

# サービスラーニング×IPE が拓く協働の未来

文部科学省 大学の世界展開力強化事業  
**The Global & Regional IPE+ フォーラム**  
報告書

開催日：令和7年3月9日  
場所：千葉大学 ゐのはな記念講堂  
(オンライン同時開催)

令和7年3月



CHIBA  
UNIVERSITY

国立学校法人 千葉大学



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千葉大学大学院看護学研究院

副院長 眞嶋 朋子 教授

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センター長 酒井 郁子 教授

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## 開会挨拶

千葉大学大学院看護学研究院  
副院長 眞嶋 朋子 教授

千葉大学看護学研究院では、長年にわたり専門職連携教育（IPE）を推進してまいりました。本学は、医学、看護学、薬学など、多様な専門職が連携しながら専門職連携を学ぶ仕組みを築き、また、国内外の地域社会との協働を重視し、学生が実践の場で学びながら成長できる教育プログラムを積極的に開発してきました。このような取り組みは、今日の「サービスラーニング」の発展にも強く結びついています。

本フォーラムには、世界6か国から専門職連携のリーダーをお招きし、国際的な知見を融合させながら、協働の未来を形作ることが目的としています。この国際的な対話を通じて、多様な健康に関連する社会課題への対応力を高めるとともに、専門職連携教育のグローバルなスタンダードを共有し、それを各地域の実情に適応させることで、より効果的な教育と実践の発展が期待されます。また、本フォーラムをきっかけに、新たなネットワークが生まれ、今後の共同研究や国際的なプロジェクトへとつながることも大いに期待されます。

本日の議論が、皆さまにとって有意義な学びと新たな交流の場となることを願っております。どうぞ活発な議論を通じて、多くの知見を得ていただければ幸いです。本日はどうぞよろしくお願いいたします。

## 主催者提言

千葉大学専門職連携教育研究センター  
センター長 酒井 郁子 教授

本フォーラムは、IPE（Interprofessional Education：多職種連携教育）とサービスラーニングを掛け合わせることで、より実践的で社会に貢献する学びの形を探求し、未来の協働のあり方を描くことを目的としています。

今日、IPEの重要性はますます高まっています。同時に、学びを実社会の課題と結びつけるサービスラーニングの概念は、単なる知識の習得にとどまらず、実践を通じた深い理解と共感を育む手法として注目されています。

本フォーラムでは、国内外の専門家をお招きし、多様な視点からIPEとサービスラーニングの融合がもたらす可能性について議論を深めます。また、実際の事例紹介を通じて、その効果や課題についても共有し、今後の教育と実践の在り方を模索していきます。

私たちが目指す着地点は、IPEとサービスラーニングがどのように相互補完し、学びの質を高め、より良い協働の未来を実現できるかという具体的な道筋を明らかにすることです。各セッションを通じて、参加者の皆様が新たな視点や実践のヒントを得るとともに、将来的な連携や共同研究の可能性を見出す場となることを期待しています。

皆様の積極的なご参加と実りある議論を心よりお願い申し上げます。.




## セッション1 各国のIPE実施状況と課題

### 『実社会への貢献（社会実装）の観点から』各国からの報告

#### 1. 日本（千葉大学）

千葉大学看護学研究院附属専門職連携教育研究センター 特任講師  
孫 佳茹 博士



## 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)

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## IPE implementation overview in JAPAN

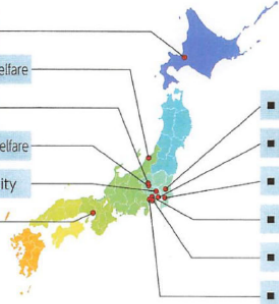
### Japan Interprofessional Working and Education Network (JIPWEN)

1. IPE start date


• 2013

• 2014

• 2015



- Sapporo Medical University
- Niigata University of Health and Welfare
- Gunma University
- Tokai 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

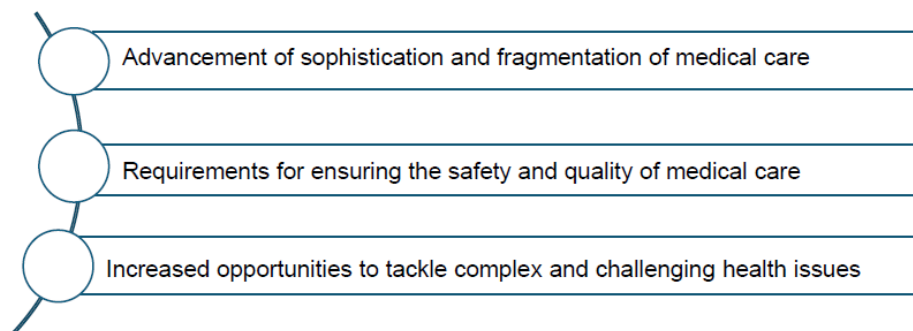
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# IPE implementation overview in JAPAN

## 2. Background and reasons for introducing IPE



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# IPE implementation overview in Chiba U

## Inohana IPE from May 2007



**Patient-centered care  
Team building**

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# IPE implementation overview in Chiba U

## 3. IPE goal setting

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# 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.

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# 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

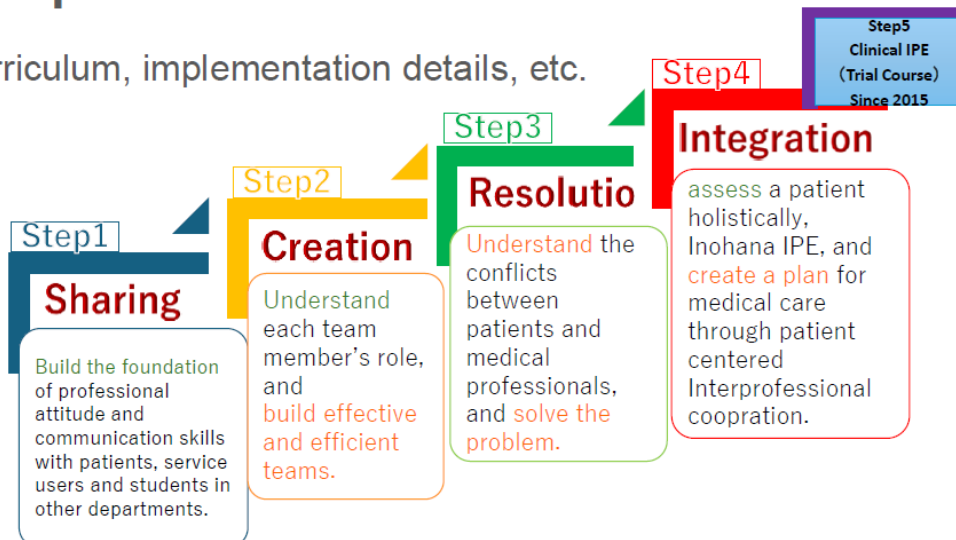


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# IPE implementation overview in Chiba U

## 5. Curriculum, implementation details, etc.



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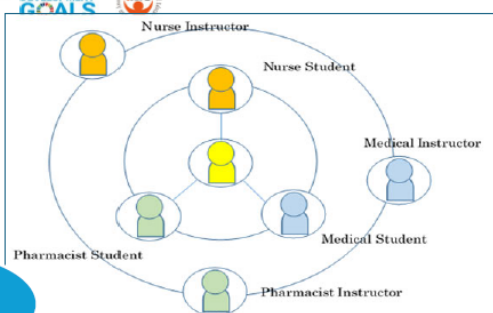


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CHIBA UNIVERSITY  
SUSTAINABLE DEVELOPMENT GOALS  
JAIPF



**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. 5<sup>th</sup> year


Pharm. 5<sup>th</sup> year

Nurse. 4<sup>th</sup> year


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Global & Regional Interprofessional Education Plus Program



## The scheduled and students on this year

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		

Step 3

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# 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.

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## 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

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## 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

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## 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.

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**CHIBA UNIVERSITY**


**grip**


**SUSTAINABLE DEVELOPMENT GOALS**


**JAPE**


**Chiba University Graduate School of Nursing**  
**InterProfessional Education Research Center**



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[Inohana IPE](#)

[Research](#)



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- <https://www.n.chiba-u.jp/iperc>



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## 2. 南アフリカ（フリーステート大学）

フリーステート大学健康科学部健康、リハビリテーション科学学科長 C.Y.ファン・フーレン 教授  
健康科学部 ロニエル・ジャンセン 教授








# 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*

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# 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).



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# 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.



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# 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.



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# 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



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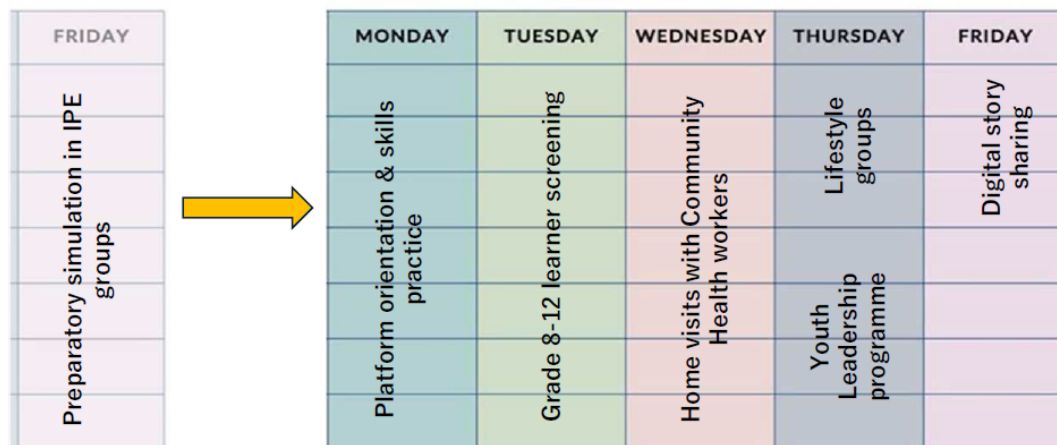
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# IPE implementation overview in South Africa

## Weekly structure of our IPE programme



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# 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
<b>TOTAL</b>	<b>279</b>

Lifestyle Group	Number of attendances*
Trompsburg	178
Springfontein	70
<b>TOTAL</b>	<b>248</b>

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



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# IPE implementation overview in South Africa

## 2023 societal impact (cont'd)



Area	Number of patient visits
Trompsburg	308
Springfontein	267
Philippolis	106
<b>TOTAL</b>	<b>681</b>

	Screening of DM patients	Follow up of DM patients
Trompsburg	47	42
Springfontein	37	32
<b>TOTAL</b>	<b>84</b>	<b>74</b>








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# 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

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# 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

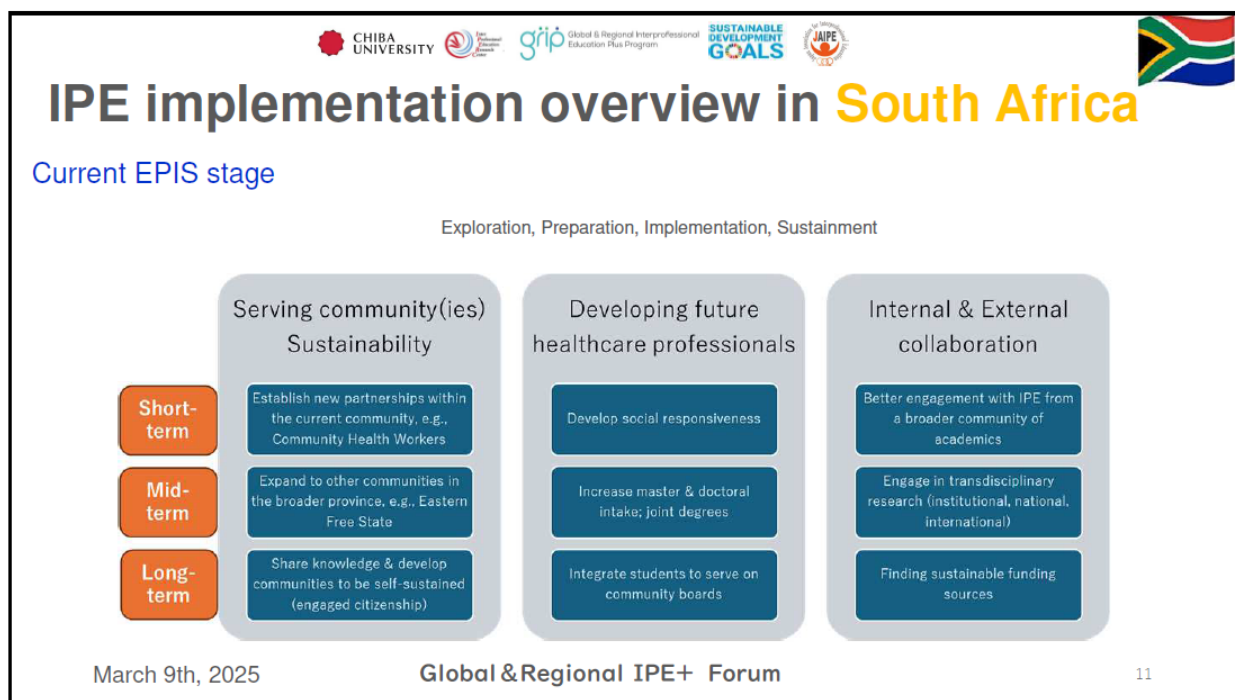
Mid-term

Long-term

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**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.

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# 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

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## Thank you

### Speakers:

Corlia Janse van Vuuren

Ronelle Jansen

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

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### 3. カタール (カタール大学)

カタール大学 多職種連携教育プログラム議長 エル-アワイシ 博士

IPE Clinical specialist サウサン・アルムクダッド 研究員




## 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


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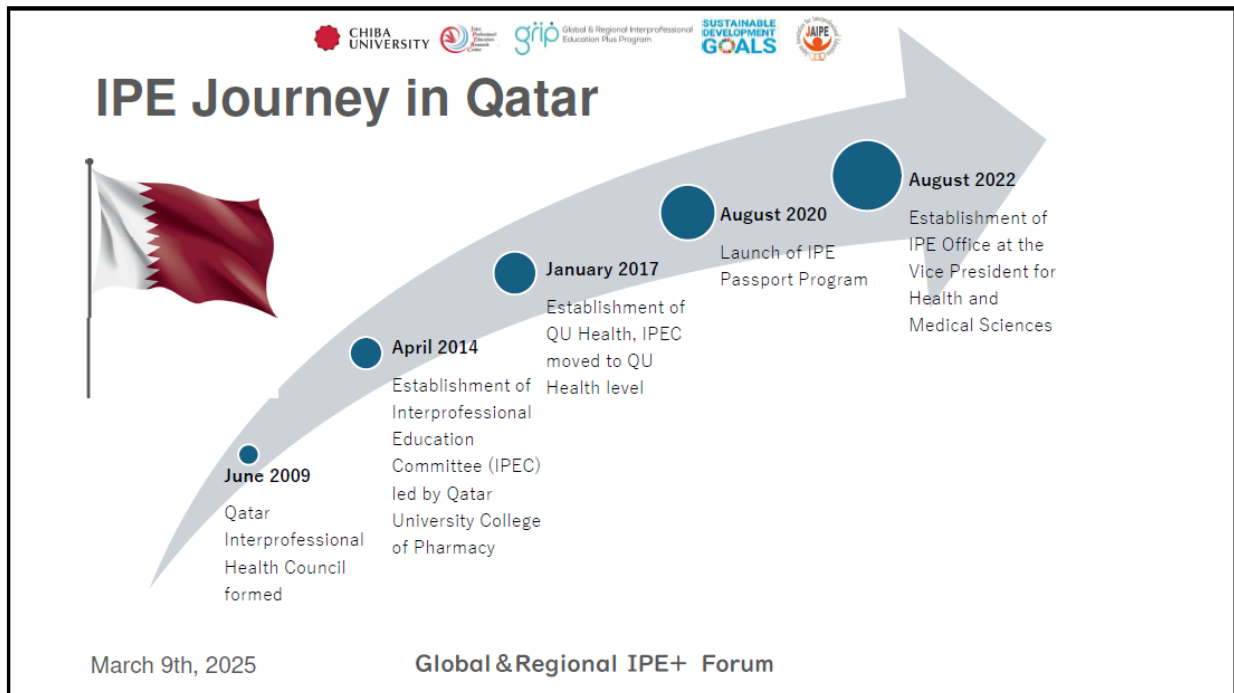
## Outline

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



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## 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

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## 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

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## Collaborative Programs & Institutions

معاً نشكل مستقبل الصحة  
 Shaping the Future of Health Together



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## 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

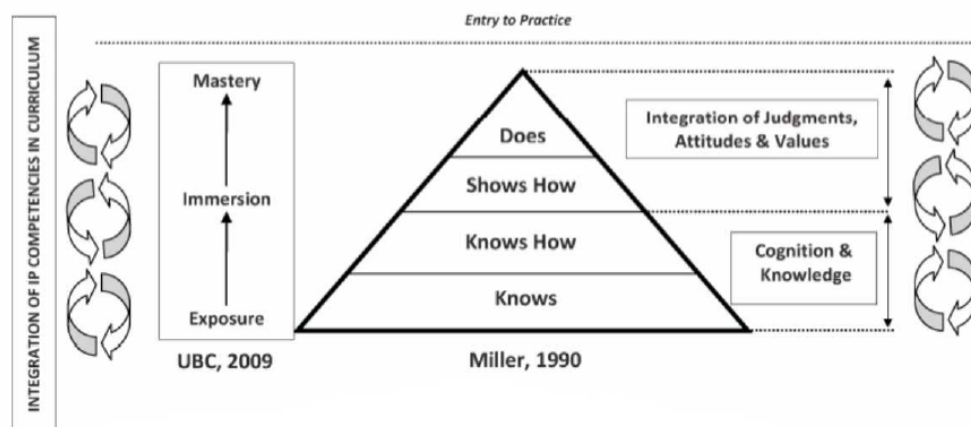


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## Models toward IPE Competency UBC Model



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**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.

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## IPE in the Different Professional Years

**1<sup>st</sup> Year (Exposure)**  
Introducing IPE concept



**2<sup>nd</sup> year (Exposure):**  
IPE smoking cessation & being an effective team player



**3<sup>rd</sup> year (immersion):**  
Case based diabetes & Case based infection & antibiotic stewardship



**4<sup>th</sup> year (Mastery):**  
IPE placement & IPE simulation



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**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

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## 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.

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## Data on IPE activities at QU Health

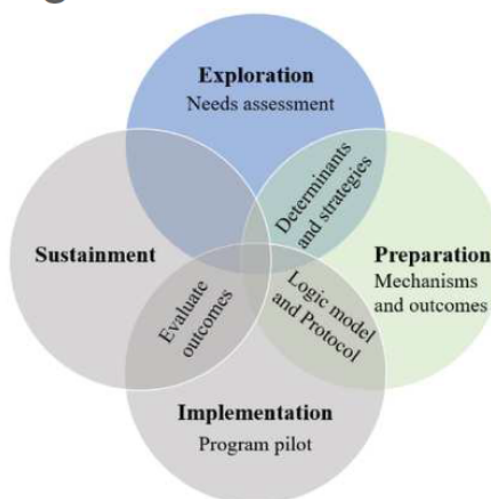
IPE Last 6 years	Curricula		Extra Curricula through IPE Student Association
Academic Year	Facilitators	Students	Activity
AY24	217	1860	9 <sup>th</sup> IPE Forum (on campus)
AY23	179	1174	8 <sup>th</sup> IPE Forum (on campus) More Active People for a Healthier World
AY22 (online)	103	960	7 <sup>th</sup>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

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## Current EPIS stage



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## 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

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## 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.

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## 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

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Hosting 11<sup>th</sup> Edition of All Together Better Health Conference








Call for abstracts are now open

**All Together Better Health Conference ATBH XI**

The 11<sup>th</sup> 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](mailto:ipcc@qu.edu.qa)

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## 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

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## Witnessing the Impact – A Beautiful Encounter



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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!



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#### 4. インドネシア (ガジャマダ大学)

ガジャマダ大学公衆衛生看護学部 ウキ・ノビアナ教授

IPE プログラム統括部長 スリ・ムリヤニ教授



## 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

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## 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

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## IPE Start Date



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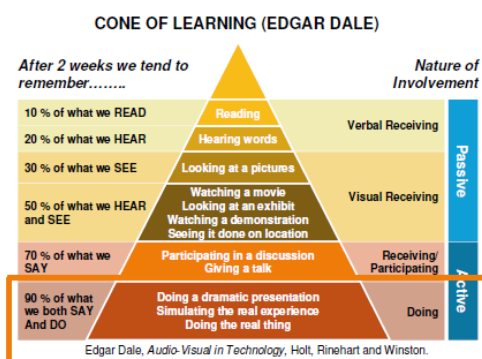
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## Background and Reasons for Introducing IPE

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".



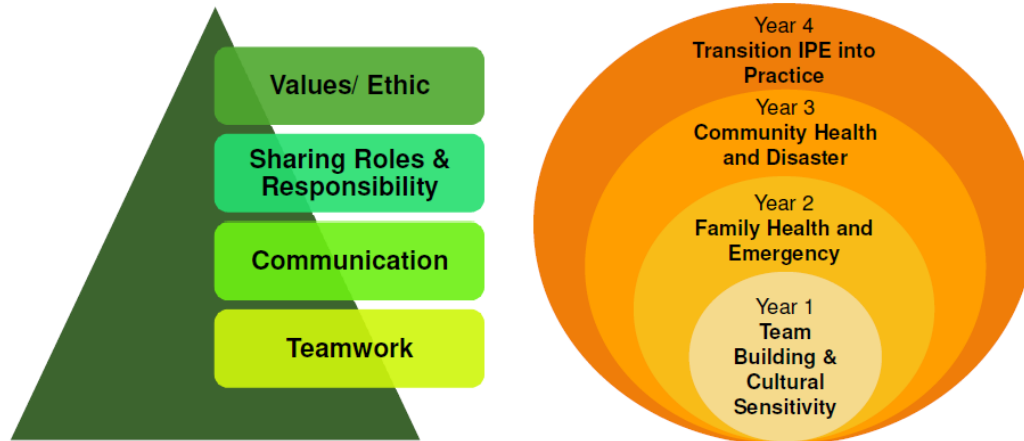
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## IPE Goal Setting

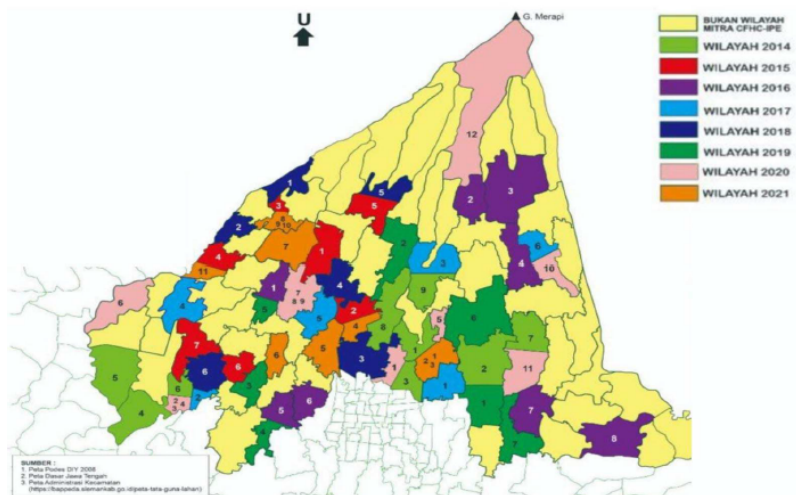


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**Collaborative**  
**Faculties:** All  
Lectures from 19  
Department become  
field supervisors  
**Areas:** Sleman district  
(Population 1.2 M)  
**Faculty Members:**  
162



*Map of CFHC-IPE Students Distribution Area*

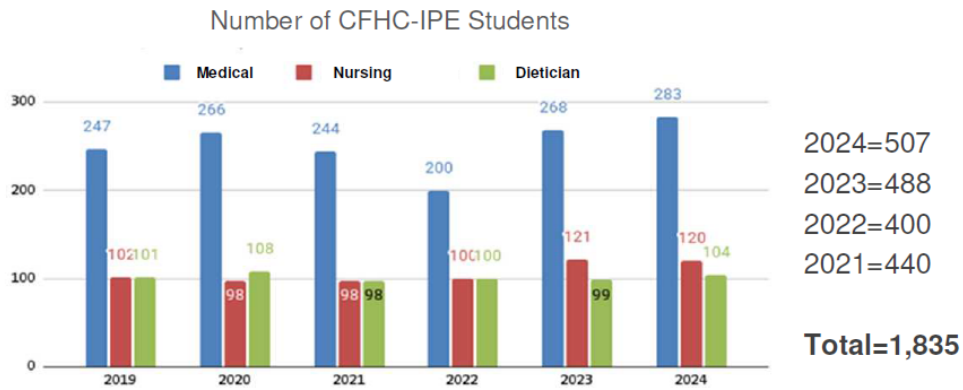
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## Collaborative Faculties/Areas/Faculty Members

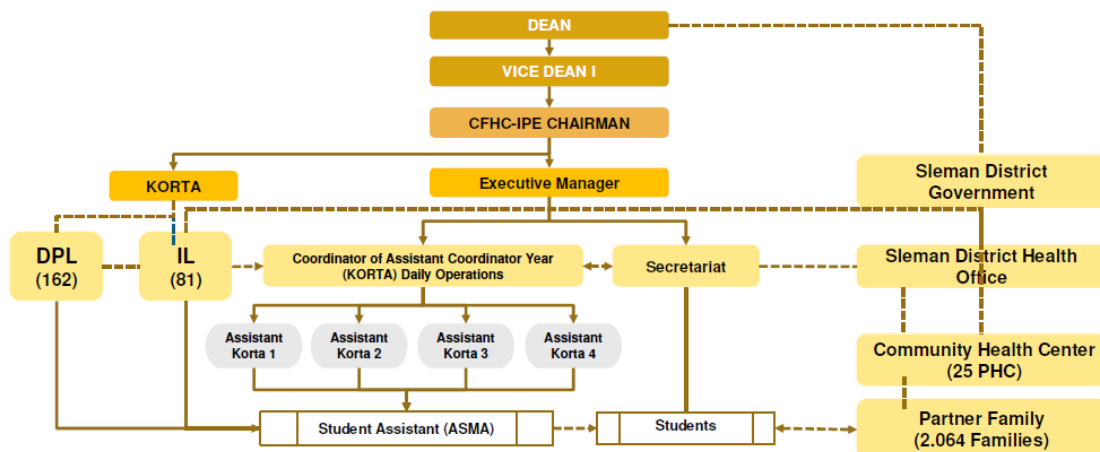


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## Organization of CFHC-IPE



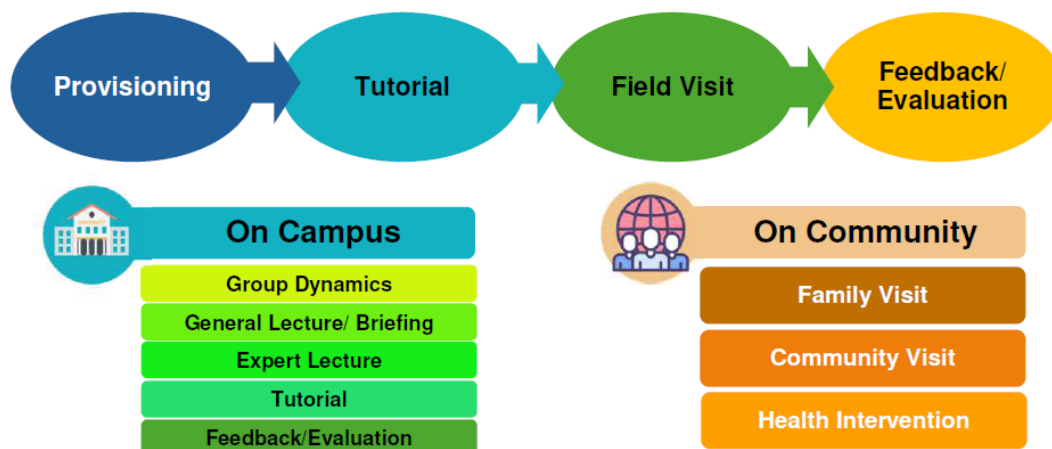
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## Curriculum & Implementation Details

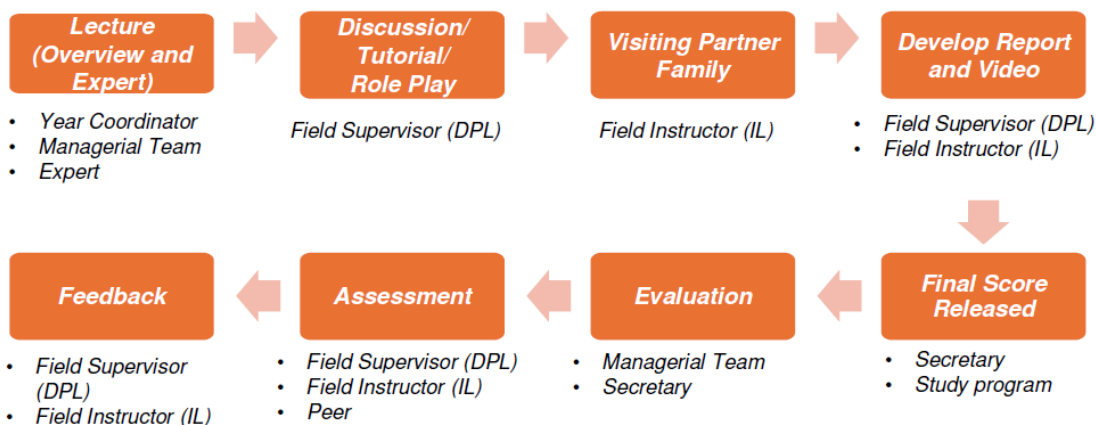


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## Curriculum & Implementation Details



Activities Flow Chart

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## 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

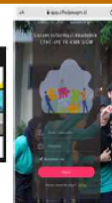
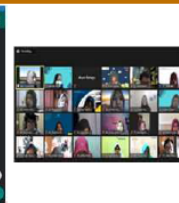
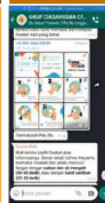
### Majority of In-Person Activities



Disseminations were carried out:

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

### 2020-Now



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## Specific Outcomes and Evaluation Methods

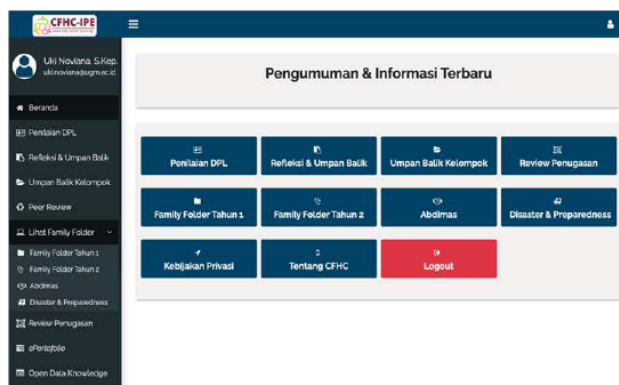
CFHC App Featured → DPL & IL can monitor from the app.

### 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



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## 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

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## 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

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CFHC-IPE

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## 5. ベトナム（ハノイ医科大学）

ハノイ医科大学看護学学部学部長 ゲン・ラン・アイン教授

看護学部副学部長 チャン・スオン・クワン教授



## 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

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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, physiotherav. osvchotherav. psychology.

e S

teams  
outcomes  
Education  
Team  
interprofessional  
KMultidiciplinary  
v\_\_ rear h \* n v\*

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## 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 setting ~ (WHO,2010 )

### **CORE ELEMENTS :**

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



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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.

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

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## 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 .

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## AIMS

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

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**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

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## *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.

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## How is IPE impact on nursing education in Viet nam?

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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<sup>a,b</sup> , Linh Thuy Khanh Tran<sup>a,\*</sup> , Khoa Duy Duong<sup>a</sup> , Tuan Diep Tran<sup>a</sup> 

### 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  $80.2 \pm 7.2$ , which meant favorable interprofessional learning. The total stereotype score was  $37.1 \pm 4.0$ , 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.

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

Huyen Thi Thanh Nguyen<sup>1,2</sup>, Johan Wens<sup>2</sup>, Giannoula Tsakitzidis<sup>2</sup>, Martin Valcke<sup>3</sup>, Hoa Thi Nguyen<sup>1</sup>, Tuan Quang Duong<sup>1</sup>, Cuc Thi Nguyen<sup>1</sup>, Dao Anh Hoang<sup>4</sup>, Yen Thi Bach Hoang<sup>5</sup>, Lan Thi Ngoc Duong<sup>6</sup>, Hung Van Nguyen<sup>7</sup>, Thanh Viet Truong<sup>8</sup>, Huy Vu Quoc Nguyen<sup>9</sup>, Tam Minh Nguyen<sup>1</sup>

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.

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**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

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

	n	%
<b>Perceived facilitators in the implementation of IPE program/activity</b>		
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
<b>Perceived barriers in the implementation of IPE program/activity</b>		
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
<b>Perceived effectiveness in improving collaboration among health profession students</b>		
Not effective	1	3.45
Effective	11	37.93
Very effective	3	10.34
<b>Perceived effectiveness of the program/activity in terms of achieving the goal of improving quality of care</b>		
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.

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SUSTAINABLE  
DEVELOPMENT  
GOALS



## 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.

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## *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.

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## *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.

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## Overcoming Challenges Solutions

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

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# Thank you

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## 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



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## 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>

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## 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.

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## 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



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## 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

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## 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

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# 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

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## 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

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# 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)

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Topics	Pedagogical						
	Theory	Skillabs			Clinical		
	LEC	SKL	ROL	FS	OMP	CBA	SGD
<b>IPE 1</b>							
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
<b>IPE 2</b>							
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

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## 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

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## 6. 英国（レスター大学）

レスター大学 Senior GP Clinical Educator マリア・キーリグ教授

GP Admissions Tutor サミュエル・アドコック教授



# 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**

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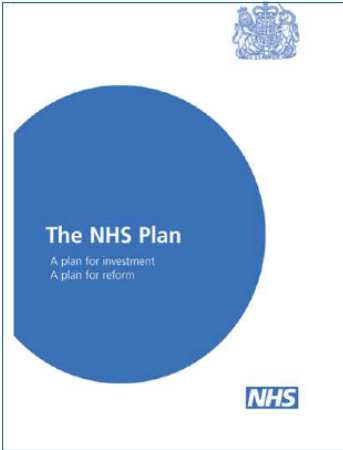


# IPE overview in UK

**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

**NHS**

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

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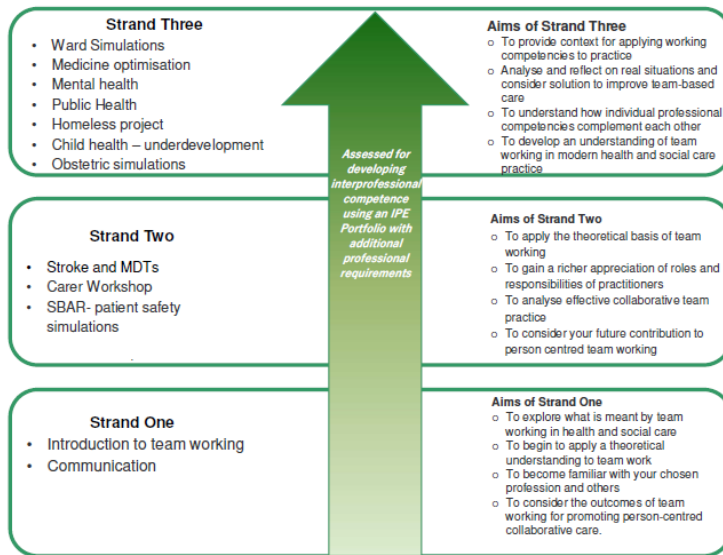


# IPE implementation in Leicester UK

All teaching integrated within the different schools:

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

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## Social Accountability



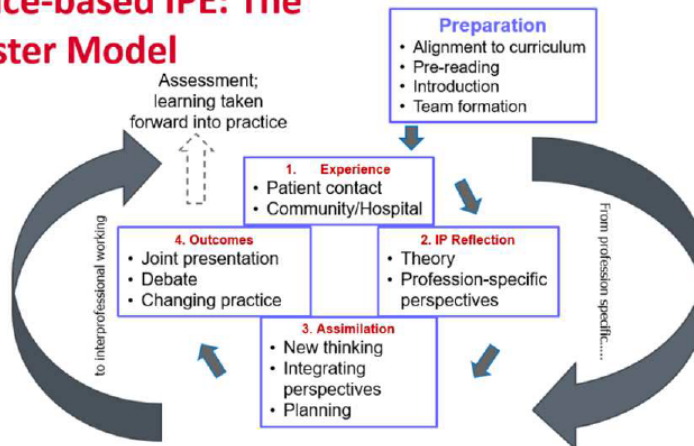
Interprofessional Student groups working in the community to understand the needs of marginalised communities  
Isolated older people  
homeless



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## Practice-based IPE: The Leicester Model



### Started 1998

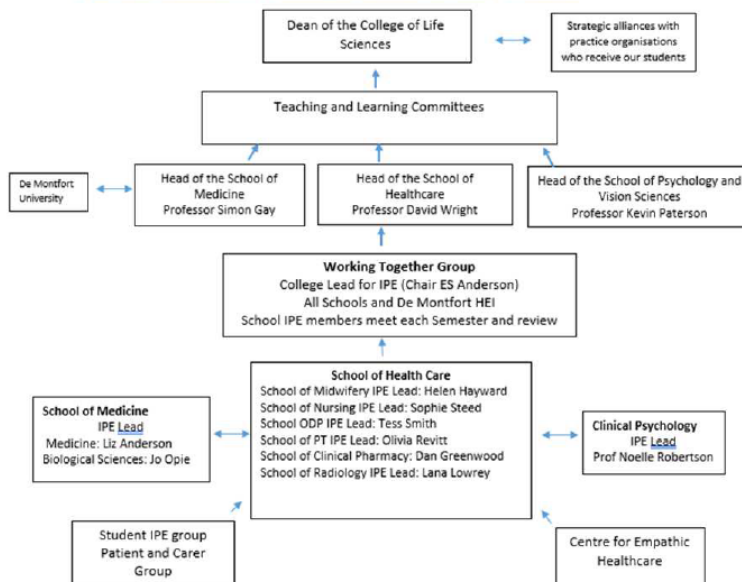
Today students in mid-to-late training learn together in practice

### 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>

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### Governance Structure: Interprofessional Education University of Leicester

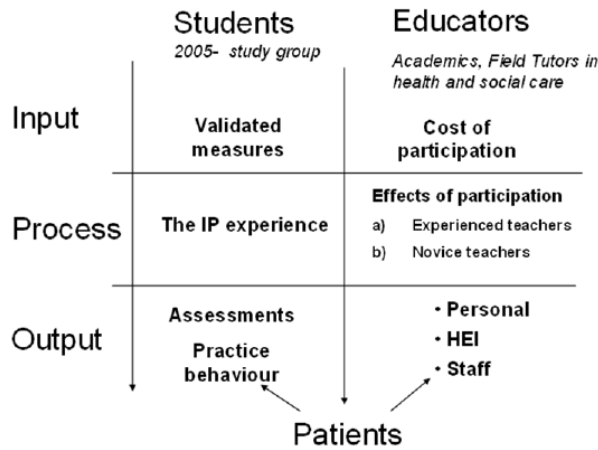


### Operational Structure

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## 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>

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## 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

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## GRIP in the UK

2025



2024



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## 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

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## References on Homelessness

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- 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>

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## セッション2 専門職連携教育（IPE）と社会をつなぐ

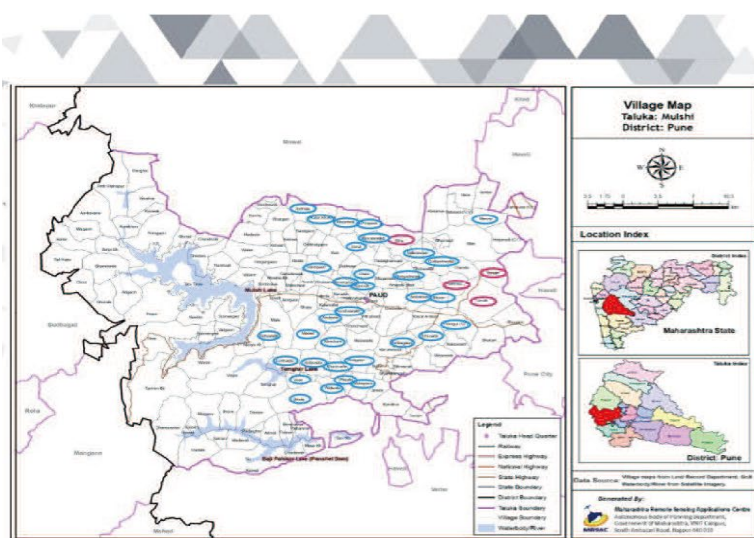
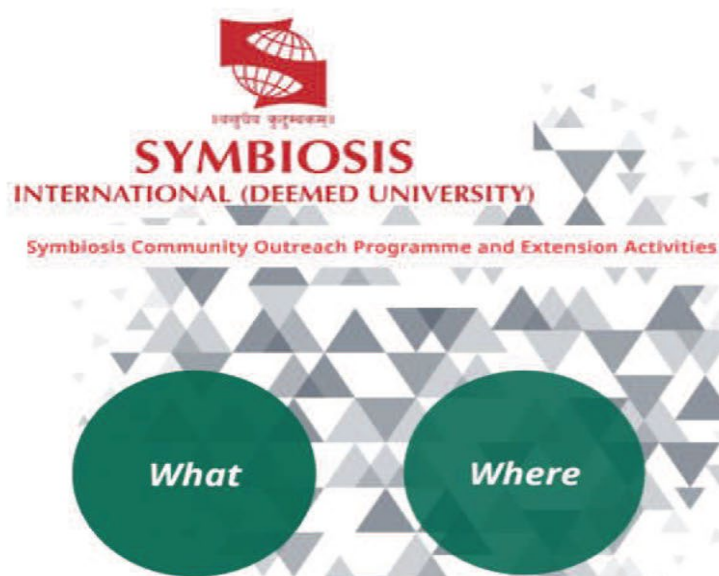
『IPE と service learning との融合 -実施方法とその評価-』

### 1. 提言発言

#### A) Symbiosis Community Outreach Program and Extension について

インド シンビオシス国際大学 SCOPE センター

ラリッツ・ダニエル助教





## 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

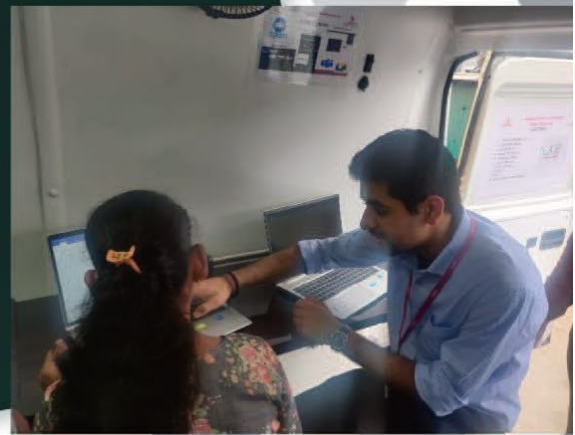
Financial  
Literacy

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*



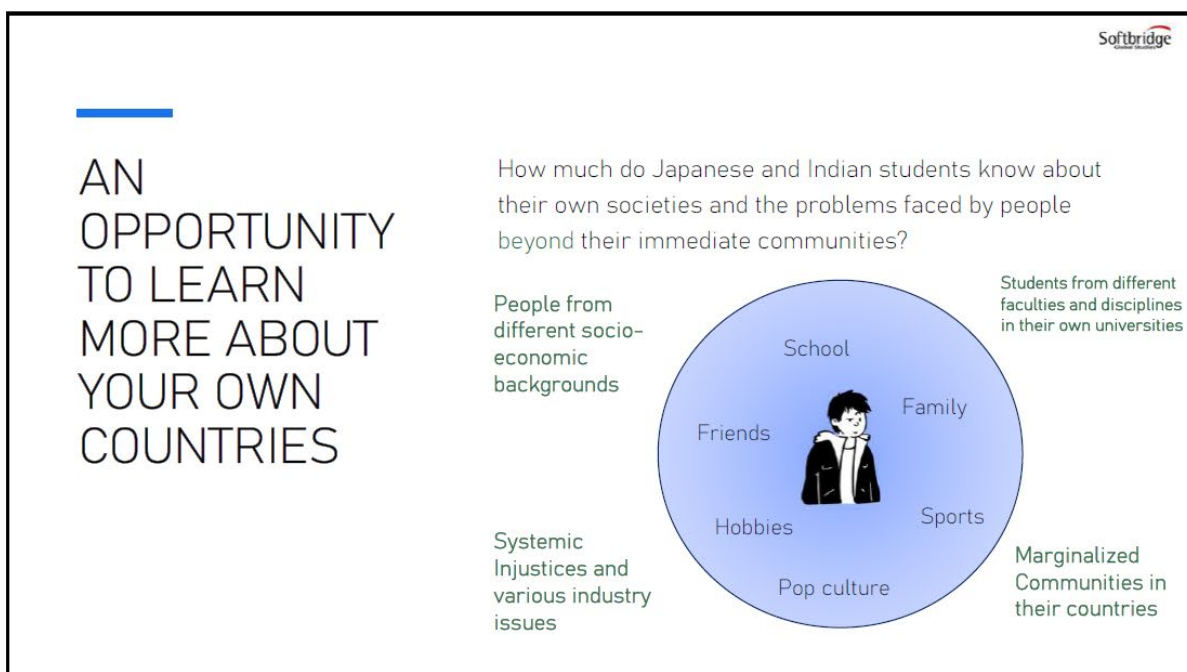


B) GRIP PROJECT impact on Japanese and Indian Students 日印学生への GRIP プロジェクトの教育効果

SGS Edunet India 代表 シプラ・ポトダール



1



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



## 質疑応答・ディスカッションにおける発言要旨

(千葉大学看護学研究院附属専門職連携教育研究センター 下井俊典 准教授)

- ・今回のフォーラムでは、色々な学びがあった。例えば、
- ・サービslラーニングと IPE に共通するところとして異文化理解があげられる。IPE では当然ながら職種間理解が必要であり、サービslラーニングにおいても地域への展開において必要である。特に、11 の言語が存在する南アフリカのような国では、異文化を理解することが前提となる。
- ・クラスルームでの IPE とサービslラーニングの大きな違いは、サービslラーニングにおける偶発性である。学習者は、偶発的事象に対して臨機応変に対応することがもとめられる。したがって、ガジャマル大やレスター大学のように、まずはクラスルーム IPE でしっかり基礎を作った上でサービslラーニングを行うことが効果的であることを認識した。

(インド シンビオシス国際大学 ラリッツ・ダニエル助教)

- ・シンビオシス国際大学では、学生がサービslラーニングのフィールド活動で様々な学びを得ている。農村部での田植えも実施したが、それまで田植えを経験した学生はおらず農村部の人々と一緒に働くことで様々なことを学習することができた。サービslラーニング、IPE において重要なことは、フィールドでの経験を通じて、自分とは違う人たちと接点を持つということである。それによって、学生は共感すること、他者を思いやること、互いを尊重することの大切さを学ぶことができる。

(英国 レスター大学 Senior GP Clinical Educator,マリア・キーリグ教授,、P Admissions Tutor サミユエル・アドコック教授)

- ・IPE を行う他学部間の統一プログラムの実施は、スケジュール調整などロジスティクス上の困難もあるが、教育効果は大きい。
- ・参加した学生のポジティブなフィードバックを多いに活用し、IPE,サービslラーニングの教育効果をアピールすることが重要。
- ・GP の観点からも IPE は非常に有効。
- ・レスター大学では25年前に IPE を先駆的に始め、その後次第に大きく発展した。
- ・小さなことからでも、まずは始めることが大切。

(インドネシア ガジャマダ大学公衆衛生看護学部 ウキ・ノビアナ教授)

- ・GRIP への参加を考えたい。
- ・当大学があるスレマンは、治安もよく海外研修生も安全に研修できる。
- ・短期的研修はすぐにでも対応可能と考える。



(ハノイ医科大学看護学学部学部長グエン・ラン・アイン教授)

- ・本学は、IPE については、準備段階であるが、すばらしい教育手法だと思う。IPE を導入していくには、どうしたらいいのか。

(上記質問に答える形で：千葉大学 酒井教授)

- ・外国の良い事例をまず紹介するのがいいと思う。千葉大を例にすると、薬学、医学、看護学と医療系学部間でも大きな文化の違いがあり、IPE のような統一プログラムの実施は困難な状況であったが、レスター大学からアンダーソン教授招へいし、成功事例としてレスター大学での IPE の取り組みを説明してもらい、その重要性和効果を関係者に理解してもらうことに成功し、スタートにこぎつけることができた。

- ・お互いを理解することから始める必要があり、軌道に乗せるには確かに時間がかかるが、千葉大は、当初 20 年かかるといわれていたものの、開始から 10 年の時点では、もう軌道に乗せることができた。

(カタール大学 多職種連携教育プログラム議長アラ-アワイシ博士)

- ・GRIP がどのように行われているかを興味深く聞き、よく理解できた。国際交流、そして IPE を通じて、学生が学べることは、大変多いと思うので、IPE とも関連して進めていければと思う。

(フリーステート大学健康科学部健康、リハビリテーション科学学科長 C.Y.ファン・フーレン教授)

- ・何が現場で起こっているかを実際に知ること、また IPE に参加している学生が何を学んでいるのかを知るために、学生からのフィードバックを得ることが大事だと感じた。
- ・IPE をより前に進めるためには、政府のリーダーシップ、政策面のサポートを得る必要がある。そのために、フィールドでの状況、情報をもとに政府に働きかけを強化していく必要がある。

(ハノイ医科大学看護学部副学部長 チャン・スオン・クワン教授)

- ・GRIP は素晴らしい。
- ・本学はまだ IPE については、準備段階であるが、是非、このようなプログラムに参加していきたい。
- ・IPE をテーマに多国間学生が交流することの教育効果は極めて大きいと考える。
- ・確かに言葉の壁もあるが、現在では色々なアプリもあるので、それも乗り越えられると思う。



## 総括・まとめ

千葉大学専門職連携教育研究センター センター長 酒井 郁子 教授

多様な課題やバリアがある中でも、各国において、IPE（多職種連携教育）の社会実装が着実に進んでいることが明らかになりました。そして、今後の展望として、ユニバーサル・ヘルス・カバレッジ（UHC）の推進に向けた地域ベースの IPE がますます重要になっていくことが確認されました。

また、IPE に地域のフィールドワークを組み込むことは、学生にとって「実社会とのつながり」を実感できる貴重な機会となります。このような実践的な学びを通じて、学生の学習意欲が向上し、多職種連携の必要性をより深く理解することができます。さらに、高学年や大学院生がサービスラーニングに取り組むことは、専門知識を現場で活かす経験を積むだけでなく、リーダーシップやマネジメント能力を養う機会としても非常に有意義であることも確認できました。

今後は、サービスラーニングを組み込んだ IPE を国際的に発展させていくためにも、共通の評価基準を確立することが求められます。これにより、学術的な視点からも効果を検証し、より実践的で持続可能な IPE の枠組みを構築することができるでしょう。

本フォーラムを通じて得られた知見や意見交換が、今後の IPE のさらなる発展につながることを心より願っております。ご参加いただいた皆様、そして貴重なご発表をいただいた南アフリカ、カタール、インドネシア、ベトナム、イギリス、インド、千葉大学の登壇者の皆様に、改めて感謝申し上げます。ありがとうございました。



## 付属資料



## フォーラム開催後アンケート結果

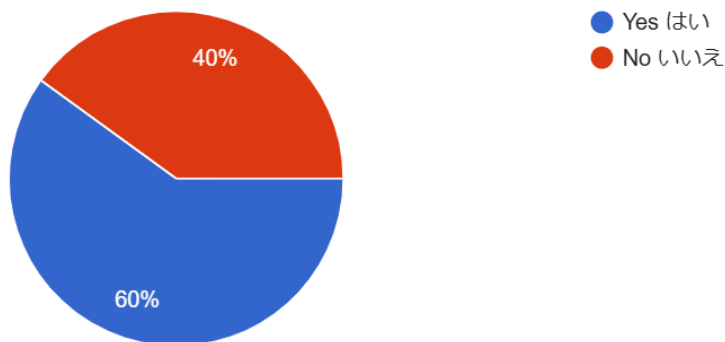
### Basic Information / 基本情報

1. 回答者数：20

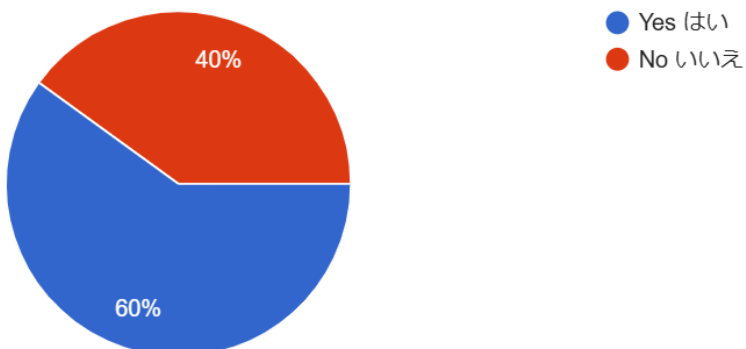
2. 回答者職業

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 be achieved and be reference to apply for my home University (HMU)
It was great to see social responsibility aspect of IPE prpjcts 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; got a lot of new ideas from other countries
all presentation was very impesive, I'm interesting in Chiba university IPE Program in service learning, as well as Qatar Program on Passport program. The UK is also similar to ours, so I think we might also facing the same challenges
Quatar, UK, indonesia are active in IPE. India still has to catchup in IPE. Though there are challenges in each country, each university is trying to overcome social and other challanges are 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 lack of teacher who have been training 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 counties the program is elective program. Event the implementation is various in each countries but we have same principle of IPE therefore, the international program of IPE is an excelent idea.
I loved the structured manner in which the programme is implemented at University of Leicester, the diverse evaluation methods adopted by Freestate university
I IPE implementation established 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 being safety
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 real situation that be supported by lecturers, community and orther. The learners achieve and be prepared with their educated knowledge and situation has not fixed. It is real and variety of color and responses
I think it was inspiring to see how IPE integrated service learning in a way that reflected needs in the community.
Think flexibly around implementation
Opportunities do exist for integration
Integrating service learning and IPE is a complex yet challenging, 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 I know more in the fact how IP work effectively and 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 background; seminar and workshop; funding opportunities; networking and demonstration success models and analysis a model of approach that not be good defin
The forum was very well organised and allowed time for networking and discussion which is essential for building links between educators in different countries. Perhaps introduction of a workshop into the programme would alao allow focused interaction.
Also do virtual exchanges
Future GRIP program can send their students and teachers to see the implementation of IPE in community
If more students from various fields can participate in Grip, they will get different perspectives of 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 collaboration project on education, research or learning services.
Student and staff exchange, research collaboration and site visits.