

# Interprofessional education student network spreading all over the world

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## Objectives

- To describe championing interprofessional education through the students
- To identify student-led interprofessional education activities around the world
- To suggest prospective roles of students in championing IPE

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## Introduction

Interprofessional education (IPE) has been a buzzword in higher education in the recent decade across the world. Today, IPE is considered a global strategy for the entirety of the present and future health workforce. It is defined as an occurrence between two or more professions that learn about, from, and with each other to enable effective collaboration and improve the quality of care (World Health Organization [WHO], 2010; Barr & Low, 2013). Concretely, IPE happens within a learning context either in pre-qualifying (undergraduate) or post-qualifying (post-graduate) education. This just means that the primary consumers of IPE are the learners, who are facilitated by IPE-trained teachers, for the benefit of individual clients, communities, and populations.

In this chapter, student contributions to IPE will be highlighted because they are perceived to be “partners for change” and “champions” for IPE by the World Health Organization. Moreover, student involvement in IPE-related activities were narrated based on research evidence, world wide web data, case reports, informal reports, conference proceedings, and personal communication from selected countries within the six regions as grouped by the WHO. Lastly, this chapter will end by describing the future role of health and social care students in the promotion of IPE.

## Students as partners for change and champions

IPE is a strategy that aims to address local community health needs, but IPE can only be strengthened when educator and curricular mechanisms are facilitated within

the higher education system (WHO, 2010). Evidence indicates that IPE is more effective when adult learning principles (i.e., problem-based learning and action learning sets) are implemented, learning methods are outcomes-based reflecting real-world practice experiences of students, and active interaction are facilitated among students (WHO, 2010; Freeth, et al., 2005). Since its conception, IPE has been challenging universities, its faculty members and students, when it comes to implementation and the realizations of its benefits. Champions of IPE have experienced success stories within the scope of their influence through invitation of guest speakers and experts, arranged observation visits in communities and hospitals, and student-led extra-curricular activities (Barr & Low, 2013).

The National Health Sciences Students' Association in Canada (NaHSSA) is the first-ever national interprofessional student association in the world founded in 2005. The association is composed of 22 university and college-based chapters across Canada including more than 20 health and social care professions. The NaHSSA aims to promote IPE and collaborative patient-centered practice, facilitate interprofessional interaction among students, and foster student champions in IPE. Although NaHSSA is based in Canada, it serves as a role model among all IPE student associations in terms of organizing local, academic, social, and community events promoting collaborative practice. The example given by the Canadians clearly shows how health and social care students can be capitalized in order to effectively champion IPE within and outside their classrooms.

The NaHSSA (Canada) is the first-ever national interprofessional student association in the world.

### **Interprofessional education: Students in action**

In 2010, an environmental scan was conducted to identify countries from WHO's six regions that declared existent IPE programs. The results of the scan revealed 41 countries involving a broad range of health and social care professions (Rodger, et al., 2010). This could imply that students on pre- and post-qualifying programs in at least 41 (out of 194, 21.1%) countries have experienced IPE one way or another. Although a prepared and well-planned IPE curriculum is an impressive undertaking, student-led activities must also be established alongside to ensure sustainability of IPE promotion in the university.

**African Region.** In South Africa, the Stellenbosch University's Faculty of Medicine and Health Sciences (SUFMHS) initiated a program called "Interprofessional Education and Collaborative Practice" (IPEP). The IPEP aims to institutionalize IPE through competency development, fostering a common language among and between professions using the International Classification of Functioning, Disability,

and Health (ICF), and promote IPE among faculty and students (SUFMHS Website, 2015). The IPEP is managed by trained teachers in IPE to facilitate IPE competencies through learning activities, games, internship placements, and work-based settings. This initiative in the Stellenbosch University led to the establishment of the African Interprofessional Education Network (AfrIPEN) in 2015 (Barnard, 2016).

**Region of the Americas.** Traveling west from Africa is a large geographical region that encompasses both the North and South America. This region is composed largely of English, Spanish, and Portuguese-speaking nations with various economic prowess and health priorities. In this section, featured countries would be student-led IPE activities in the United States of America and Brazil.

One of the leading centers for IPE in the USA is the University of Pittsburgh. Their students were provided an array of IPE opportunities through clinical education courses, forums, competitions, and case scenarios across different health profession programs. One particular example of a large-scale initiative is the “Interprofessional

As a leading IPE center in the USA, the University of Pittsburgh hosted the All Together Better Health VII in 2014.

Forum and Competition” held in 2008 (Fall Semester) where 600 first-year students from the university’s Schools of the Health Sciences (dental medicine, health and rehabilitation sciences, medicine, nursing, pharmacy, and public health) were gathered to discuss important elements of IPE. At the end of this forum, the students were able to recognize their roles and contributions to the health care team, explore the essence of teamwork and consideration of patient’s perspectives, and discuss the effectiveness of IPE programs in preparing students towards becoming a

collaborative practice-ready workforce (Meyer, 2010). Along with other initiatives, this has led the University of Pittsburgh to host the All Together Better Health (ATBH) conference in the USA last 2014.

In South America, Brazil established the National Education Forum for Healthcare Professions in 2004. This national forum aimed to facilitate interactive discussions about IPE among students and teachers from 14 different undergraduate programs. Specifically, students were enabled to apply IPE principles for community-based and family health care programs around the country. One example is the case of Porto Alegre (established in 2009) where IPE was utilized in order to enhance the relationship between academia, community, and primary health care services within the Family Health Program. A myriad of health and social problems await health profession

Health science students in Brazil are tutored to apply IPE principles for a family health program in an urban-poor community.

students and professionals in this poverty-stricken community necessitating the implementation of IPE and collaborative practice. Considering the context of their clients, the students and their preceptors developed client-centered community activities through an interactive IPE-based tutorial strategy. IPE was applied in the creation of a postural school, the establishment of a referral system for psychological services, and the inclusion of home-based care services (WHO, 2013).

**South-East Asia Region.** Navigating further east is a populous region where two of the most populated countries in the world are located: India and Indonesia. The steady increase in population has made it more challenging to address the shortage of health workers and the growing complexity of health concerns in the region (WHO, 2010). For instance, the Manipal University (MU) in India has recently established a partnership with the Foundation for Advancement of Interprofessional Medical Education and Research (FAIMER) in order to create the International Institute for Leadership in Interprofessional Education. The MU-FAIMER is the leading center of IPE promotion in India and is currently focused on providing IPE training in post-qualification education (i.e., medicine, dentistry, alternative medicine, physiotherapy, occupational therapy, nursing, nutrition, veterinary sciences, agricultural sciences, engineering, humanities, law, social sciences, and management) (Manipal University Website, 2016). Alongside with MU-FAIMER, the Maharashtra University of Health Sciences (MUHS) organized the first-ever IPE-themed conference in India in 2009 as part of its aim to spearhead improvement and reforms in health professions education in India (Bansal & Jamkar, 2014).

When it comes to student-led change, the Health Professional Education Quality (HPEQ) Project in Indonesia is a good example especially for developing countries. In 2010, a student summit called the “Indonesian Health Professions Student Network” was held to foster a forum among Indonesian health professions students about their educational aspirations and health policy participation towards IPE and collaborative practice. Consequently, the HPEQ Project conducted two large-scale survey researches on the improvement of health professions education and IPE, which led to the publication of their book entitled “What Health Professional Students Ought to Know”. This was then followed by the drafting of guidelines on student advocacy, information blast through social media, and presentations in national and international conferences (HPEQ Project, 2011, 2012).

Indonesian health science students created the HPEQ project which led them to conduct researches, publications, and conferences in IPE.

**European Region.** Considered to be a leader in the promotion of health and quality of life, this region boasts an impressive progress in several areas of health as well as

in the overall life expectancy in the last decade around the world (WHO, 2016). Although Meads and associates (2005) have challenged any assumption that Europe is the cradle of IPE, it is still a region where numerous best practices in IPE are undeniably carried out. This section will be discussing student-led IPE activities in selected Nordic countries and the United Kingdom.

If not mandatory, IPE is voluntary but explicitly embedded within the health sciences curricula in the Nordic region. A variety of teaching-learning strategies have been utilized to facilitate IPE in universities and partner health facilities such as joint undergraduate courses on first aid, emergency care, and public health at the University of Oulu and Oulu University of Applied Sciences (Taanila & Tervaskanto-

Meads and associates (2005) have challenged any assumption that Europe is the cradle of IPE, it is still a region that produces best practices in IPE.

Maentausta, 2011) and clinical placements for health science students in Aarhus University at the Holsterbro Regional Hospital in Denmark (Jakobsen, et al., 2009). In Sweden, IPE has been required in universities with health science programs through the Centers for Clinical Education Project (WHO, 2010). Since 1996, Linköping University has implemented a 12-week IPE curriculum to its students that includes the establishment of a training ward exclusive for interprofessional learning and teaching. Two years

later, a similar IPE program has also been implemented in Karolinska Institutet with an emphasis to reflective learning between students and teachers.

The United Kingdom (UK) is the seat of the Center for the Advancement of Interprofessional Education (CAIPE). Founded in 1987, CAIPE aims to promote and advance IPE through global collaborations, research development, facilitate national and international conferences, and creation of impact on quality health and social care services (CAIPE, 2016). Universities in the UK has been implementing different versions of IPE-based curricula since 1980s (Meads, et al., 2005). The University of Southampton, for instance, commits to leading IPE in the UK through its New Generation Project (WHO, 2010). It is a forefront of bridging IPE principles into practice. With the help of educational scientists and researchers, a three-year curriculum dedicated to IPE was designed using case-based learning activities, web-based follow-up lectures and readings, direct clinical observations, documentation practice, research, and reflective learning opportunities (University of Southampton Website, 2017).

Moreover, student conferences and trainings are conducted annually in partnership with CAIPE, not to mention the generous bursaries offered to eligible students who want to attend IPE

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conferences within and outside Europe. To further the level of student engagement in IPE, CAIPE even encourages students to be CAIPE board member representatives. This is a special position given exclusively to students who can access strategic committee meetings, organize student events, and work alongside with experts and service users in light of IPE promotion (CAIPE Website, 2016).

**Eastern Mediterranean Region.** Going further east, this region seems to show the freshest interest in IPE. This section will highlight IPE initiatives involving students in the Middle East and a transcontinental country in Asia, Turkey.

IPE initiatives in Turkey were led by educationalists and researchers from the fields of health and social care. An effective strategy to introduce IPE in Turkey was through a presentation at the first international congress organized by the Turkish Higher Education Council in 2011 (Domac & Dokuztug-Ucsular, 2011). This moment was a springboard to the establishment of the Turkish Interprofessional Community (TIPE) that aims to educate students and professionals about IPE, conduct researches, and write reports for policy makers. Although no student-led IPE activities has been recorded so far, the establishment of TIPE included Turkish graduate students (Yildirim, et al., 2013).

The College of Pharmacy of Qatar University (QU) organized the first -ever interprofessional education conference in the Middle East in 2015. This conference prompted more IPE-related activities for health science and medical students such as interactive workshops with different themes on public health, participation in international conferences (ATBH 2016 in Oxford, United Kingdom), and research symposia (Qatar University Website, 2017).

**Western Pacific Region.** This region is home to 1.8 billion people, more than one-fourth of the world's population. Geographically, it stretches from Japan in the north and west, to Australia in the south, and Philippines and numerous islands of the Polynesia in the east. Known to be one of the most diverse regions in the world, this region has both the least and most developed countries in the world. This description of diversity may also be applied on student activities on IPE in Japan, Philippines, Hong Kong, and Australia.

In 2005, Saitama Prefectural University (SPU) was given funding by Japan's central government to initiate IPE principles in their health science and social care programs. Consequently, SPU hosted the first international IPE conference in Japan and later established the Japan Association for Interprofessional Education (JAIPE) in 2008.

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Other Japanese universities gained knowledge about IPE resulting to several student and faculty exchanges between Japan, Canada, and the UK, as well as the designation of a lead university for IPE research (Chiba University) and a WHO Collaborating Center for Research and Training on IPE (Gunma University) (Makino, et al., 2012; Barr, 2015).

In 2012, Japan hosted the first-ever ATBH conference in Asia which not only involved presentations, symposia, and lectures, but also a student meeting capped off with the Health Care Team Challenge (HCTC). The HCTC is a student competition where two to three teams of students coming from different professions study a hypothetical case. The objective of the competition is for the **students** to design and present a team-based assessment, management, and discharge plan based on the case. The best team wins as decided by three judges who could be an educator, researcher, or a service user.

In Japanese universities that are committed to IPE, student organizations focused on promoting IPE within their universities also bloomed. Gunma University inspired the creation of the Students of Interprofessional Education Council (SIPEC), a university-based student organization that aims to gather students from different health and medical programs through IPE training, promotion, and research (Gunma

Japanese universities created student-led organizations like the Students Interprofessional Education Council (SIPEC) (Gunma University) and the Interprofessional Learning Union by Students (iPlus) (Tokyo Metropolitan University).

University Website, 2013). As part of the 11 universities who also established the Japan Interprofessional Working and Education Network (JIPWEN), Tokyo Metropolitan University instigated the establishment of a student organization called Interprofessional Learning Union by Students (iPLUS) in 2015 where pre-qualifying students from different health and social care professions and home universities (e.g., Kitasato University, Teikyo Heisei University, etc.) learn together through workshops and case-based learning activities (Ohshima, personal communication, 21 April 2017).

The IPE trainings in Japan had the opportunity to impart IPE principles to selected health science faculty members from the Philippines. Inspired by their learnings, one IPE-trained Filipino introduced IPE in an student event organized by the Occupational Therapy Students Assembly (OTSA), a national organization for Filipino occupational therapy students under the leadership of the Philippine Academy of Occupational Therapists Inc. (PAOT Inc.). This initiative was considered a modest and realistic move in championing IPE (Barr & Low, 2013). During two events in the OTSA in 2013 and 2014, an adapted HCTC activity was conducted which was participated by occupational therapy students (Sy, 2013a, 2013b; Panotes, 2014). The lack of students from outside the occupational therapy

profession led OTSA to join the “Mind Meld Summit 2016: Health Interprofessional Education” held in the University of the Philippines (Manila Campus). The theme of this student congress is on patient safety and gathered students from different health science and social science courses within the university. An interprofessional case

Health science students from the Philippines experience IPE during their undergraduate studies through camps, student congresses, case competitions, and student workshops.

competition, similar to the HCTC, was conducted to promote team work competencies and healthy competition among students towards the goal of improving health outcomes for the patients and community they serve (Villanueva & Quiz, 2015). The HCTC trend has also prompted Angeles University Foundation (AUF) to have its own IPE seminars and workshops for its faculty members (Guanlao, 2016) and students (Bituin & Pangilinan, 2016) through its faculty members who are certified in IPE training from Japan.

The University of Hong Kong (UHK) is also a trailblazer for IPE in this region. Through its Interprofessional Team-based Learning (IPTBL) for Health Professional Students program, over 500 students across seven undergraduate programs from two universities (the other one being the Hong Kong Polytechnic University) participated in interactive small group case discussions that promote the application of IPE principles (The University of Hong Kong Website, 2016). Furthermore, the innovative education tool called the Learning Activity management System (LAMS) provided instant statistics that enabled facilitators to check the programs of the team of students enrolled in the IPTBL.

In this region, Australia is by far the country with the earliest exposure to IPE (Piggott, 1975). When it comes to student-led IPE activities, Australia has shown its competence in gathering undergraduate, new graduates, and [even] high school students for IPE promotion through the HealthFusion Team Challenge (HFTC). This IPE student organization, inspired by a similar program from the University of British Columbia (Canada), aims to “prepare students for today’s changing workplace by encouraging greater collaboration between students and professionals from different health care professions” in Australasia (HFTC Website, 2017). The HFTC organizes annual “Australian HealthFusion Team Challenge” (Oz HFTC), a two-day intensive IPE training, workshop, and competition, which aims to bring in the best IPE teams with 4 to 6 health science students (pre-qualification) from universities in Australia, New Zealand, and other countries.

In Australia, IPE is being promoted through the the HealthFusion Team Challenge (HFTC), an annual student-meet where students enjoy intensive IPE training, workshop, and competition in a span of two days.



As develop countries, Australia and New Zealand has been committed on concentrating their efforts in preparing health and social care students for practice with individuals, families, and communities (Meads, et al., 2005). However, IPE programs in these countries have always emphasized diversification of IPE competencies to rural practice especially in aboriginal and Maori communities (Barr, 2015).

### **Future roles of students in championing IPE**

In this chapter, stories of student-led IPE activities in 16 countries across six world regions were described providing an evidence that students are capable of championing IPE in their respective universities and communities. The term “championing IPE” has been used broadly in the literature but this chapter aims to concretize it by enumerating eight prospective roles of students to achieve this particular outcome:

1. Apply IPE principles in extra-curricular activities and university-based organizations that would involve community-based and social services;
2. Co-organize inter-university student conferences alongside university professors and administrators;
3. Participate actively in courses, forums, workshops, and clinical placements on IPE and collaborative practice offered in universities;
4. Engage in research which will not only contribute to the existing body of literature on IPE, but will also enable the creation of innovations to facilitate IPE and collaborative practice;
5. Establish a student organization that aims to champion IPE within and outside the university;
6. Maximize the use of social media and the world wide web (WWW) in promoting your IPE-related activities;
7. Publicize IPE-related activities by writing accomplishment reports and presenting in conferences within and outside your university;
8. Seek mentorship from teachers, experts, and researchers in IPE who will guide and hone your interest in the field as well as expand your networks within the society of IPE.

One can engage in one or more of the aforementioned roles because it is not an all-or-nothing engagement. However, it is important to note that these roles were enumerated in an alphabetical order, rather than hierarchical. These roles are merely suggestions based on the roles played by students around the world who have been championing IPE as narrated above. Considering students as partners for change in

the promotion of IPE suggests that students are more than just learners; they are young leaders who can plan, decide, and contribute. More student roles may emerge in the next decade which may show that students involved in IPE can go beyond learning together with other health and social care professions inside the lecture rooms, clinical placements, and communities. In the future, we hope to see how students, through IPE, can evolve not only as health and social care professionals, but as global citizens who can make a difference.

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*\*Disclaimer: This English copy is the basis for the book chapter published in Japanese. The contents are identical and thus could be cited as one written work.*