-2023 COVID-19 and Globalization of Inohana IPE

2024~ Sustainment

March 9th, 2025

Global &Regional IPE+ Forum

16

16

IPE CHIBA University : implementation stage, challenges and prospects as social contribution

2. Challenges to be faced

Operation of
the New
Clinical IPE
Program

Balancing
Implementation
Methods and
Systems

Maintaining
Quality and
Accumulating
Know-how

Further
Development
and
Improvement
of Educational
Materials

Strengthening
Collaboration
with the
Community

March 9th, 2025

Global & Regional IPE+ Forum

17

17

IPE in CHIBA University : implementation stage, challenges and prospects as social contribution

3. Future outlook

1. Short-term improvement plan

1. **Maintain IPE course quality** and update teaching materials.
2. Collaborate with local organizations to expand IPE applications in the community.

2. Mid- to long-term development plan

1. **Build a continuously updated teaching resource library**, incorporating international best practices.
2. Integrate IPE into community care systems, collaborating with sectors like social welfare and education to meet diverse needs.

3. Possibility of international collaboration

1. **Establish an international student exchange platform to promote global IPE** knowledge sharing and experience exchange.
2. Explore how to address global health challenges and the aging society, helping students develop a global perspective and international collaboration skills.

March 9th, 2025

Global & Regional IPE+ Forum

18

18

CHIBA UNIVERSITY

Global & Regional Interprofessional Education Plus Program

Chiba University Graduate School of Nursing
InterProfessional Education Research Center

[Contact Us](#) | [Media / Coverage](#)

[Home](#) | [Organization](#) | [Inohana IPE](#) | [Research](#)

Organization

Find us on

- inohana-ipe@office.chiba-u.jp
- <https://www.n.chiba-u.jp/iperc>

March 9th, 2025






Global & Regional IPE+ Forum

19

2. South Africa (University of the Free State)

Elizabeth Cornelia Janse van Vuuren, PhD

Ronelle Jansen, Senior lecturer of UFS, School of Nursing



Implementation Status and Challenges of IPE in South Africa – From the Perspective of Contribution to Society (Social Implementation)

Speakers:







Corlia Janse van Vuuren
Ronelle Jansen
University of the Free State (UFS), Bloemfontein, South Africa

March 9th, 2025

Global & Regional IPE+ Forum

1



1



IPE implementation overview in South Africa

Background and reasons for introducing IPE

The University of the Free State (UFS) is strongly committed to societal engagement and to strengthen the community(ies) it serves. As part of this commitment, the Faculty of Health Sciences at the UFS has developed a Rural Community Initiative in the Southern Free State, with the fundamental goal of adding a rural environment in which undergraduates and postgraduates can obtain knowledge, improve their clinical skills and serve the needs of the community(ies).



Global & Regional IPE+ Forum

2

2

IPE implementation overview in South Africa

Core values for the Faculty of Health Sciences Rural Community Initiative (FHSRCI)

- Human Embrace
- Institutional Distinctiveness
- Public Service
- Emergent Leadership
- Superior Scholarship

Project objectives of the FHSRCI

Community: To develop equitable inclusive partnerships with diverse stakeholders eliciting social empathy that leads to social responsiveness and social justice.

Curriculum: To generate an extended collaborative practice curriculum for both under- and postgraduate students in the Faculty of Health Sciences.

Centre: To establish an academic centre of excellence that will facilitate flourishing praxis and research opportunities.



March 9th, 2025

Global & Regional IPE+ Forum

3

3

IPE implementation overview in South Africa

Implementation

- Piloted in 2015, with full implementation from February 2016.
- All final year students in the Faculty of Health Science at the UFS (i.e., medicine, nursing, physiotherapy, occupational therapy, biokinetics, optometry) engage in collaborative learning activities on the rural platform. (In 2023, there were 21 IPE weeks accommodating 275 undergraduate students). Each student participate in one full week of IPE during their final year.
- IPE is introduced through an orientation session in February of each year, where students are divided in two groups to engage in the first IPE activities of the year.



March 9th, 2025

4

4



IPE implementation overview in South Africa

Curriculum

- All the IPE activities include community engagement where students from multiple disciplines can observe and participate in collaborative care under the guidance of experienced facilitators. Facilitators are also from all academic programmes mentioned above.

Learning outcomes

- Care expertise
- Shared power
- Collaborative leadership
- Optimising profession/ scope/ role
- Shared decision-making
- Effective team/ group functioning



March 9th, 2025

Global & Regional IPE+ Forum

5

5



IPE implementation overview in South Africa

Weekly structure of our IPE programme

FRIDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Preparatory simulation in IPE groups	Platform orientation & skills practice	Grade 8-12 learner screening	Home visits with Community Health workers	Lifestyle groups Youth Leadership programme	Digital story sharing

March 9th, 2025

Global & Regional IPE+ Forum

6

6

IPE implementation overview in South Africa

2023 societal impact



School	Number of learners screened
Trompsburg Secondary School	121
PT Saunders Combined School	58
Springfontein Secondary School	100
TOTAL	279

Lifestyle Group	Number of attendances*
Trompsburg	178
Springfontein	70
TOTAL	248

*Note that members can attend all sessions, and attendances will then be added for each session attended)



March 9th, 2025

Global & Regional IPE+ Forum

7

7

IPE implementation overview in South Africa

2023 societal impact (cont'd)



Area	Number of patient visits
Trompsburg	308
Springfontein	267
Philippolis	106
TOTAL	681

	Screening of DM patients	Follow up of DM patients
Trompsburg	47	42
Springfontein	37	32
TOTAL	84	74








March 9th, 2025

Global & Regional IPE+ Forum

8

8

IPE implementation overview in South Africa

Assessment

Educational outcomes






- Conventional assessment methods, e.g., portfolios & reflections
- Creation of artefacts, e.g., health promotion presentations/ videos/ posters
- Knowledge sharing, i.e., *digital stories* & case presentations

Healthcare outcomes & Societal impact

- Research, e.g., staff, students
- Stakeholder engagement, e.g., meetings & questionnaires

March 9th, 2025 Global & Regional IPE+ Forum 9

9

IPE implementation overview in South Africa

Goal-setting and future outlook

Serving community(ies) Sustainability

- Establish new partnerships within the current community, e.g., Community Health Workers
- Expand to other communities in the broader province, e.g., Eastern Free State
- Share knowledge & develop communities to be self-sustained (engaged citizenship)

Developing future healthcare professionals

- Develop social responsiveness
- Increase master & doctoral intake; joint degrees
- Integrate students to serve on community boards

Internal & External collaboration

- Better engagement with IPE from a broader community of academics
- Engage in transdisciplinary research (institutional, national, international)
- Finding sustainable funding sources; student/ staff exchange

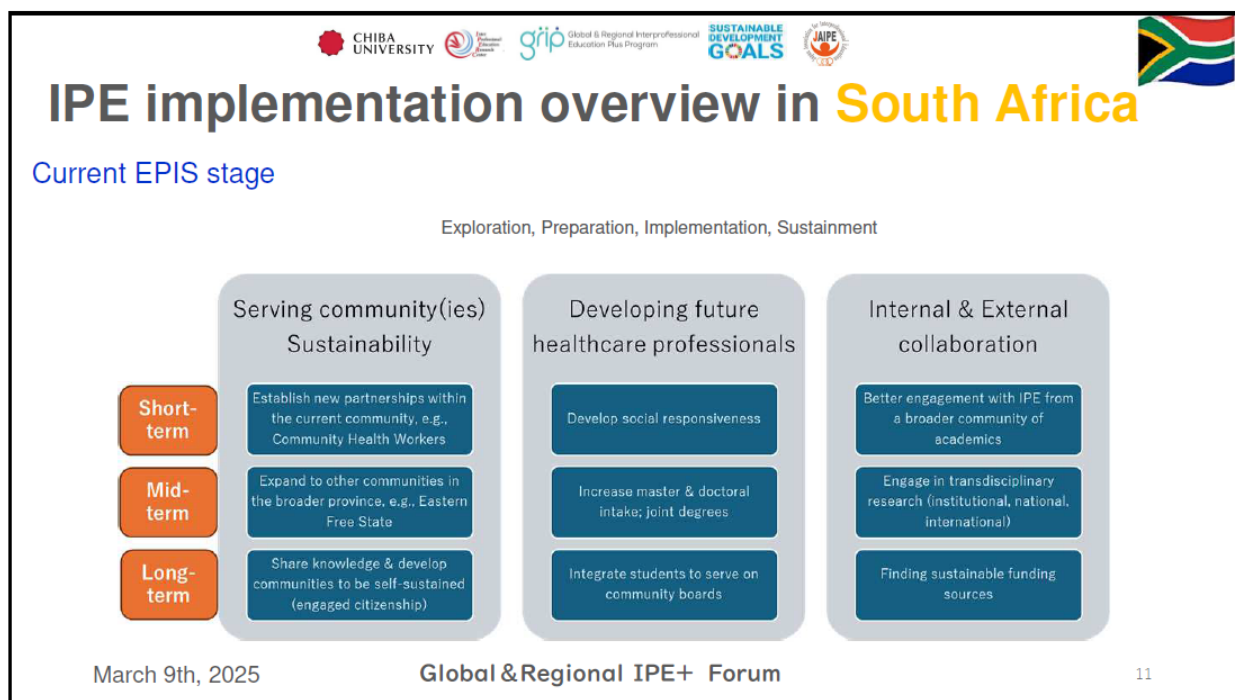
Short-term

Mid-term

Long-term

March 9th, 2025 Global & Regional IPE+ Forum 10

10



11

IPE implementation overview in South Africa

Challenges

- **Cultural diversity**
The Southern Free State is home to diverse cultural and linguistic groups which may give rise to miscommunication if language barriers are not effectively addressed. These language misunderstandings can hinder collaboration and the quality of patient care during interprofessional practice.
- **Resource limitations**
Healthcare facilities in the region may face a lack of resources, such as medical equipment, medication, adequate infrastructure, or skilled professionals.
- **Scheduling & logistics**
Coordinating schedules between students and facilitators from different programs, especially when they come from various schools or institutions, can be a logistical challenge.

March 9th, 2025 Global & Regional IPE+ Forum 12

12

IPE implementation overview in South Africa

International collaboration

The significance of collaboration on a global level cannot be underscored, especially with regards to the sharing of best practice to address universal health challenges, such as the increase of non-communicable disease, but also reaching educational outcomes, such as IPE or CBE. Global expansion possibilities are, therefore, plentiful and resides on different levels:

✓ **Educational level** focusing on:

- ✓ Curriculum design to enhance current IPE or CBE programmes.
- ✓ Student outcomes, such as the development of graduate attributes, such as communication skills, teamwork, etc. – which could even be achieved through Collaborative Online International Learning (COIL). Through these collaborations, students not only reach their educational outcomes, but also engage on other aspects, addressing aspects such as cultural diversity in an informal way.

✓ **Research level** focusing on:

- ✓ Education-based research (focusing on student learning, curriculum development, etc.)
- ✓ Healthcare-based research (focusing on health outcomes, societal impact, etc.)

Opens opportunities for student and staff exchange – virtually or physically

March 9th, 2025

Global & Regional IPE+ Forum

13

13

Thank you

Speakers:

Corlia Janse van Vuuren

Ronelle Jansen

University of the Free State (UFS), Bloemfontein, South Africa

March 9th, 2025

Global & Regional IPE+ Forum

14

14

3. Qatar (Qatar University)

Alal El-Awaisi, PhD Professor Health and Medical Science, Qatar university

Sawsan Ibrahim Almukdad, Professor Health and Medical Science, Qatar university




Implementation Status and Challenges of IPE in Qatar From the Perspective of Contribution to Society (Social Implementation)

Dr. Alla El-Awaisi
Advisor to Vice President for Health and Medical Sciences
Section Head of Interprofessional Education Program
QU Health Sector, Qatar University


March 9th, 2025 Global & Regional IPE+ Forum

1

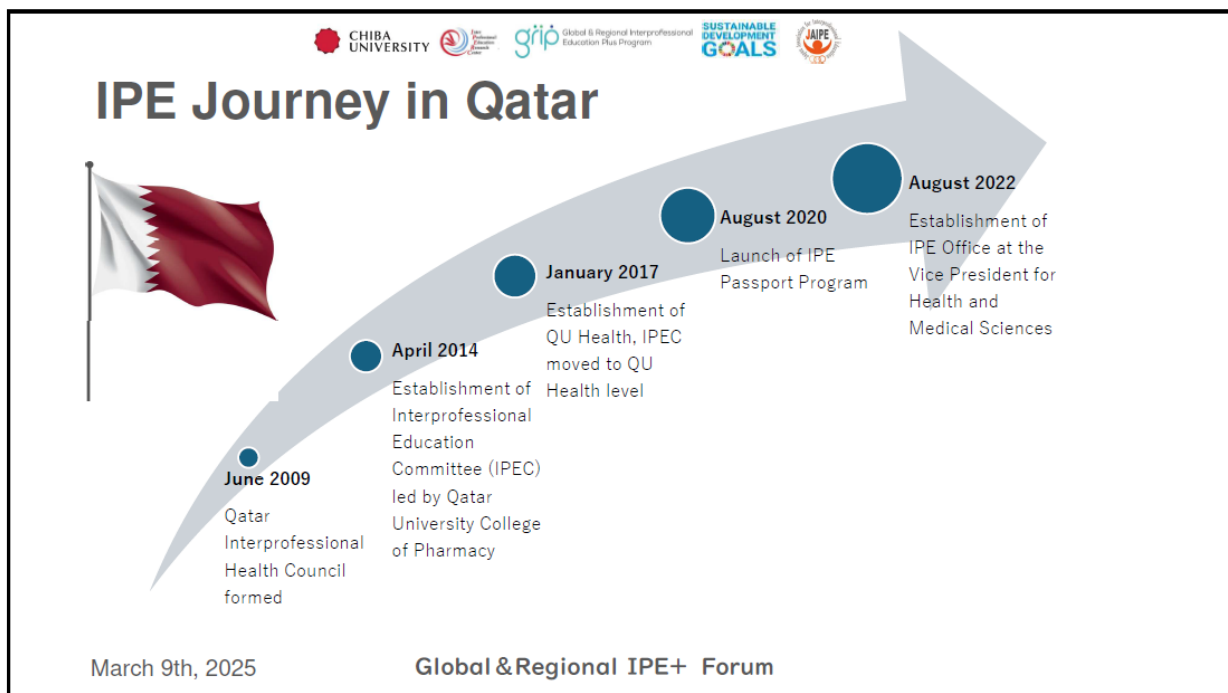


Outline

- IPE Journey in Qatar
- IPE Goals Settings
- Collaborative Institutions
- Curriculum & Implementation
- Outcomes & Evaluation
- Current EPIS Stage
- Challenges
- Future Outlook
- Conclusion & Discussion



2



3

Background

- **Healthcare System Complexity** → Increasing demand for team-based, patient-centered care
- **Quality & Safety** → Enhancing communication and collaboration to reduce medical errors
- **Alignment with National Goals** → Supports Qatar National Vision 2030 & National Health Strategy 2018-2022
- **Accreditation & Standards** → Required by international accreditation bodies (e.g., CCAPP, WHO recommendations)
- **Sustainability & Workforce Development** → Building a domestically trained and competent health workforce

March 9th, 2025 Global & Regional IPE+ Forum

4

IPE Goal Setting

Short-term Goals:

- Integration of IPE activities across professional years
- Engaging faculty and students in collaborative learning experiences

Mid-term Goals:

- Establishing a dedicated IPE office at QU Health
- Expanding faculty development programs and research on IPE impact

Long-term Goals:

- Fully integrate IPE into experiential learning and clinical placement
- Evaluate the impact of IPE on collaborative practice and patient outcomes

March 9th, 2025

Global & Regional IPE+ Forum

5

Collaborative Programs & Institutions

معاً نشكل مستقبل الصحة
 Shaping the Future of Health Together



March 9th, 2025

Global & Regional IPE+ Forum

6

Interprofessional Education Committee

- IPE Committee members include representatives from several programs at four institutions
- IPE committee responsibilities:
 - Represent faculty members from all QU Health colleges and other academic institutions
 - Participate in the review of IPE activities and curriculum
 - Liaise with colleges to facilitate student and faculty participation from their respective institutions and ensure assignments are completed.
 - Offer feedback on the IPE program and recommend improvements

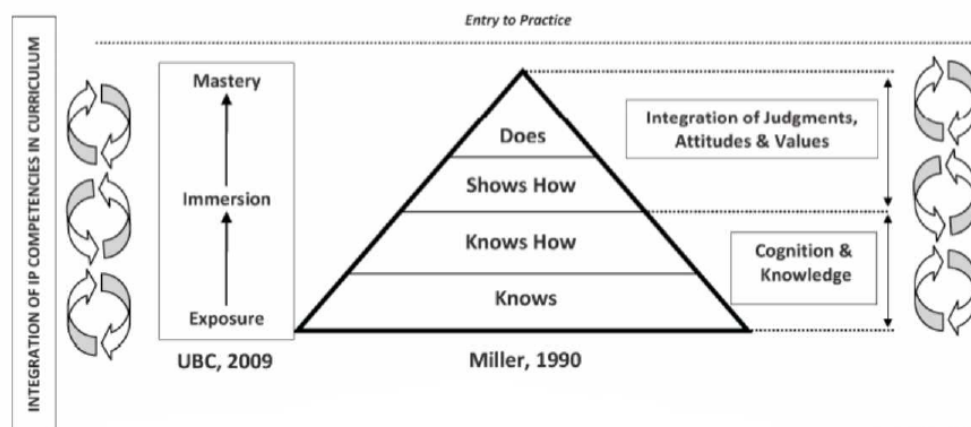


March 9th, 2025

Global & Regional IPE+ Forum

7

Models toward IPE Competency UBC Model



March 9th, 2025

Global & Regional IPE+ Forum

8

FIGURE 7. IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3 (2023)



► **Values and Ethics**

Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.

► **Roles and Responsibilities**

Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

► **Communication**

Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

► **Teams and Teamwork**

Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

March 9th, 2025

Global & Regional IPE+ Forum

9

IPE in the Different Professional Years

1st Year (Exposure)
Introducing IPE concept



2nd year (Exposure):
IPE smoking cessation & being an effective team player



3rd year (immersion):
Case based diabetes & Case based infection & antibiotic stewardship



4th year (Mastery):
IPE placement & IPE simulation



March 9th, 2025

Global & Regional IPE+ Forum

10



جامعة قطر
QATAR UNIVERSITY

القطاع الصحي
HEALTH SECTOR

جواز سفر التعليم الصحي المتداخل
Interprofessional Education Passport



Empowered Generation.
Integrated Care.
Driving Change.

جيل متمكن.
رعاية متكاملة.
صناعة التغيير.









Name: Jawaher Abdulla
Student ID: 201905645
Major/College: College of Pharmacy

Activity Title	Level	Date
Being an Effective Team Player	Exposure	17 January 2022
Case-based Discussion on Diabetes	Immersion	19 September 2022
IPE in Clinical Practice	Mastery	3 December 2023
Vaccination	Mastery	6 March 2024

IPE Passport Program

- Launched in 2020 for health profession students
- Development of the Qatar IPE Framework, which serves as a culturally grounded model for other countries
- Implementation of a Passport system to certify IPE competencies, enhancing graduates' collaborative readiness
- Reflective logs, portfolios, and rubric-based assessments ensure consistency across disciplines

11

IPE Passport Program & Evaluation Methods

QU Health Students enter the IPE passport program

➔


Students complete a minimum of four IPE activities

➔

Students submit reflective assignment after each IPE activity to their assign course/module

➔

IPE program Completion Certificate/letter



Extra-curricula activities through IPE Student Association can be included i.e. participating in interprofessional team challenge, presenting, outreach activities, member of IPE executive board etc.

March 9th, 2025

Global & Regional IPE+ Forum

12

Data on IPE activities at QU Health

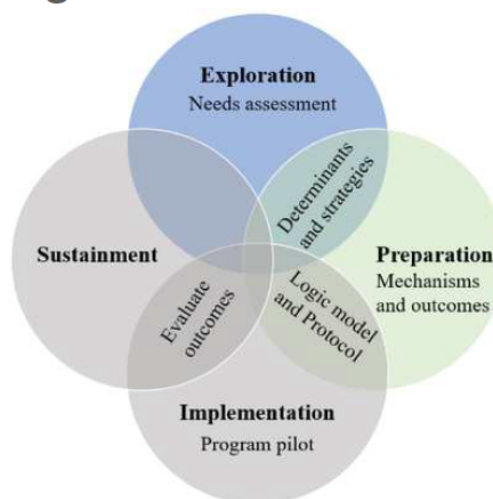
IPE Last 6 years	Curricula		Extra Curricula through IPE Student Association
Academic Year	Facilitators	Students	Activity
AY24	217	1860	9 th IPE Forum (on campus)
AY23	179	1174	8 th IPE Forum (on campus) More Active People for a Healthier World
AY22 (online)	103	960	7 th IPE Forum (on campus) Art Competition International Interprofessional Case Competition
AY21 (online)	84	594	6 th IPE Forum 2 International Debates with UK AND US Social media outreach campaigns
AY20	88	660	3 IPE Debates on COVID-19 pandemic 5 th IPE Forum and social media outreach campaigns
AY19	83	663	4 th IPE Forum and social media outreach campaigns

March 9th, 2025

Global & Regional IPE+ Forum

13

Current EPIS stage



March 9th, 2025

Global & Regional IPE+ Forum

14

Challenges

- **Logistical & Scheduling Barriers** → Coordination across multiple institutions with different timetables and limited shared spaces
- **Structured IPE Assessment** → Developing standardized tools to measure student competency, teamwork effectiveness, and patient impact
- **Faculty Development Training** → Need for structured training programs to equip faculty with IPE facilitation skills and best practices
- **Faculty Workload & Motivation** → Balancing IPE responsibilities with teaching, research, and clinical duties
- **Faculty & Institutional Support** → Need for faculty formal recognition, and incentives to sustain engagement
- **Limited Interprofessional Training** → Need for structured, hands-on interprofessional learning experiences in healthcare settings

March 9th, 2025

Global & Regional IPE+ Forum

15

Future Outlook

- **Short-term Improvement Plan:**
 - Strengthen faculty development programs to enhance IPE facilitation skills
 - Improve coordination among institutions to optimize scheduling of IPE activities
 - Develop standardized IPE assessment tools to evaluate student progress effectively and team performance
 - Encourage more student-led initiatives
 - Leveraging data for continuous improvement
- **Mid- to Long-term Development Plan:**
 - Expand interprofessional simulation-based learning opportunities.
 - Foster collaborations between academia and healthcare institutions for IPE integration in practice settings.

March 9th, 2025

Global & Regional IPE+ Forum

16

Future Outlook: Possibility of International Collaboration:

- **Strategic University & Health Partnerships** → Develop joint IPE programs, faculty exchanges, and cross-institutional learning opportunities
- **International Student Exchange Programs** → Establish structured student mobility programs for health profession students to gain hands-on IPE experience in different healthcare systems
- **Regional Leadership in IPE** → Position Qatar as a hub for IPE in the Arab region through policy influence, curriculum development, and capacity building
- **Strengthening Arab & Global Networks** → Expand collaboration through ANIC, Interprofessional.Global, and other key regional alliances to enhance IPE impact

March 9th, 2025

Global & Regional IPE+ Forum

17

Hosting 11th Edition of All Together Better Health Conference








Call for abstracts are now open

All Together Better Health Conference ATBH XI

The 11th International Conference on Interprofessional Practice and Education

Cultivating a Collaborative Culture: Sharing Pearls of Wisdom

6-9 November 2023

Qatar University, Doha - Qatar

Conference subthemes related to interprofessional education and collaborative practice:

- SHARING models of best practice
- INFORMING national, regional, and global policies and standards
- ADVOCATING for health and wellbeing
- EMBRACING diversity, equity, inclusion, and belonging
- PROMOTING safety in and beyond health services

Follow us on Twitter @ATBHXI

Conference website: <https://atbh.org/>

For further information, please contact us on: ipcc@qu.edu.qa

18

Conclusion

- **Significant Progress Achieved** → Qatar has successfully integrated IPE into health profession education, aligning with national health strategies and global best practices
- **Bridging Academia & Practice** → Continued efforts are needed to strengthen IPE integration in clinical settings and ensure alignment with real-world healthcare challenges
- **Addressing Key Challenges** → Sustained commitment is required to overcome logistical barriers, faculty workload and assessment gaps.
- **Expanding International Collaboration** → Strengthening ties with global IPE leaders, promoting student exchange programs, and positioning Qatar as a regional IPE hub through ANIC will drive further impact



Arab Network for Interprofessional Collaboration

الشبكة العربية للتعاون بين المهن الصحية

19

Witnessing the Impact – A Beautiful Encounter



March 9th, 2025

Global & Regional IPE+ Forum

Results view. [Go to newest messages](#)

13 MAR 2022



Sent @cph_qu's story
Story unavailable

Hey Dr.

Honestly it is very different when we are working with the new doctors who were part of CMED and attended IPE activities with us, they actually understand and appreciate our roles and sometimes seek us out even when we arent part of their team. It is so much easier than having to prove yourself or explain your role!



20

4.Indonesia (Gadjah Mada University)

Uki Noviana, PhD, Secretary of the Master of Nursing Study Program

Sri Mulyani, PhD, Executive Manager of the Interprofessional Program of Education



Implementation Status and Challenges of IPE in Indonesia – From the Perspective of Contribution to Society (Social Implementation)

Speaker:
Dr. Sri Mulyani, BNS., M.Ng.
Uki Noviana, BNS., M.N.Sc., Ph.D

Universitas Gadjah Mada

March 9th, 2025 Global & Regional IPE+ Forum

1



IPE Implementation Overview in Indonesia

1. IPE Start Date
2. Background and Reasons for Introducing IPE
3. IPE Goal Setting
 - a. Short-term Goals
 - b. Mid-term Goals
 - c. Long-term Goals
4. Collaborative Faculties/Areas/Faculty Members
5. Curriculum, Implementation Details, etc.
6. Specific Outcomes and Evaluation Methods

March 9th, 2025 Global & Regional IPE+ Forum

2

IPE Start Date



March 9th, 2025

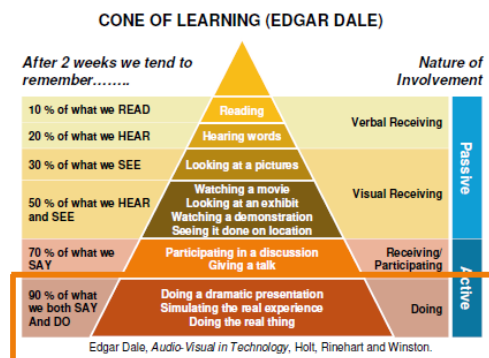
Global & Regional IPE+ Forum

3

Background and Reasons for Introducing IPE

The **effectiveness of patient care** will improve through collaboration and team-work within and between health care teams. Interdisciplinary (min 2), interactive learning from each others, clear objective and assessment.

Interprofessional Education (IPE) "occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes".

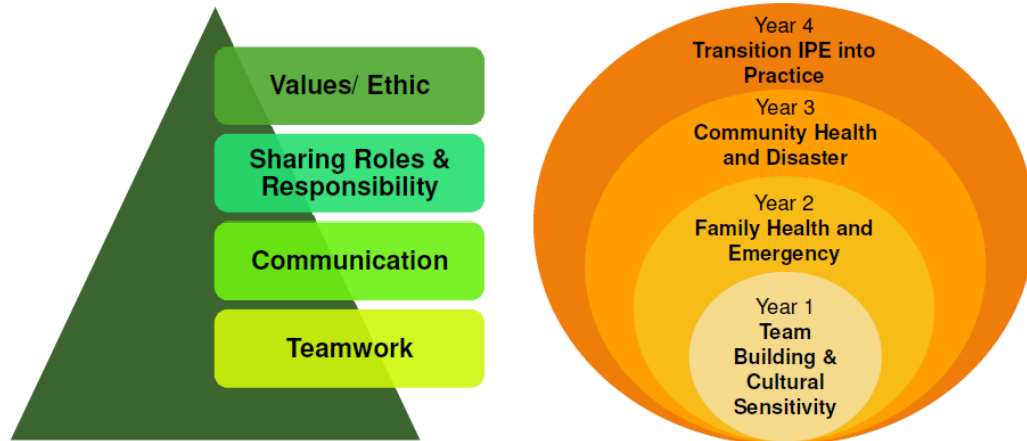


March 9th, 2025

Global & Regional IPE+ Forum

4

IPE Goal Setting

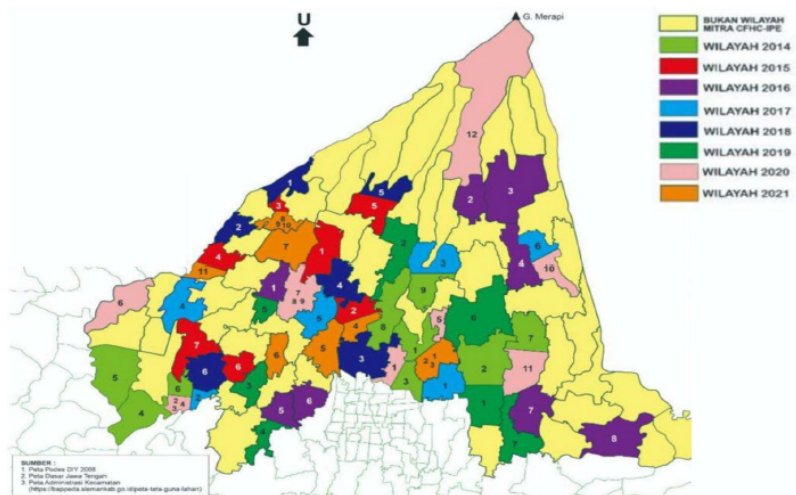


March 9th, 2025

Global & Regional IPE+ Forum

5

Collaborative
Faculties: All
Lectures from 19
Department become
field supervisors
Areas: Sleman district
(Population 1.2 M)
Faculty Members:
162



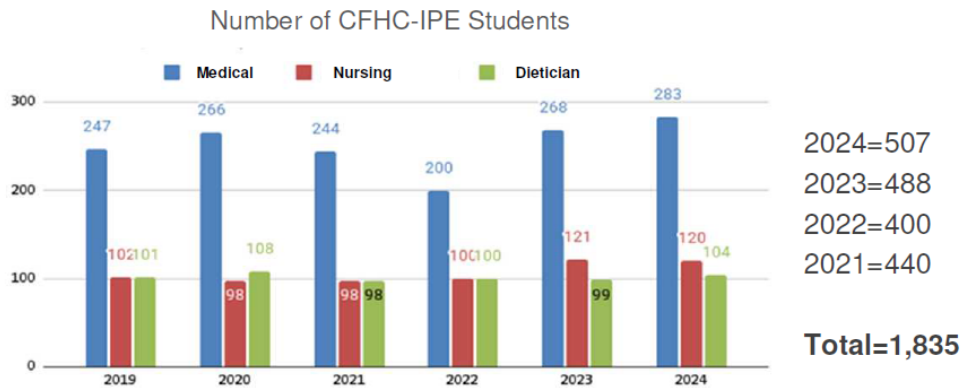
Map of CFHC-IPE Students Distribution Area

March 9th, 2025

Global & Regional IPE+ Forum

6

Collaborative Faculties/Areas/Faculty Members

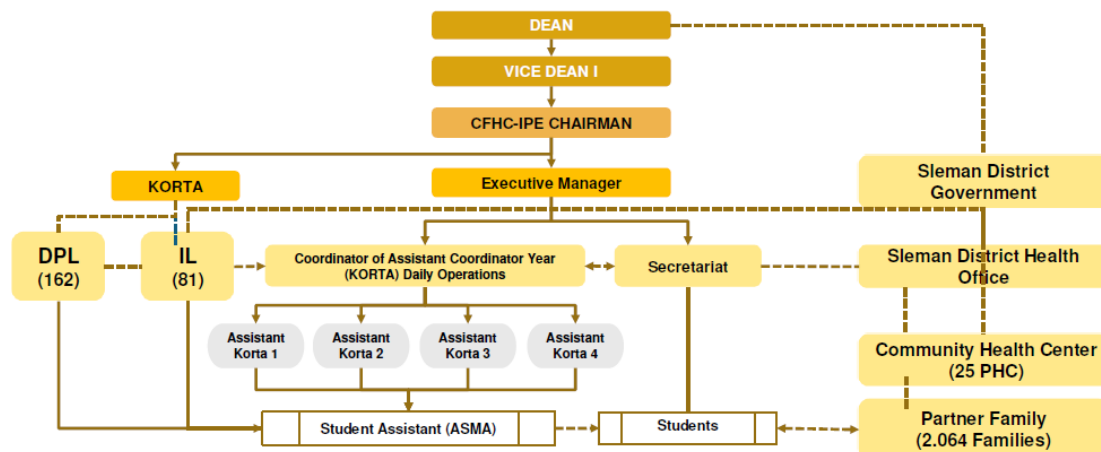


March 9th, 2025

Global & Regional IPE+ Forum

7

Organization of CFHC-IPE

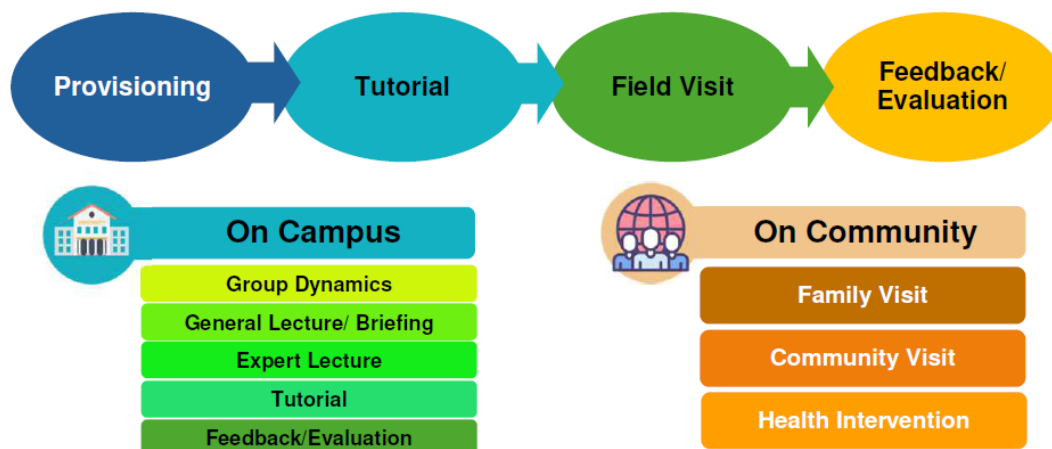


March 9th, 2025

Global & Regional IPE+ Forum

8

Curriculum & Implementation Details

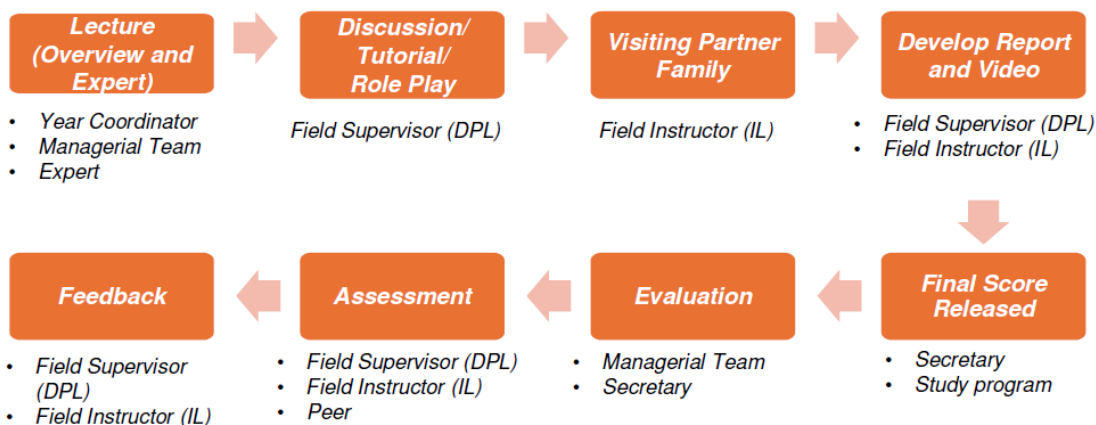


March 9th, 2025

Global & Regional IPE+ Forum

9

Curriculum & Implementation Details



Activities Flow Chart

March 9th, 2025

Global & Regional IPE+ Forum

10

Curriculum & Implementation Details



CFHC-IPE activities are divided into 2:

1. **Provision on campus** (both for students and DPL and IL): Overview Lecture, Webapps, Lecture, DPL Tutorial, and DPL-IL TOT
2. **Field Practice**: Parachuting, Field Visits, and Community Service



Online Activities:

1. Virtual Field Trips/Visit
2. Online Seminars
3. DPL-IL Discussions/Feedback
4. Use of WebApps for Assessment
5. Utilization of GAMEL for Asynchronous Lectures
6. Synchronous Lectures with Zoom Meetings
7. Dissemination
8. Limited Offline Withdrawal Live Streaming Zoom and YouTube

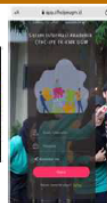
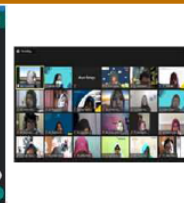
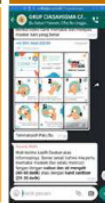
Majority of In-Person Activities



Disseminations were carried out:

1. Dissemination 2nd year (Poster Exhibition of Activities During 2 Years of CFHC-IPE Activities)
2. Dissemination and Seminar 3rd year Inviting Stakeholders and Partner Families

2020-Now



March 9th, 2025

Global & Regional IPE+ Forum

11

Specific Outcomes and Evaluation Methods

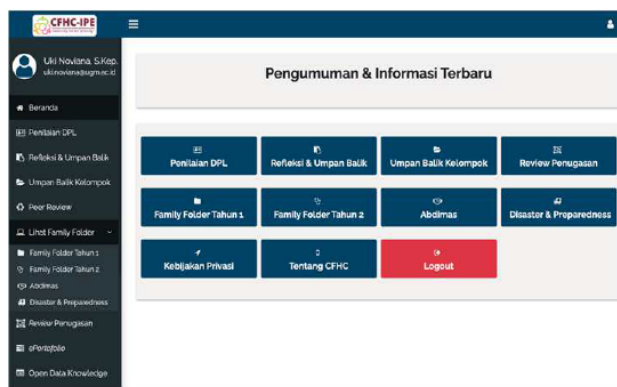
CFHC App Featured → DPL & IL can monitor from the app.

Principle of Evaluation

- a. 360-degree principle
 - 1) CFHC-IPE team
 - 2) Lecturer
 - 3) Students
 - 4) Family and community/partners
 - 5) Stakeholders/others
- b. Regularly and feasible
- c. Aimed for improvement

Points to Evaluate

- a. Presence of Attendance
- b. Activity Report
- c. Program Quality & Program Success
- d. Group collaboration



March 9th, 2025

Global & Regional IPE+ Forum

12

IPE in Gadjah Mada University: Implementation Stage, Challenges and Prospects as Social Contribution

1. Current EPIS stage

Exploration, Preparation, Implementation, **Sustainment**

2. Challenges to be faced

- a. Hierarchy in team
- b. Ineffective communication
- c. Differences in approach and perspective
- d. Different academic time schedule among study programs
- e. Difficulty in adjusting time between students, lecturers, and the community

March 9th, 2025

Global & Regional IPE+ Forum

13

IPE in Gadjah Mada University: Implementation Stage, Challenges and Prospects as Social Contribution

3. Future outlook

- a. Short-term improvement plan:
 - Developing MOOC,
 - Learning education video to improve learning experience,
 - Conducting research for 360 evaluation
- b. Mid- to long-term development plan:
 - Improve collaboration with other faculty of health such as pharmacy and dentistry
 - Possibility of international collaboration: students exchange, research

March 9th, 2025

Global & Regional IPE+ Forum

14

Contact Us



+62 811-2664-332



cfhc.fkkmk.ugm.ac.id



cfhcipe@gmail.com



CFHC-IPE FKMK UGM



@cfhc.ipe.ugm



CFHC-IPE

March 9th, 2025

Global & Regional IPE+ Forum

5. Vietnam (Hanoi Medical University)

Nguyen Thi Lan Anh, PhD, Dean of Nursing and Midwifery faculty

Truong Quang Trung, Vice Dean, senior lecturer in the subject of Fundamentals of Nursing



Implementation Status and Challenges of IPE in Vietnam– From the Perspective of Contribution to Society (Social Implementation)

Speaker:

PhD. Nguyen Thi Lan Anh
Nursing and Midwife Department, Hanoi Medical University

March 9th, 2025

Global & Regional IPE+ Forum

1



2

Introduction

- **Inter-professional Education (IPE):** - IPE involves learning alongside students from other health professions to promote collaborative practice.
- **Inter-professional education (IPE) approach** allows learners from different courses of health professions [medical, dental, nursing, physiotherapists, occupational therapy, psychology.

e S

teams
outcomes
Education
Team
interprofessional
Multidisciplinary

March 9th, 2025

Global & Regional IPE+ Forum

3

Definition

“Inter-professional education (IPE) occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families & communities to deliver the highest quality of care across settings ~ (WHO, 2010)

CORE ELEMENTS :

- ☐ Shared learning.
- ☐ Collaborative practice.
- ☐ Mutual Respect.



Global & Regional IPE+ Forum

4

Professions that participate in Inter-profession education include -but are not limited to :

Dentistry, Nursing (including nurse practitioners of nurses with advanced degrees), Pharmacy, nutrition , Physical therapy , occupational therapy , social work , emergency medical services including paramedics.

Any medical or allied health professional that engages in patient assessment, care , and/or management may be included in Inter-professional education.

March 9th, 2025

Global & Regional IPE+ Forum

5

- IPE is a transparent blend of disciplines coming together with shared goals.
- Emphasis the need for patient centeredness
- TEAM BASED and collaborative leadership.

March 9th, 2025

Global & Regional IPE+ Forum

6

Importance in Nursing

Enhances Communication skills :

- Promotes clear and effective communication among healthcare professionals.

Fosters Teamwork :

- Prepares nurses to work in multidisciplinary teams.

Improves Patient care :

- Leads to more comprehensive and cohesive patient care plans .

March 9th, 2025

Global & Regional IPE+ Forum

7

AIMS

- Enhance teamwork and communication among healthcare professionals.
- Prepare students for collaborative practice.
- Improve patient care quality and safety.

March 9th, 2025

Global & Regional IPE+ Forum



8

For students :

Benefits

Broader understanding of health care roles.

- Improved critical thinking and problem -solving skills.

For Healthcare Systems :

- Better patient outcomes.
- Increased healthcare efficiency.

For patients :

- Improved safety and satisfaction.
- Reduced medical errors

March 9th, 2025

Global & Regional IPE+ Forum

9

Advantages

Enhanced Communication: Breaking down professional silos to foster open communication.

Improved Teamwork: Building a culture of teamwork from early education stages .

Greater Job Satisfaction: Professionals who understand and appreciate each other's roles tend to work better together and have higher job satisfaction.

March 9th, 2025

Global & Regional IPE+ Forum

10

How is IPE impact on nursing education in Viet nam?

March 9th, 2025

Global & Regional IPE+ Forum

11

MedPharmRes 7(1):39-46
 eISSN: 2615-9139
 DOI: <https://doi.org/10.32895/UMP.MPR.7.1.6>



Original article

How Vietnamese healthcare students think of nurses: Students stereotypes about Nursing at University of Medicine and Pharmacy at Ho Chi Minh City

Tuong Thi Kim Nguyen^{a,b} , Linh Thuy Khanh Tran^{a,*} , Khoa Duy Duong^a , Tuan Diep Tran^a 

Author Information & Copyright ▼

Received: Feb 24, 2022; Revised: May 12, 2022; Accepted: May 18, 2022

Published Online: Mar 31, 2023

Method:

We invited nursing, medical, pharmacy and rehabilitation therapy students to complete an online survey before an interprofessional education course in September 2020. Student Stereotypes Rating Questionnaire was used to assess student stereotypes about nursing. Univariate regression was used to analyze the association between stereotypes score and other factors including interprofessional attitude as measured by Readiness for Interprofessional Learning Scale.

Results:

With 102 students invited, 90 students completed the survey. Students were 20-21 years old, 57% were female, and 9% from minor ethnicity. The total attitude score was 80.2 ± 7.2 , which meant favorable interprofessional learning. The total stereotype score was 37.1 ± 4.0 , considered as high. Stereotype rated in descending order were: Practical skills (4.4), Interpersonal skills (4.3), Ability to be a team player (4.3), Professional competence (4.2), and Confidence (4.2). Ability to make decisions (3.9). Ability to work independently (3.8) and Leadership skills (3.5). There was an association between stereotype and interprofessional attitude total score (Coefficient 0.25, 95%CI: 0.15; 0.36, p-value < 0.01).

Conclusion:

Vietnamese students highly regarded nursing profession, yet stereotypes about nursing existed and students viewed nurses as a capable team player, almost a follower. We need to study how interprofessional education courses could improve students' attitude and stereotypes in future research.

12

A study of the impact of an interprofessional education module in Vietnam on students' readiness and competencies

Huyen Thi Thanh Nguyen^{1,2}, Johan Wens², Giannoula Tsakitzidis², Martin Valcke³, Hoa Thi Nguyen¹, Tuan Quang Duong¹, Cuc Thi Nguyen¹, Dao Anh Hoang⁴, Yen Thi Bach Hoang⁵, Lan Thi Ngoc Duong⁶, Hung Van Nguyen⁷, Thanh Viet Truong⁸, Huy Vu Quoc Nguyen⁹, Tam Minh Nguyen¹

Affiliations + expand

PMID: 38354173 PMCID: PMC10866504 DOI: 10.1371/journal.pone.0296759

Introduction: The literature puts forward a range of challenges of interprofessional education (IPE) related to its planning, initiation, implementation, and especially to IPE assessment. The present study aims to map changes in students' readiness and interprofessional collaboration competence (IPCC) in implementing an innovative IPE module. Potential differences in impact related to the health education programs and IPCC scores resulting from self-, peer-, and tutor assessments will also be analysed.

Methods: A pre-post design was adopted. The student's readiness for interprofessional learning was assessed using the Readiness for Interprofessional Learning Scale, and the student's IPCC score was calculated based on self-, peer-, and tutor assessments with the interprofessional collaborator assessment rubric.

Results: Students' mean post-test readiness scores and mean post-test IPCC scores were significantly higher than the total and subscales/domain pre-test scores ($p < 0.01$). No significant within-subject differences were observed in students' readiness total or subscale scores when comparing health educational programs. However, significant differences were observed in students' mean total IPCC scores between programs ($p < 0.01$). Significant differences in students' average IPCC scores were found when comparing self-, peer- and tutor assessment scores in six domains ($p < 0.01$). Also, significant correlations between peer and tutor assessment scores were observed ($p < 0.01$).

Conclusion: The IPE module, designed and implemented to focus on patient-centred practice within a primary care context, positively impacted students' readiness and IPCC development. These results offer insights to expand the implementation of the IPE module to all health educational programs.

Copyright © 2024 Nguyen et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

March 9th, 2025

Global & Reg

PubMed Disclaimer

13

Status of Interprofessional Education (IPE) Implementation in Asian Nursing Schools

Flareliz Ngaya-an, PhD, RN, Ryan Q. De Torres, MA, RN, Arnold B. Peralta, MAN, MHPed, RN and Josefina A. Tuazon, DrPH, MN, RN

College of Nursing, University of the Philippines Manila

ABSTRACT

Background and Objective. Interprofessional Education (IPE) is a necessary step in preparing a collaborative practice-ready health workforce that is better prepared to respond to local and global health needs. This study examined the status of IPE implementation in Asian nursing schools in the World Health Organization (WHO) Western Pacific Region (WPR).

Methods. Descriptive online survey research design was utilized, supplemented by online interviews. Purposive sampling was done wherein nursing schools, colleges, and universities were invited to nominate a representative to serve as respondent in this study. Descriptive approach was used to analyze both quantitative and qualitative data.

Results. A total of 29 Asian nursing schools participated in the survey. Majority (82.76%) of them stated that they have an IPE program or a similar activity. Interviews with the respondents revealed that not all IPE opportunities were part of a formal IPE program, but were embedded in the different learning activities of nursing students. A clear program focus served as one of the facilitators of IPE implementation. Identified barriers included insufficient administrative support and lack of trained faculty to implement IPE and related activities.

Conclusions. IPE is present in most Asian nursing schools in WPR. They may not exactly be called or recognized as IPE, but there is the existence of programs and activities that bring together health and non-health science students to learn from, about, and with each other to enable effective collaboration and improve health outcomes. It is recommended that massive formal training should be conducted so that educational institutions and their faculty will be equipped in developing more formal programs, facilitate activities, and monitor implementation and progress.

Keywords: collaborative practice, interprofessional education, nursing education

Health profession schools/programs involved in this IPE program/activity

Allied Health	9	31.03
Dentistry	2	6.90
Nutrition and Dietician	2	6.90
Occupational Therapy	3	10.34
Optometry	1	3.45
Pharmacy	5	17.24
Physical Therapy	4	13.79
Public Health	3	10.34
Psychology	3	10.34
Radiology	1	3.45
Respiratory Therapy	1	3.45
Speech Therapy	1	3.45
General medicine	3	10.34

Non-health profession schools/programs involved in this IPE program/activity

Architecture and Design	1	3.45
Business	3	10.34
Communications	3	10.34
Education	3	10.34
Engineering	2	6.90
Fine arts	1	3.45
Law	1	3.45
Religious studies	2	6.90
Social work	3	10.34

Partner institutions for this IPE program/activity

Chronic/Palliative care center	1	3.45
Community	10	34.48
General clinic	2	6.90
General hospital	7	24.14
Government health agency	6	20.69
Specialty clinic	3	10.34
Specialty hospital	1	3.45
Non-government organization	4	13.79

14

Table 2. Perceived Facilitators, Barriers, and Effectiveness of IPE (N=29)

	n	%
Perceived facilitators in the implementation of IPE program/activity		
Adequate financial support	5	17.24
Clearly defined goals of IPE program	5	17.24
Well-constructed IPE program curriculum	2	6.90
Trained educators on IPE	4	13.79
Local/international partnership	5	17.24
Organization partnership	5	17.24
Different health profession course	8	27.59
Competent and supportive leaders/ administrators	7	24.14
Learning enhancement programs in IPE	4	13.79
Well-defined evaluation measures of IPE	1	3.45
Perceived barriers in the implementation of IPE program/activity		
Inadequate financial support	5	17.24
Unclear goals of the IPE program	4	13.79
Poorly constructed curriculum/guideline	2	6.90
Minimal support from the administrators	2	6.90
Lack of value	2	6.90
Poor partnerships with other health education institutions	3	10.34
Poor partnerships with other organizations or associations	4	13.79
Inadequate training	7	24.14
Minimal number of IPE educators	4	13.79
Minimal number of health profession courses	1	3.45
Differences in the schedule of health profession students and educators	8	27.59
Perceived effectiveness in improving collaboration among health profession students		
Not effective	1	3.45
Effective	11	37.93
Very effective	3	10.34
Perceived effectiveness of the program/activity in terms of achieving the goal of improving quality of care		
Not effective	2	6.90
Effective	10	34.48
Very effective	3	10.34

CONCLUSIONS

IPE is present in most of the Asian nursing schools in WPR. They may not exactly be called or recognized as IPE, but there is the existence of programs and activities that bring together health and non-health profession students to learn about, from, and with each other to enable effective collaboration and improve health outcomes. Facilitators to implementation of IPE included clear focus on the program and activities, adequate and committed human resources, and properly coordinated activities among faculty and students.

Barriers identified were insufficient or lack of administrative support and trained faculty to implement IPE and its activities.

Formal implementation of the program and undergoing accreditation are among the best practices so far. In the Philippines, while formalization of the program and accreditation are yet to happen, among the best practices for IPE are the clinical simulation and community development work.

15

Implementation Strategies

Curriculum Design : Integration of I in early stages of education. Use of team-based learning and simulations

Facilitation : Role of facilitators in guiding student interactions.

Importance of peer teaching and feedback.

March 9th, 2025

Global & Regional IPE+ Forum

16

CONTINUE..

- **Institutional Support:** Commitment from administration and faculty.
- **Interdisciplinary Faculty:**
 - Teams of educators from different health professions.
- **Evaluation & Feedback:** Continuous assessment of IPE activities and outcomes.

March 9th, 2025

Global & Regional IPE+ Forum

17

Key Components of Successful IPE Programs

Collaborative Curriculum: Integrated learning experiences with other healthcare disciplines.

Simulation-based Learning: Scenarios that mimic real-world healthcare settings.

Reflective Practice: Opportunities for students to reflect on inter-professional interactions.

March 9th, 2025

Global & Regional IPE+ Forum

18

Overcoming Challenges Solutions

Developing clear communication strategies .
Creating shared goals and objectives .
Securing institutional support and resources.

March 9th, 2025

Global & Regional IPE+ Forum

19



Thank you

March 9th, 2025

Global & Regional IPE+ Forum

20

Implementation Status and Challenges of IPE in Hanoi Medical University, Vietnam – From the Perspective of Contribution to Society (Social Implementation)

Speaker:

Nguyen Thi Lan Anh – Truong Quang



March 9th, 2025

Global & Regional IPE+ Forum



21

IPE implementation overview in VIETNAM



1. IPE start date: 2019 – 2020 intake
2. Background and reasons for introducing IPE
 - a. Out of 29 medical universities in Vietnam, only one implemented IPE in the undergraduate curriculum
 - b. In Vietnam, there are regulations on patient-centered care and collaboration in care. However, team management or collaboration of care is no structured, or evidence-based practice. Specialists also operate under multi-disciplines
 - c. The University of Medicine and Pharmacy at Ho Chi Minh City has organized IPE program for health students since 2019, within the framework of the renewal of the competency-based training

Huyen, N.T.T., Tam, N.M., Wens, J. et al. Comparison of students' readiness from six health education programs for interprofessional learning in Vietnam: a cross-sectional study. BMC Med Educ 23, 798 (2023). <https://doi.org/10.1186/s12909-023-04776-2>

March 9th, 2025

Global & Regional IPE+ Forum

22

IPE implementation overview in VIETNAM

IPE goal setting

- improve participants' knowledge of the role of healthcare professions, developing interprofessional communication skills and gaining the interprofessional collaboration competencies
- Train students from different majors with the ability to collaborate in order to meet the comprehensive health care needs of individual patients and to address the complex health problems of communities.

March 9th, 2025

Global & Regional IPE Forum

23

IPE implementation overview in VIETNAM

Interprofessional competency have been defined as

- Core competency:** (1) Respect for the individual, values, and culture of the patient (2) Understanding the roles and responsibilities of healthcare workers (3) Interprofessional communication (4) Teamwork
- Practical activities:** (1) establishing an interdisciplinary team, (2) developing an interdisciplinary team, (3) interacting with standard patients, (4) analyzing interdisciplinary team activities, (5) summarizing the interdisciplinary team activities process, providing feedback on the subject
- Practical tools:** (1) Educational games, (2) role-playing methods, (3) clinical situations



March 9th, 2025

Global & Regional IPE Forum

24

IPE implementation overview in VIETNAM

Collaborative faculties/areas/faculty members in **UMP**: every group will makeup of (Nursing, Physiotherapy, Medicine and Pharmacy)

1. One third-year nursing student,
2. One third-year physiotherapy student,
3. Three fourth-year general medicine students,
4. Three fourth-year pharmacy students.

→ teachers of these session were the interprofessional education experts working at University of Medical and Pharmacy at Ho Chi Minh City that have been trained from Texas Tech – USA, Medical Geneva University, and Advanced training in clinical simulation center by UMP

March 9th, 2025

Global & Regional IPE Forum

25

IPE implementation overview in VIETNAM



Collaborative faculties/areas/faculty members in **HMU**:

Training in interpersonal communication have been implemented for each discipline - separately (Nursing, Medicine, Rehab) for long time.

From 2026 – 2027 HMU plan to introduce IPE in 2 period

-IPE 1: Integrate with orientation/ commencing weeks (the first 2 week of commencing every year) – In August

-IPE 2:

1. Third-year nursing student, ★
2. Third-year physiotherapy student,
3. Three fourth-year general medicine students ★
4. Other specialities: based on situation.

→ teachers of these session will be trained based on the model accredited by University of Medical and Pharmacy at Ho Chi Minh City

March 9th, 2025

Global & Regional IPE Forum

26

IPE implementation overview in **HMU**

COURSE LEARNING OUTCOME

- CLO1. Demonstrate respect for roles, responsibilities, and expertise of different disciplines. Respect the cultural diversity, beliefs, values, and personal characteristics of patients, relatives, community members, and each member of the interdisciplinary team.
- CLO2. Explain to patients, relatives, and community members the roles, responsibilities, and abilities of themselves and other members of the interdisciplinary team in addressing a specific health need.
- CLO3. Demonstrate roles and responsibilities as a member of an interdisciplinary team in addressing a specific community health need.
- CLO4. Demonstrate the ability to communicate effectively through clear, confident presentation of one's own opinions as well as the ability to listen and actively respond to the ideas of other members of the interdisciplinary team.
- CLO5. Effectively apply communication models with patients, relatives, people in the community and interdisciplinary communication.
- CLO6. Build and maintain a safe and effective team working environment, ensuring the highest contribution of all interdisciplinary team members

March 9th, 2025

Global & Regional IPE Forum

27

IPE 1: focus to

- Overview of interdisciplinary education, core competencies of IPE
- Communication skills issues
- Teamwork issues
- Large team work, disaster rescue skills

IPE 2: focus to

- Interdisciplinary study groups: learn through experience, clinical situations, role-playing, and simulation → develop 4 core competencies of IPE

March 9th, 2025

Global & Regional IPE Forum

28

IPE implementation overview in VIETNAM

Topic/ Core content	Graduate attribute					
	CLO1	CLO2	CLO3	CLO4	CLO5	CLO6
1. Values and ethics	H	H	M	M	M	M
2. Roles and responsibilities	M	M	H	M	M	M
3. Interdisciplinary communication	M	M	M	H	H	M
4. Establish and work in interdisciplinary teams	M	M	M	M	M	H

(Level of relevant: H (Hight) = Cao; M (Medium) = Trung bình, L (Low) = thấp)

March 9th, 2025

Global & Regional IPE Forum

29

Topics	Pedagogical						
	Theory		Skillabs		Clinical		
	LEC	SKL	ROL	FS	OMP	CBA	SGD
IPE 1							
1. Overview of IPE, core competencies of IPE	x						
2. Principles in communication	x						
3. Principles of group work	x						
4. Interdisciplinary team, emergency skills, disaster handling							x

Topics	Pedagogical						
	Theory		Skillabs		Theory		
	LEC	SKL	ROL	FS	OMP	CBA	SGD
IPE 2							
1. Establish an interdisciplinary team Train with knowledge, communication skills, and teamwork skills							x
2. Group task Solve personal health problems							x
3. Learn from experience Share and respond							x
4. Group task Solve public health problems							x

March 9th, 2025

Global & Regional IPE Forum

30

IPE in **HMU**: implementation stage, challenges and prospects as social contribution

1. Current EPIS stage

1. Identification of Current stage Preparation
2. Challenges to be faced: Textbook, Cases and teaching material; staff and more members in multiDiscipline

March 9th, 2025

Global Regional IPE Forum

31



32

6 .UK (University of Leicester)

Maria Keerig, PhD, Senior GP Clinical Educator

Samuel Adcock, PhD, Senior Academic GP/Associate Professor



Implementation Status and Challenges of IPE in Leicester UK




From the Perspective of Contribution to Society (Social Implementation)

Speakers:

Dr Maria Keerig and Dr Samuel Adcock

March 9th, 2025 Global & Regional IPE+ Forum

1



IPE overview in UK


IPE start date: 2001

Background and reasons for introducing IPE

- National Policy Department of Health 2000, NHS Plan
- Concerns for safe team-based practice
- Expected outcome in professional body undergraduate curriculum

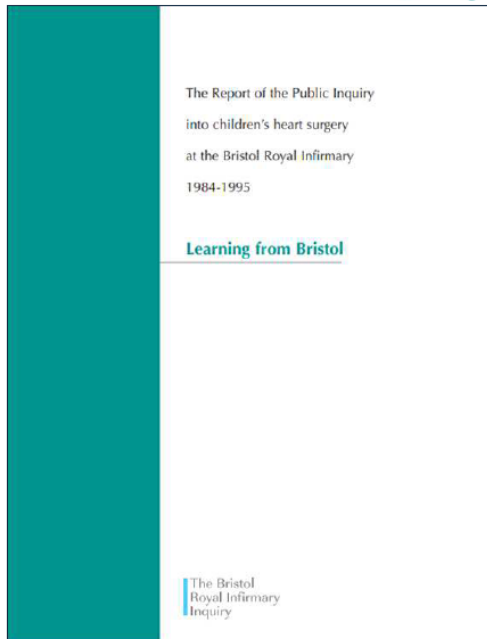


The NHS Plan
A plan for investment
A plan for reform



March 9th, 2025 Global & Regional IPE+ Forum

2



Sir Ian Kennedy Report

- Paediatric cardiac surgery
- 200 recommendations

“It is an account of people who cared greatly about human suffering, and were dedicated and well-motivated. Sadly, some lacked insight and their behaviour was flawed. Many failed to communicate with each other, and to work together effectively for the interests of their patients. There was a lack of leadership, and of teamwork”.

Extract from the report by Ian Kennedy to the Department of Health

3

IPE Framework in Leicester UK

Overarching Aims of the Three Strand Framework Model

Early phase of training	Middle phase of training	End phase of training
<ul style="list-style-type: none"> • To explore what is meant by team working in health and social care • To begin to apply a theoretical understanding to team work • To become familiar with your chosen profession and others • To consider the outcomes of team working for promoting person-centred collaborative care. 	<ul style="list-style-type: none"> • To apply the theoretical basis of team working • To gain a richer appreciation of roles and responsibilities of practitioners • To analyse effective collaborative team practice • To consider your future contribution to person centred team working 	<ul style="list-style-type: none"> • To provide context(s) for applying developing working competence to practice • Analyse and reflect on challenging real situations to consider solutions to improve team based care • To develop an understanding of how individual professional competencies complement those of other professions • To develop an understanding of team working in modern health and social care practice.

March 9th, 2025

Global & Regional IPE+ Forum

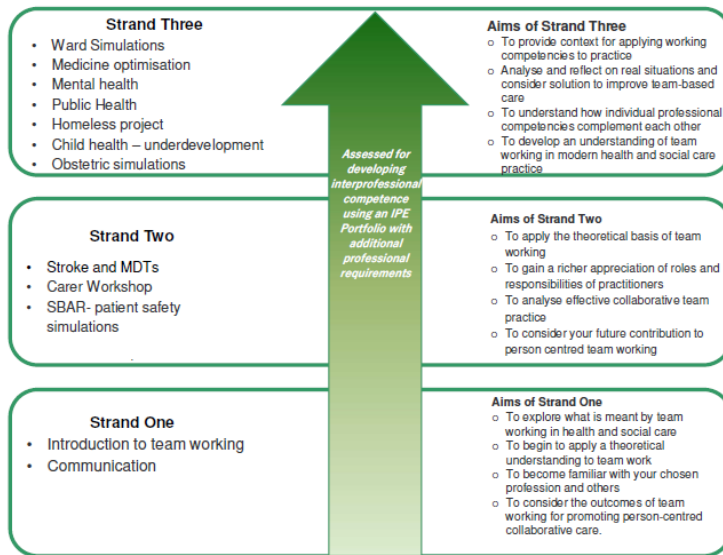
4

IPE implementation in Leicester UK

All teaching integrated within the different schools:

- Medicine
- Nursing
- Midwifery
- Diagnostic Radiology
- Biological scientist
- Operating Department Practitioners
- Physiotherapists
- Pharmacy

March 9th, 2025



5

Social Accountability

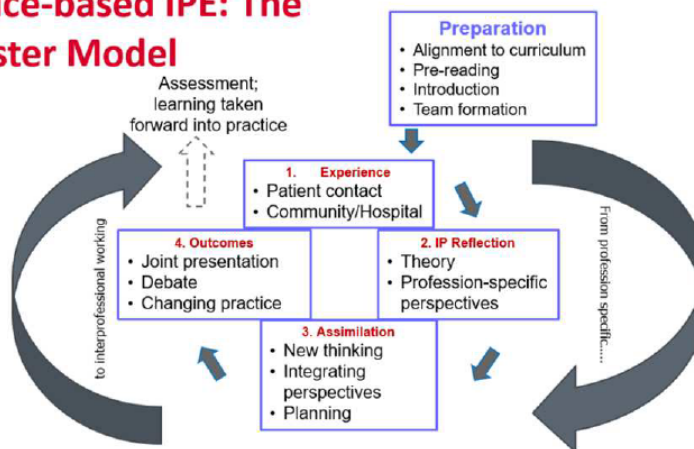


Interprofessional Student groups working in the community to understand the needs of marginalised communities
Isolated older people
homeless



6

Practice-based IPE: The Leicester Model



Started 1998

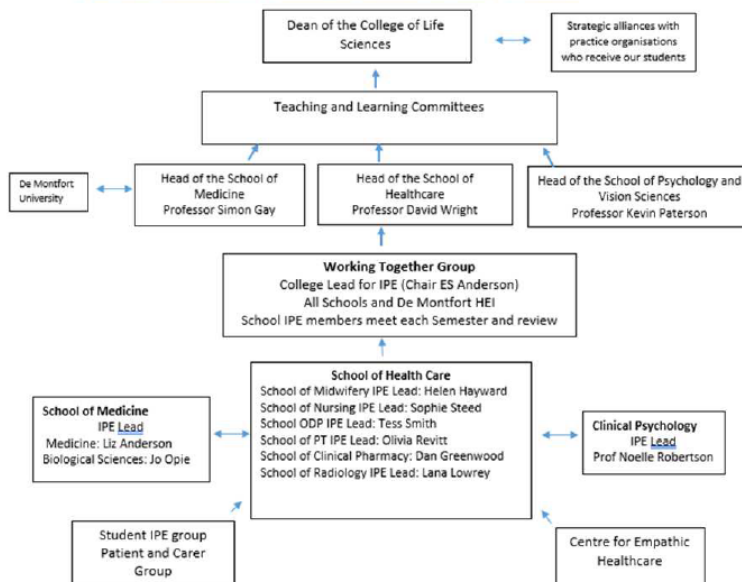
Today students in mid-to-late training learn together in practice

Reference

Anderson, ES., Kinnair, D, Ford, J. (2016). Interprofessional Education and Practice Guide No.6: Developing Practice-Based interprofessional learning using a short placement model. *Journal of Interprofessional Care*, 30(4), 433-440. <http://www.tandfonline.com/doi/full/10.3109/13561820.2016.1160040>

7

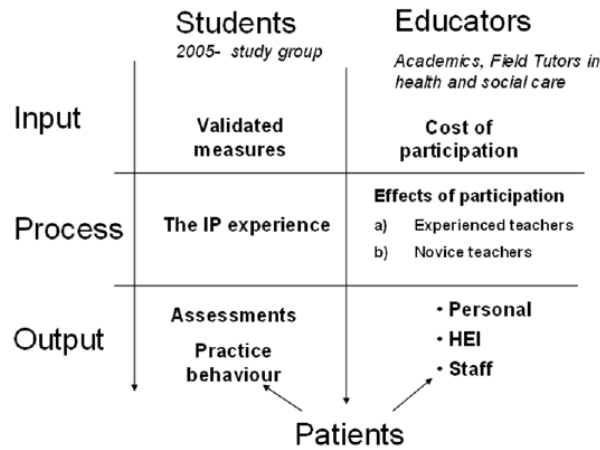
Governance Structure: Interprofessional Education University of Leicester



Operational Structure

8

Evaluation



Evaluation for the beginning:
Plethora of papers on the different events: summarised in this paper

Anderson, ES, Smith, R. & Hammick, M. (2015) Evaluating an Interprofessional Education Curriculum: A Theory-informed Approach. *Medical Teacher*, 36: 495–504.
<http://dx.doi.org/10.3109/0142159X.2015.1047756>

9

IPE in the UK : implementation stage, challenges and prospects as social contribution

1. Current EPIS stage
'Sustainment'
2. Challenges to be faced: Increasing student numbers
3. Social Contribution
 - Students have improved patient outcomes
 - Interprofessional teams of students support homeless people project LIGHT. Leicester Initiative Good Health Team
4. International collaboration with GRIP
 - Public health: Set ups a new IPE piece of learning to address public health challenges in integrated care in the UK

March 9th, 2025

Global & Regional IPE+ Forum

10

GRIP in the UK

2025



2024



11

Summary- GRIP

- Twenty five years of IPE in Leicester
- Global exchange of students to learn about social accountability is welcomed in Leicester
- Leicester students returning from Japan have increased their learning about
 - Work commitment to innovate in Japan
 - Published article by a student midwife
 - Energised for public health
 - Learning about different cultures within which health and social care is delivered

March 9th, 2025

Global & Regional IPE+ Forum

12

Anderson ES and Lennox, A. (2009) The Leicester model of interprofessional education: developing, delivering and learning from student voices for ten years. *Journal of Interprofessional Care* 23(6),557-573.

Anderson, ES. & Thorpe, LN. (2008). Early Interprofessional Interactions: Does student age matter? *Journal of Interprofessional Care*, 22(3),1-19. <https://doi.org/10.1080/13561820802054689>

Anderson, ES. & Lennox, A. (2009). The Leicester Model of Interprofessional education: Developing, Delivering and Learning from student voices for 10 years. *Journal of Interprofessional Care*, 23(6), 557-573. <http://dx.doi.org/10.3109/13561820903051451>

Anderson, ES. & Thorpe, LN. (2010). Learning Together in Practice: an interprofessional education programme to appreciate teamwork. *The Clinical Teacher*, 7,19-25. DOI: 10.1111/j.1743-498X.2009.00331.x

Kinnair, D., Anderson ES, Thorpe, LN (2012) . Development of interprofessional education in mental health practice: Adapting the Leicester model. *Journal of Interprofessional Care*. 26:189- 197.

Anderson, ES., Thorpe, LN., Heney, D. & Petersen, S. (2009). Medical Students benefit from learning about patient safety in an interprofessional team. *Medical Education*, 4, 542-552. <https://doi.org/10.1111/j.1365-2923.2009.03328.x>

Lennox, A. & Anderson, ES. (2012). Delivering quality improvements in patient care: The application of the Leicester model or interprofessional education. *Quality in Primary Care*, 20(3), 219-226. <https://europepmc.org/article/med/22828677>

Anderson, ES. & Smith, R. (2010). Learning from Lives together: lessons from a joint learning experience for medical and social work students. *Health and Social Care in the Community*,18(3), 229-240. DOI: 10.1111/j.1365-2524.2010.00921.x

Anderson ES, Thorpe, LN. (2014). Students improve patient care and prepare for professional practice: an interprofessional community-based study. *Medical Teacher*. 36: 495–504. <http://dx.doi.org/10.3109/0142159X.2014.890703>

Anderson, ES., & Lakhani, N. (2016). Interprofessional learning on polypharmacy. *The Clinical Teacher*. 13, 291–297. <https://doi.org/10.1111/tct.12485>

March 9th, 2025

Global & Regional IPE+ Forum

13

References on Homelessness

- Anderson ES, Kinnair D, Bleazard, Ford, J, Malcherczyk S (accepted 25th January 2023). Proto-professionalism: Opportunities for healthcare student learning and service to homeless people. *International Journal of Practice-based Learning in Health and Social Care*. Vol 11 (1), 62-77. <https://doi.org/10.18552/ijpbhlsc.v11i1.794>
- [Anderson ES, Malcherczyk S, Bleazard L, Ford J.](#) (2020). Learning through working with homeless people. *Medical Education*, 54(5):470-471. doi: 10.1111/medu.14090. <https://www.ncbi.nlm.nih.gov/pubmed/32189346>
- Goodier R, Uppal S, Ashcroft H. Making international links to further interprofessional learning: a student-led initiative for the homeless population. *J Interprof Care*. 2015;29(3):265-267. <https://doi.org/10.3109/13561820.2014.944258>

March 9th, 2025

Global & Regional IPE+ Forum

14

Session 2 Connecting Interprofessional Education (IPE) and Society

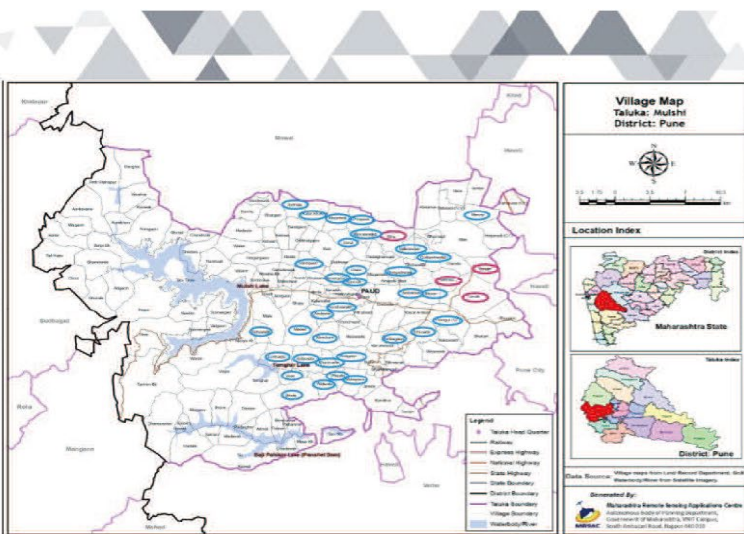
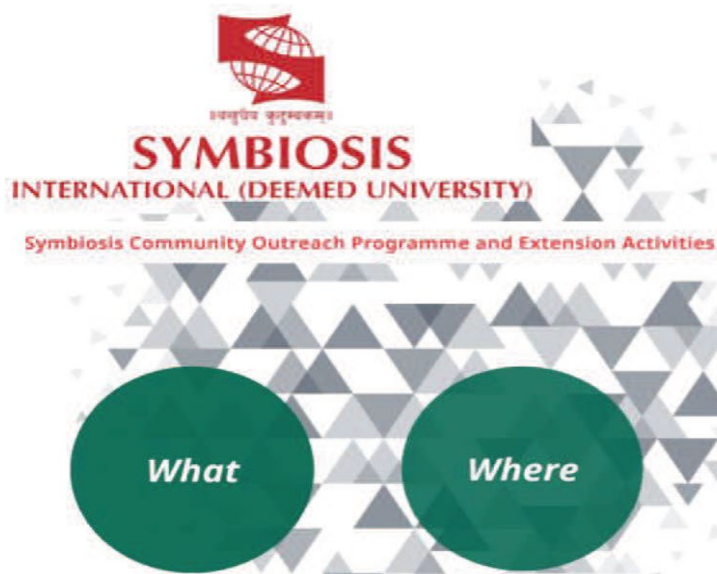
"Integrating IPE and service learning: implementation methods and evaluation"

1. Designated Speech

A) Symbiosis Community Outreach Program and Extension

Lelith Daniel, Assistant Professor

Symbiosis International (Deemed) University, India



35 villages

Livelihoods

Health

Environment

Education

SCOPE

Symbiosis Community Outreach Programme and Extension

Vision

Work collaboratively with the residents of various access compromised, and service deficient villages to equip the people to achieve comprehensive and holistic development of the villages in a participatory framework.

SCOPE

Symbiosis Community Outreach Programme and Extension

Vision

Work collaboratively with the residents of various access compromised, and service deficient villages to equip the people to achieve comprehensive and holistic development of the villages in a participatory framework.

Education

Healthcare

Education

1 Rural Digital Literacy Lab
9 villages
250+ learners
60+ student volunteers

Digital
Literacy

Legal
Literacy

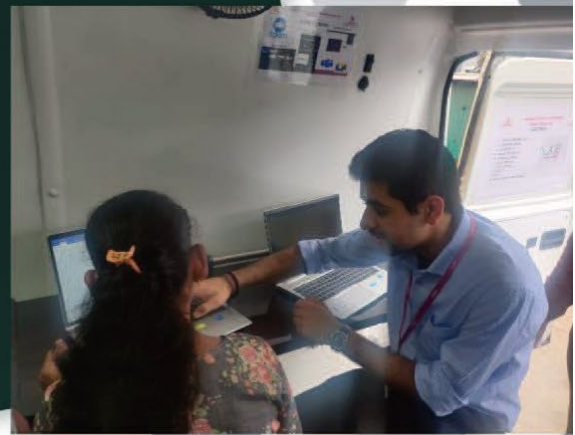
Financial
Literacy

Remedial
sessions



Digital Literacy

- Pre planned curriculum.
- Follows UNESCO Digital Literacy Framework.
- 60 hours
- Max 12 learners to a batch.



Legal Literacy

Focus upon generating awareness about legal rights of individuals.



Financial Literacy

Students work upon educating people about financial institutions, financial products and various government welfare schemes.



Remedial sessions

Currently operational in 2 schools
Touches 55 children who were identified
as being at risk of dropping out.
Driven by 35 SIU students.



Medical Camps

Healthcare services

Provides preventive, promotive and curative
healthcare services in 35 villages located in
Mulshi taluka.

Mobile Medical Unit

Health awareness activities



Mobile Medical Unit (MMU)



Health awareness activities



Medical Camps



B) GRIP PROJECT impact on Japanese and Indian Students

Kshipra Potdar, Representative of SGS Edunet, India






Breaking barriers beyond borders

GRIP PROJECT IMPACT ON JAPANESE AND INDIAN STUDENTS

1



AN OPPORTUNITY TO LEARN MORE ABOUT YOUR OWN COUNTRIES

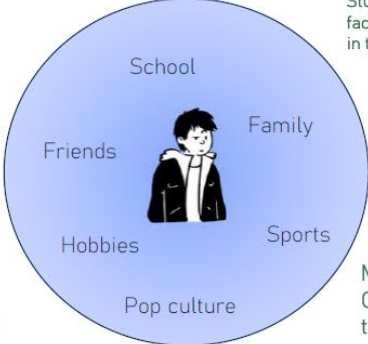
How much do Japanese and Indian students know about their own societies and the problems faced by people beyond their immediate communities?

People from different socio-economic backgrounds

Systemic Injustices and various industry issues

Students from different faculties and disciplines in their own universities

Marginalized Communities in their countries



2



Exploring a new culture : Widen your horizons

- GRIP is an opportunity for Japanese students and Indian students to step outside their bubbles and think about new challenges and their possible solutions in a different country with a different set of issues and different available resources.

3



Why exposure matters



Helps you discover your own passions



Helps you create a global perspective



Challenges you to adapt to different situations



Breaks stereotypes and makes you open-minded



Boosts communication skills



Widens your problem-solving skills



Helps you build connections with different people

4



Fostering
Collaboration to
solve global
problems

Softbridge

- GRIP covers 4 countries in total – Japan, India, UK, Australia
- Creating global networks for GRIP alumni which acts like a community of students passionate about SDGs and global partnerships for self-development and collective well-being
- Opportunity to make your academic journey global and boosting career possibilities



5



Don't be afraid to venture out
of your comfort zone. You
might encounter some
amazing people and get
rewarding experiences that
you treasure forever!

Softbridge

6

Summary of Remarks during Q&A and Discussion

(Associate Professor Toshinori Shimoi, Interprofessional Education Research Center, Graduate School of Nursing, Chiba University)

There were many valuable lessons learned during this forum. For example,

A common aspect between service learning and IPE (Interprofessional Education) is intercultural understanding. In IPE, understanding between professions is essential, and in service learning, understanding is necessary when engaging with the community. In countries like South Africa, where 11 languages exist, understanding different cultures is a prerequisite.

A significant difference between IPE in the classroom and service learning is the element of chance in service learning. Learners are required to respond flexibly to spontaneous events. Therefore, as seen in universities like Gadjah Mada and Leicester, it is effective to first build a solid foundation in IPE in the classroom before engaging in service learning.

(Assistant Professor Lelith Daniel, Symbiosis International University, India)

At Symbiosis International University, students gain various learnings through field activities in service learning. For example, they participated in rice planting in rural areas. None of the students had previous experience with rice planting, and working with the local rural people allowed them to learn a great deal.

What is important in service learning and IPE is the opportunity to interact with people who are different from oneself through field experiences. This helps students learn the importance of empathy, consideration for others, and respect.

(Professor Maria Keeling, Professor Samuel Adcock University of Leicester, UK)

Implementing interprofessional education (IPE) programs across different departments presents logistical challenges, such as scheduling, but the educational impact is significant.

It is crucial to make full use of the positive feedback from participating students to highlight the educational effects of IPE and service learning.

From a GP perspective, IPE is highly effective.

Leicester University pioneered IPE 25 years ago, and it has since developed significantly.

It is important to start small, even with minor steps.

(Professor Uki Noviana, Gadjah Mada University, Indonesia)

I would like to consider participating in GRIP.

The area where our university is located, Sleman, is safe, and international trainees can study here safely.

I believe we can respond to short-term training programs immediately.

(Professor Nguyen Thi Lan Anh, Hanoi Medical University, Vietnam)

Our university is in the preparation stage for IPE, but I believe it is an excellent educational method. How can we introduce IPE here?

(In response to this question: Professor Ikuko Sakai, Chiba University)

I think it is good to first introduce successful examples from abroad. In the case of Chiba University, there were significant cultural differences even within our own healthcare-related faculties (pharmacy, medicine, nursing), making the implementation of a unified program like IPE difficult. However, we invited Professor Anderson from Leicester University to explain the successful IPE initiatives there, and we succeeded in helping stakeholders understand its importance and effectiveness, which allowed us to begin our own IPE initiatives.

It is essential to start by understanding each other, and although it takes time to get things off the ground, Chiba University, which was initially told it would take 20 years, managed to get on track within 10 years after starting.

(Dr. Alla El-Awaisi, Qatar University)

I was very interested to learn about how GRIP is conducted and now have a good understanding of it. I believe there is a lot for students to learn through international exchange and IPE, and I hope to proceed with this in relation to IPE as well.

(Professor C.Y. Van Hulen, University of Free State, South Africa)

I feel it is important to gather feedback from students to understand what is happening in the field and to learn what students participating in IPE are gaining.

To advance IPE, it is necessary to gain leadership and policy support from the government. Therefore, we need to strengthen efforts to influence the government using field-based information and conditions.

(Professor Truong Quang Trung, Hanoi Medical University, Vietnam)

GRIP is wonderful.

Our university is still in the preparation stage for IPE, but we would like to participate in such programs.

I believe the educational impact of multilateral student exchanges with IPE as a theme is extremely significant.

Although there are language barriers, there are now many apps available, so I believe we can overcome this challenge.

Summary and Closing Speech

Ikuko Sakai, Ph.D.

Director, Professor

Inter Professional Education Research Center Graduate School of Nursing, Chiba university

It has become clear that the social implementation of IPE (interprofessional education) is progressing steadily despite various challenges and barriers. And, as a future prospect, it has been confirmed that community-based IPE for promoting Universal Health Coverage (UHC) will become increasingly important.

In addition, incorporating local fieldwork into IPE provides a valuable opportunity for students to feel a connection with the real world. Through such practical learning, students' motivation to learn increases and they can gain a deeper understanding of the need for interprofessional collaboration. Furthermore, it has been confirmed that engaging in service learning for upper grades and graduate students is extremely meaningful not only as an experience to utilize specialized knowledge in the field, but also as an opportunity to develop leadership and management skills.

In the future, it will be necessary to establish common evaluation criteria in order to develop IPE incorporating service learning internationally. This will enable us to verify effectiveness from an academic perspective and build a more practical and sustainable IPE framework.

We sincerely hope that the knowledge and exchange of opinions gained through this forum will lead to further development of IPE in the future. We would like to once again express our gratitude to all those who participated, and to the speakers from South Africa, Qatar, Indonesia, Vietnam, the UK, India and Chiba University who gave their valuable presentations. Thank you very much.

Appendix

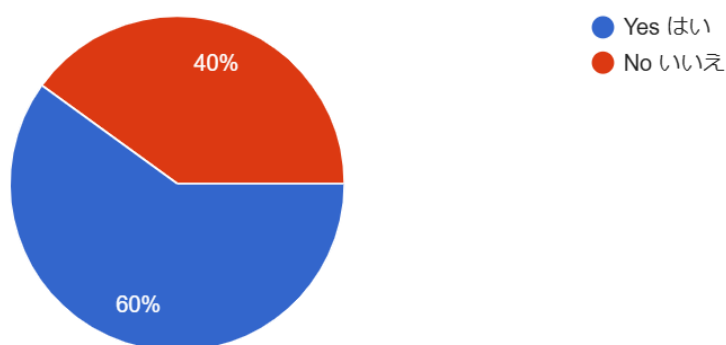
The result of Post Forum Questionnaire

Basic Information / 基本情報

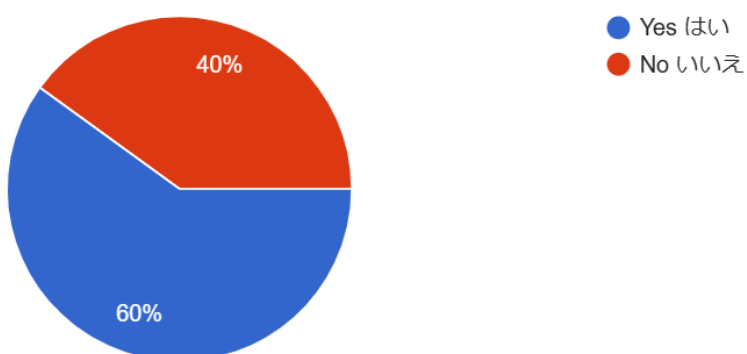
1. Number of respondents: 20
2. Occupations of respondents

Nurse / 看護師	8
Educator / 教育関係者	4
Physical Therapist / 理学療法士	2
Physician / 医師	2
Pharmacist / 薬剤師	1
Student / 学生	1
Other / その他	2
Total / 合計	20

3. Have you had an experience of IPE? / 専門職連携教育 IPE の経験はありますか?



4. Have you had an experience of Service Learning? / サービスラーニングの経験はありますか?



What did you realize in the forum ? /このフォーラムでどのような学びがありましたでしょうか？

5. . What impressed you most about the status of IPE implementation in each participating country and the challenges they face?/参加各国の I P E 実装状況と直面する課題について特に印象に残ったものは、何でしょうか？

他職種との連携のため、他学部のカリキュラムや授業日程との調整が必要な点が共通していたこと。
Using their student to support their community
時間がかかるが、先のステージを進んでいるところから学べるが多くあること。
学生の文化的背景の多様性への配慮、これから実装する場合に困難となる社会的なヒエラルキーの背景
教員の FD がどの国でも課題であるということ
IPE を体験した学生が主体的に IPE に協力する体制を構築している点(カタールの例)
Huge impressions and lessons that have been achieved and will be referenced to apply to my home University (HMU)
It was great to see the social responsibility aspect of IPE projects and to see how versatile the activities were in different countries. It was important to see that all countries faced some similar problems in IPE implementation.
The huge similarities
Challenges are very similar; I got a lot of new ideas from other countries
All presentations were very impressive, I'm interested in the Chiba University IPE Program in service learning, as well as the Qatar Program on Passport program. The UK is also similar to ours, so I think we might also be facing the same challenges
Qatar, the UK, and Indonesia are active in IPE. India still has to catch up in IPE. Though there are challenges in each country, each university is trying to overcome social and other challenges and is trying to execute IPE.
元々の教育資源の有無が重要と感じた。
The practice placement in the UK. Scheduling IPE activities.
To be a lack of teachers who have been trained in IPE education.
I got an overview of various variations of IPE implementation in other countries, starting from programs that only last a few weeks, to programs that require quite a long time. IPE participants are also diverse, some within health workers, but some involve other professions outside of health workers. In some countries, IPE is compulsory, and in other countries, the program is an elective program. Even though the implementation varies in each country, we have the same principle of IPE; therefore, the international program of IPE is an excellent idea.
I loved the structured manner in which the program is implemented at the University of Leicester, and the diverse evaluation methods adopted by Freestate University
IPE implementation was established a long time ago. Similar challenges, and also some new initiatives we can learn from. New ideas to think about..

6. What did you learn from this forum in terms of integrating service learning and IPE?

サービslラーニングと I P E の融合という観点で、このフォーラムからどのような学びがありましたでしょうか。

他国の取り組みや報告を受けることで、自国の位置付けと課題を確認できた。
It can make the community safe
IPE を実践する方法の1つがサービslラーニングなので、融合することによって双方の目的を達成するための両輪になると学びました。
IPE は地域で働く専門職を育成する上ではかなり重要で、地域のことを知るためにはサービslラーニングは有効だと思うので、効率的かつ効果的な学びを得ることができるものだと思改めて感じました。
持続可能なサービス向上に実際に貢献できていること、学生コミッティが運営しているカタールがすごい
2つの概念の共通点と相違点を改めて認識しました
Apply the theory and practice to a real situation that is supported by lecturers, the community and others. The learners achieve and are prepared with their educated knowledge, and the situation is not fixed. It is real and variety of colors and responses
I think it was inspiring to see how IPE integrated service learning in a way that reflected the needs in the community.
Think flexibly around implementation
Opportunities do exist for integration
Integrating service learning and IPE is a complex yet challenging process, but worth the pain.

Suggestions for Future GRIP / 今後の GRIP への期待（提案）をお聞かせください。

学生が他国との交流をもてる機会が増えることを期待しています。
If possible, please let me know more in the fact how IP works effectively and its efficacy.
継続と発展です。
各国に展開されて、千葉大がそのコーディネーターになっていくことが素晴らしいと思いました。日本における全世代型地域包括ケアシステムに携わる専門職の育成という視点で、例えば千葉県内などの他大の福祉職や心理職、学内でも起業や団体立ち上げ(アントレプレナーシップ)教育なども含めた広い学びの機会があると、さらに拡がりを見せるのではないかと思います。
大変だと思いますが学生が多様な学びができるこのプログラムを続けて行ってほしいです。
今回、来日した国に拡大していけそうならばぜひ！
Mix team of students from different backgrounds; seminar and workshop; funding opportunities; networking and demonstration success models; and analysis of a model of approach that is not well-defined
The forum was very well organized and allowed time for networking and discussion, which is essential for building links between educators in different countries. Perhaps the introduction of a workshop into the program would also allow focused interaction.
Also, do virtual exchanges
Future GRIP program can send their students and teachers to see the implementation of IPE in the community
If more students from various fields can participate in Grip, they will get different perspectives on each country.
聴講の機会を頂きありがとうございました。また情報発信をお願いします。
Any education in the medical field is for the purpose of serving the staff of the medical system, and I think that when talking about education, it should be combined with clinical practice and involve more clinical front-line practitioners
Continue the networking and collaboration. We can have a collaboration project on education, research, or learning services.
Student and staff exchange, research collaboration and site visits.