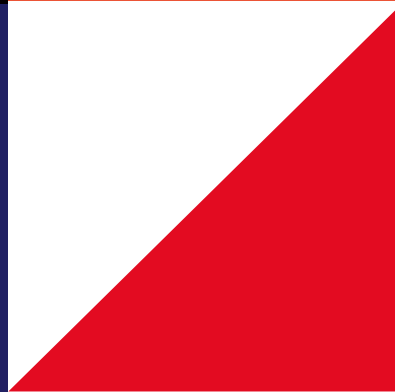
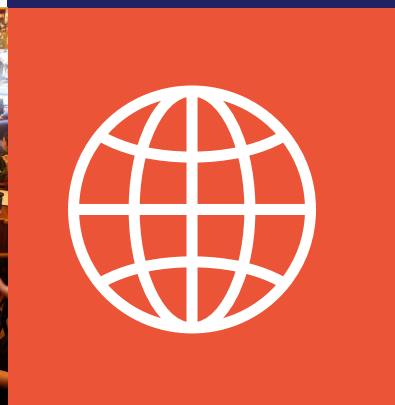
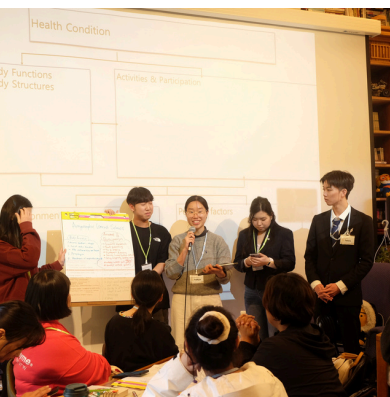


The 2nd Global Student Interprofessional Education Leader Camp

Jeju, Korea | March 23-27, 2026

Learning Together, Living Together, Joyful Together

Reflective Report >>>





About the Program

In this camp, students will...

✓ Asian Context & Future Trends

Capture the current state and emerging challenges of IPE across the Asian healthcare environment.

✓ Knowledge & Collaborative Skills

Acquire essential theoretical knowledge and practical skills required for effective IPE and CP.

✓ Leadership Roles

Discuss to define the strategic roles of student leadership in promoting and implementing IPE/CP within their respective countries.

✓ Multicultural Mindset

Cultivate deep social awareness and respect for diverse cultural values as a foundation for global healthcare collaboration.



Student leadership plays a pivotal role in the global dissemination of Interprofessional Education (IPE) and Collaborative Practice (CP). The Global Student IPE Leader Camp offers a unique platform for students to cultivate collaborative attitudes, skills, and knowledge, rooted in multicultural human values.

Through a series of lectures and workshops, participants explore the current landscape and future trajectories of IPE/CP within diverse sociocultural contexts. Furthermore, students are encouraged to analyze national challenges and define their evolving roles as future leaders in advancing interprofessional collaboration.

Participating Universities

1. Choonhae Health Sciences University (CHSU), Korea
2. Gunma University (GU), Japan
3. IMU University (IMU), Malaysia
4. Inje University (IU), Korea
5. Kangwon National University (KNU), Korea
6. Mongolian National University of Medical Sciences (MNUMS), Mongolia
7. Hong Bang International University (HIU), Vietnam (online)
8. Universiti Malaysia Sarawak (UNIMAS), Malaysia (online)



Program Schedule

Day 1: Monday, March 23, 2026

Time	Program	Moderator	Speaker
9:00	Opening the Day: Body, Heart & Humanity	OK, Solga	
9:30	Opening ceremony	Lee B	Prefectural Assembly Member Prof. Watanabe Prof. Kama
10:00	<ul style="list-style-type: none">• Pre-course questionnaire• Icebreaker Activities	Noguchi Suyakong, Nam	
11:00	Lecture 1: Current state of IPECP and the expected role of student leadership in its dissemination in Asia		Prof. Bumsuk Lee
12:00	Lunch break		
13:30	Lecture 2: ICF-based evaluation for people with SCI <ul style="list-style-type: none">• 30 min: lecture• 30 min: group discussion (How does ICF shift our focus from impairment to functioning?)• 30 min: presentation	Suyakong	Ji
15:00	Break-time		
15:30	Lecture 3: The Current Status and Challenges of the Healthcare Delivery System for Persons with Disabilities <ul style="list-style-type: none">• 30 min: lecture• 30 min: group discussion (How can IPECP improve healthcare delivery for Persons with Disabilities?)• 30 min: presentation	Lee B	Dr. Kyubum Lee
17:30	International culture exchange Dinner	Moosim	
19:00	Global dance night: Moving together as one community	Choi One	

Program Schedule

Day 2: Tuesday, March 24, 2026

Time	Program	Moderator	Speaker
9:00	Opening the Day: Body, Heart & Humanity	OK, Solga	
9:30	Lecture 4: My life with SCI <ul style="list-style-type: none"> • 30 min: Lecture • 30 min: group discussion (What is our responsibility as future health professionals?) • 30 min: presentation 	Ji	Mr. Dogeon Lee
11:20	Lecture 5: The role and teamwork of the resuscitation team Lecture 6: Role of IPECP in the time of disaster	Noguchi	Prof. Kim Dr. Makino
12:00	Lunch break		
13:30	Lecture 7: The role of IPE/CP in Healthcare (pre-recorded video) Lecture 8: IPE competencies in collaborative practices (<i>online</i>) Lecture 9: Hong Bang International University - New Bright Future for IPE (<i>online</i>)	Makino	Prof. Nalliah Dr. Thangarajoo Dr. Vo
14:30	Break-time		
15:30	Pre-visit learning session: Each group will determine its assigned facility and gather relevant background information. <ol style="list-style-type: none"> ① 4/3 Dark Tour ② Jeju Advocacy Agency for Persons with Disabilities ③ Behavioral Development Promotion Center ④ Social Cooperative Organization ⑤ Four Seasons Senior Unit Care 	Lee B	
17:30	International culture exchange Dinner	Moosim	

Program Schedule

Day 3: Wednesday, March 25, 2026

Time	Program	Moderator	Speaker
8:20	Opening the Day: Body, Heart & Humanity	OK, Solga	
9:30	Group-based Site Visits ① 4/3 Dark Tour ② Jeju Advocacy Agency for Persons with Disabilities ③ Behavioral Development Promotion Center ④ Social Cooperative Organization ⑤ Four Seasons Senior Unit Care	① Moosim ② OK ③ Lee B ④ Ji ⑤ Misun	
11:20	<ul style="list-style-type: none">• Each group will receive a lunch allowance of 10,000 KRW per person.• After the site visit, please enjoy lunch on your own.		
13:30	Preparation for Facility Visit Presentations <ul style="list-style-type: none">• Each group may choose the location for its activity.• We kindly ask that everyone return to the camp by 6:00 PM.		
17:30	International culture exchange Dinner	Moosim	

Program Schedule

Day 4: Thursday, March 26, 2026

Time	Program	Moderator	Speaker
9:00	Opening the Day: Body, Heart & Humanity	OK, Solga	
9:30	Group presentation: What we learned from the site visit <ul style="list-style-type: none">15-minute presentation and a 5-minute Q&A per group	Suyakong	
12:00	Lunch break		
13:30	Lecture 10: Student IPE leadership <ul style="list-style-type: none">30 min: Lecture60 min: group discussion (Our vision of IPE leadership)	Vo	Ms. Suyakong
14:30	Break-time		
15:30	Dialogue with Volunteers: What we want to share with you is the next generation	Ji, Moosim	Samdal people
17:00	International culture exchange Dinner	Moosim	
18:00	Final night program <ul style="list-style-type: none">Singing Together Participants will gather to sing together and celebrate the friendships and connections built during the camp. <ul style="list-style-type: none">Reflection Each participant will be invited to share a brief reflection (approximately one minute) on their experiences and learning throughout the week. <ul style="list-style-type: none">Guidance for the Future and Closing Message Faculty members will share brief closing messages to encourage students in their journey as future IPECP leaders.	Lee	

Program Schedule

Day 5: Friday, March 27, 2026

Time	Program	Moderator	Speaker
8:30	Opening the Day: Body, Heart & Humanity	OK, Solga	
9:00	Group presentation on our vision of IPE leadership <ul style="list-style-type: none">10-minute presentation and Q&A per group	Suyakong	
10:00	<ul style="list-style-type: none">Post-course questionnaireQuestionnaire about psychological safety	Noguchi	
10:20	Closing ceremony <ul style="list-style-type: none">Certificate presentationGroup photo session	Suyakong	Representatives of each university, mentors, sponsors
12:00	Check out		

Facility Information

Facility	Description
① 4/3 Dark Tour	Addressing historical trauma and social justice through education, collective remembrance, and public engagement.
② Jeju Advocacy Agency for Persons with Disabilities	Focusing on rights-based advocacy to safeguard dignity, prevent abuse, and promote social inclusion for persons with disabilities.
③ Behavioral Development Promotion Center	Exploring multidisciplinary clinical services for early assessment and evidence-based interventions to improve developmental outcomes.
④ Social Cooperative Organization	Learning how social innovation and community engagement empower vulnerable populations through creative, sustainable collaboration.
⑤ Residential Care Facility for Older Adults	Providing person-centered long-term care and nursing services to support dignity, interdisciplinary collaboration, and quality of life for aging populations.

Guest speakers

01 —————

Hideomi Watanabe

Advisor, Centre for Research and Training on IPE

02 —————

Akinori Kama

Advisor, Centre for Research and Training on IPE

03 —————

Bumsuk Lee

Director, Centre for Research and Training on IPE

04 —————

Seokyeon Ji

Co-CEO, SISO Counseling & Research Lab

05 —————

Kyubum Lee

Vice President, Department of Rehabilitation Medicine, Seoul Rehabilitation Hospital

06 —————

Dogeon Lee

Independent researcher on Biotechnology

07 —————

Jeehee Kim

Professor, College of Health Science, Kangwon National University

08 —————

Takatoshi Makino

Associate Professor, Graduate School of Health Sciences, Gunma University

09 —————

Sivalingam Nalliah

Professor, Department of Obstetrics and Gynaecology, IMU University

10 —————

T.Saraswathy Thangarajoo

Senior Lecturer, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak

11 —————

Duy Quoc Vo

Faculty of Rehabilitation, Hong Bang International University

12 —————

Chidawan Suyakong

PhD student, Graduate School of Health Sciences, Gunma University

Participants





Choonhae Health Sciences University, Korea

- Jihye Seo, PT, 3rd Undergraduate,
- Miso Bae, OT, 3rd Undergraduate,
- Heeyoung Park, PT, 3rd Undergraduate,
- Taegyung Choi, PT, 3rd Undergraduate.

Gunma University, Japan

- Koyuki Nishiwaki, Nursing, 2nd Undergraduate,
- Mitsuhiro Oto, MD, 2nd Undergraduate,
- Naomi Kihara, OT, 3rd Undergraduate,
- You Kobayashi, OT, 3rd Undergraduate,
- Takeru Nakajima, OT, Master's Program,
- Vo Nhat Nam, PT, Master's Program,
- Chidawan Suyakong, OT, PhD Program.



群馬大学
GUNMA UNIVERSITY



IMU
UNIVERSITY

IMU University, Malaysia

- Nur Liyana Safirah Binti Khapur Khan, MD, 4th Undergraduate,
- Sasthi Vaishnavi A/P Suresh, MD, 3rd Undergraduate,
- Tan Khai Ee, MD, 4th Undergraduate,
- Tan Ryo-En, MD, 4th Undergraduate.

Inje University, Korea

- Sumin Shim, OT, Master's Program,
- Miryeong Lee, OT, Master's Program.



Kangwon National University, Korea

- Kyeong Soo Song, EMT, 4th Undergraduate
- YuHyun Lee, EMT, 3rd Undergraduate,
- JiMin Lee, Nutrition, 4th Undergraduate
- DaSeul Son, OT, 2nd Undergraduate,
- YoonNaRa Cha, OT, 2nd Undergraduate.

Mongolian National University of Medical Sciences, Mongolia

- Khuslen Khurelbaatar, Nursing, 2nd Undergraduate
- Ganbayar Bayarbat, Nursing, 2nd Undergraduate,
- Anujin Munhksaruul, Public Health Nursing, 4th Undergraduate
- Altanshur Batmend, Midwifery, Master's Program,
- Taivanjargal Avidsuren, Public Health Nursing, Master's Program.



MNUMS
Mongolian National University of Medical Sciences

1942

Health Condition

Body Functions
Body Structures

Activities & Participation

Program Activities



Welcome Messages



Hideomi Watanabe

Advisor, Centre for Research and Training on IPE

The 2nd Global IPE Leader Camp is more than just a training program; it is the beginning of a cross-border healthcare network. As mentors and leaders, we are immensely proud to witness your dedication and growth. The following messages from our delegates carry our shared vision and heartfelt encouragement. May these words inspire you to lead with empathy and collaboration, putting patient-centered care at the heart of your future professional journeys.

Akinori Kama

Advisor, Centre for Research and Training on IPE

On behalf of the delegates and accompanying faculty, I would like to extend my warmest welcome to all the student leaders participating in the 2nd Global Student IPE Leader Camp. Together, we have transcended the boundaries of our individual disciplines to strive toward a common goal: Patient-Centered Care. I am also delighted to welcome our participating universities from across the region to this program.



Welcome Messages



Yunhee Park,
Head, Department of Occupational Therapy
Choonhae Health Sciences University, Korea

May we continue to learn and share, empowering one another to reach new heights.

Takatoshi Makino,
Associate Professor, Centre for Research and Training on IPE
Gunma University, Japan



Leadership in healthcare begins with an open mind and a collaborative practice.



Naoto Noguchi
Assistant Professor, Centre for Research and Training on IPE
Gunma University, Japan

Building the platform of future healthcare through collaborative practice and patient-centered values

Jeehee Kim,
Professor, College of Health Science
Kangwon National University, Korea



May the insights you found here at IPE Camp become the foundation of your future success.

Welcome Messages



Otgontsend Ochirbat,
Faculty, Fundamental Nursing Department
Mongolian National University of Medical Sciences, Mongolia

In IPE, we don't just learn together; we grow together.



Il Bong Moon, Director, Academic Affairs
Gwangju Health University, Korea

Wishing you had a wonderful experience and will achieve great success in your future practice.

Samdaldabang People and Volunteer



At Samdaldabang, we believe in *Living Together*. We hope you found not only knowledge but also the warmth of human connection here. Let this experience be your inspiration to lead with heart. Keep learning, keep sharing, and keep growing together!

Pre-Event Activities: Institutional Overview

Prior to the camp, participants gained foundational knowledge about each participating university

Content: Pre-recorded presentations from each participating university.

Focus: Institutional overviews and existing IPE programs.

Purpose: To provide participants with essential background information on the various educational contexts before the onsite program began.





Lecture 1

Current state of IPECP and the expected role of student leadership in its dissemination in Asia

Professor Bumsuk Lee, PhD, OT
Director, Centre for Research and Training on IPE
Graduate School of Health Sciences, Gunma University, Japan

1. Conceptual Framework of IPECP

Interprofessional Education (IPE) is defined as an academic experience where students from two or more professions learn with, from, and about each other. This collaboration is not merely proximity but a functional integration aimed at improving the quality of care.

The Interprofessional Collaborative Practice (IPCP): This occurs when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.

The Triple Aim of Health Systems: The lecture highlighted that IPCP is the primary vehicle to achieve three critical global health goals:

- Improving the individual experience of care.
- Improving the health of populations.
- Reducing the per capita cost of healthcare.

2. The Asian Context: Progress and Barriers

Regional Growth: IPE is expanding across Asia, supported by networks like AUIPEN (Asia Pacific Interprofessional Education Network).

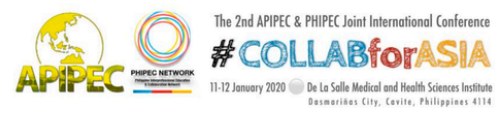
Key Challenges: Traditional academic silos, rigid curricula, and the need for standardized IPE evaluation tools remain significant barriers.



• ASEAN Interprofessional Education Workshop



• Korean Interprofessional Practice and Education Network



• Asia Pacific Interprofessional Education and Collaboration Network

3. The Expected Role of Student Leadership

A central theme of the lecture was the transition of students from "passive learners" to "proactive leaders".

- **Students as Change Agents:** IPE to be sustainable, it must be driven by students who understand the value of collaboration before entering the workforce.
- **Dissemination within Institutions:** Student leaders are expected to advocate for IPE within their own universities, helping to bridge the gap between faculty requirements and student engagement.
- **Building a Collaborative Culture:** Beyond clinical skills, student leadership involves fostering "Psychological Safety" and mutual respect, ensuring that every professional voice is heard in a team setting.



4. Strategic Dissemination and Future Outlook

The lecture concluded with a vision for the future of healthcare in Asia:

WHO Collaboration: The ongoing partnership with the WHO Collaborating Centre at Gunma University serves as a model for developing "Next Generation Healthcare Professional Leaders".

Asia-Pacific Interprofessional Education Research Alliance (AIR-Alliance)



Country	Number of members
	(36)
① Bangladesh	1
② Brunei	1
③ Indonesia	10
④ Mongolia	5
⑤ Korea, Rep.	2
⑥ Thailand	7
⑦ The Philippines	8
⑧ Viet Nam	2

(As of February 2024)

Continuous Evaluation: The importance of using evidence-based tools to evaluate the impact of IPE on student attitudes and, eventually, on patient outcomes.

Lifelong Learning: IPE is not a one-time event but a continuous process of professional development that starts in the classroom and extends throughout a clinician's career

by accident

Lecture 2

ICF-based evaluation for people with Spinal Cord Injury

Ms Seokyeon Ji, OT

Co-CEO, SISO Counseling & Research Lab., Korea



1. Beyond Pathology: Focusing on Functioning

The lecture began by addressing the complexities of Spinal Cord Injury (SCI). A key takeaway was that effective rehabilitation must look beyond the physical injury itself. To improve a patient's daily life, healthcare providers must shift their focus from the medical diagnosis to the patient's actual ability to perform daily activities and participate in society.



2. The ICF as a Universal Language

The International Classification of Functioning, Disability and Health (ICF) was introduced as a "common language" for global healthcare.

Interdisciplinary Communication: It allows doctors, PTs, OTs, nurses and other healthcare staff to communicate using a standardized framework.

Bio-Psycho-Social Model: The ICF categorizes health through the interaction of Body Functions, Activities, and Participation, while considering Environmental and Personal Factors.

ICF

International
Classification of
Functioning,
Disability
and
Health

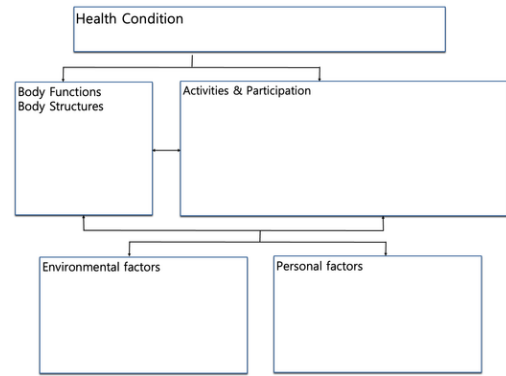


3. Case Study: Stephen Hawking

A highlight of the session was applying the ICF framework to the life of Stephen Hawking (ALS).

A Person: Born on January 28, 1942

- **Father** – Medical researcher
- **Mother** – Medical research secretary, studied philosophy and economics
- **Mealtime** was considered family reading time
- Placed high value on education, making sacrifices to provide a good education for their children, leading to enrollment in a private school



Environmental Support: Despite severe physical impairments, Hawking achieved an extremely high level of social participation, facilitated by environmental supports such as assistive technology.

Resilience: This case demonstrated how the ICF identifies strengths and resources that help patients adapt to life, rather than focusing solely on what was lost.

4. Group Discussion: Shifting the Focus

Each group discussed the topic: **“How does ICF shift our focus from impairment to functioning?”**

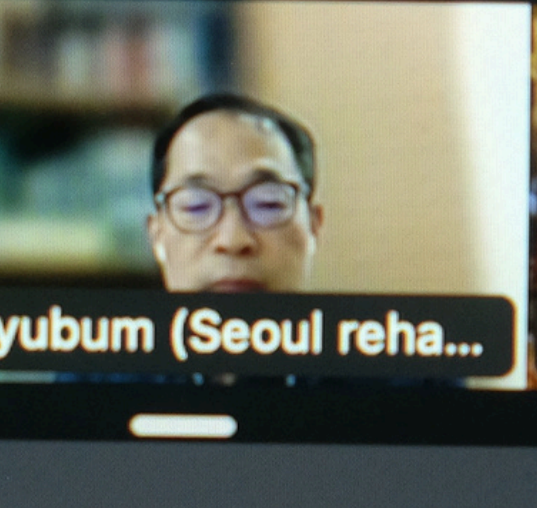


Lecture 3

The Current Status and Challenges of the Healthcare Delivery System for Persons with Disabilities in Korea

Dr Kyubum Lee

Vice President, Department of Rehabilitation Medicine, Seoul Rehabilitation Hospital, Korea



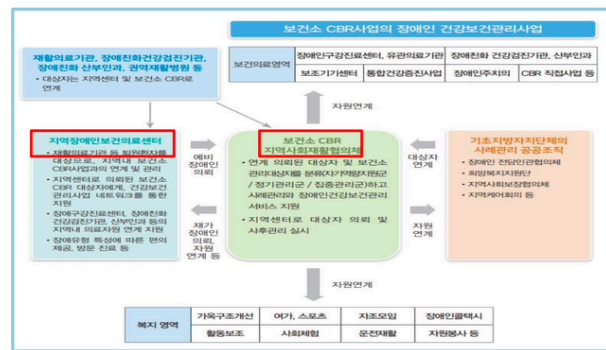
1. Key Programs & Initiatives

Health Case Management: Multidisciplinary teams (MDs, PTs, OTs) conduct home visits to create personalised rehabilitation plans.

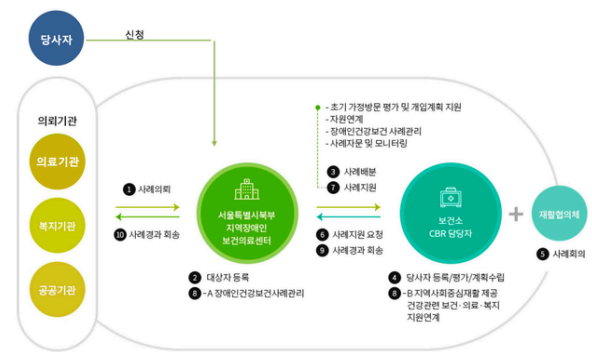
Disability Health Primary Care Physician: A pilot project connecting severely disabled individuals with dedicated doctors for chronic disease and general health management.

Hospital-to-Community Transition: Ensuring a "seamless link" where patients discharged from hospitals are immediately connected to local social and medical welfare services.

•Multidisciplinary Rehabilitation Network Collaboration



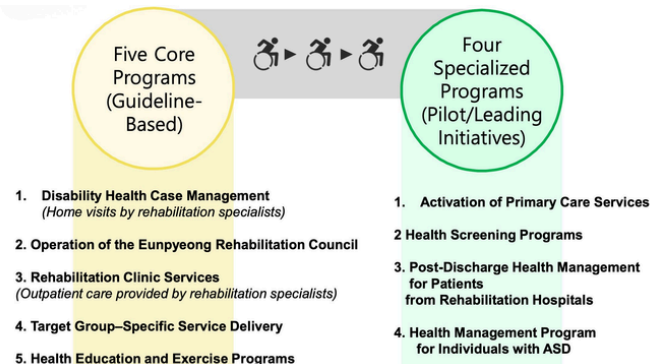
Case Management Flowchart



2. Challenges & Future Directions

Barriers: Significant gaps remain in regional manpower, accessible transportation, and the economic burden on disabled households.

Vision: Transitioning toward "Community Care"—a model where persons with disabilities can live independently in their own homes while receiving integrated medical and social support.



Following the lecture, participants engaged in a collaborative group discussion titled: **“How can IPECP improve healthcare delivery for Persons with Disabilities?”** This session served as a critical platform to bridge theoretical knowledge with practical application, allowing participants to explore how interprofessional synergy can address the complex needs of the disability community.

Banana



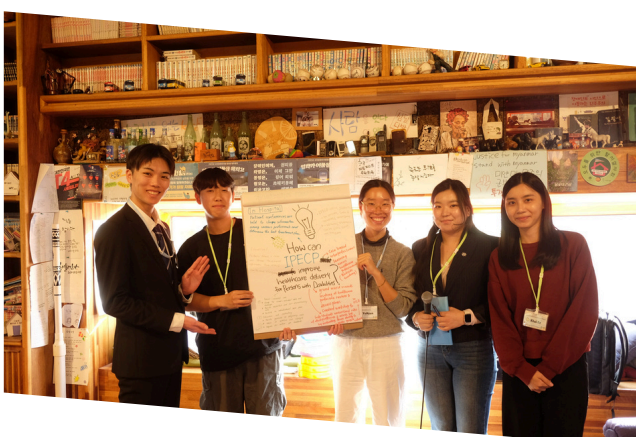
Apple



Cherry



Durian



Eggfruit



Lecture 4

The role and teamwork of the resuscitation team

Professor Jeehee Kim

College of Health Science, Kangwon National University, Korea



1. Introduction to the Simulation Scenario

The simulation took place at a state-of-the-art Simulation Center, designed to mimic a high-pressure clinical environment. The scenario involved a patient in sudden cardiac arrest, requiring immediate Cardiopulmonary Resuscitation (CPR). This exercise was not just about technical skills, but primarily focused on Interprofessional Collaborative Practice (IPCP) under emergency conditions.



2. Teamwork and Leadership

A critical component of the simulation was the clear designation of roles to prevent chaos and ensure efficiency:

Team Leader: One student was assigned as the leader to oversee the entire process. The leader did not perform chest compressions but focused on the "big picture"—monitoring the rhythm, timing cycles, and delivering clear, concise commands.

Role Allocation: Other team members were assigned specific tasks: chest compressions, airway management (bag-valve-mask), and operating the AED/Defibrillator.

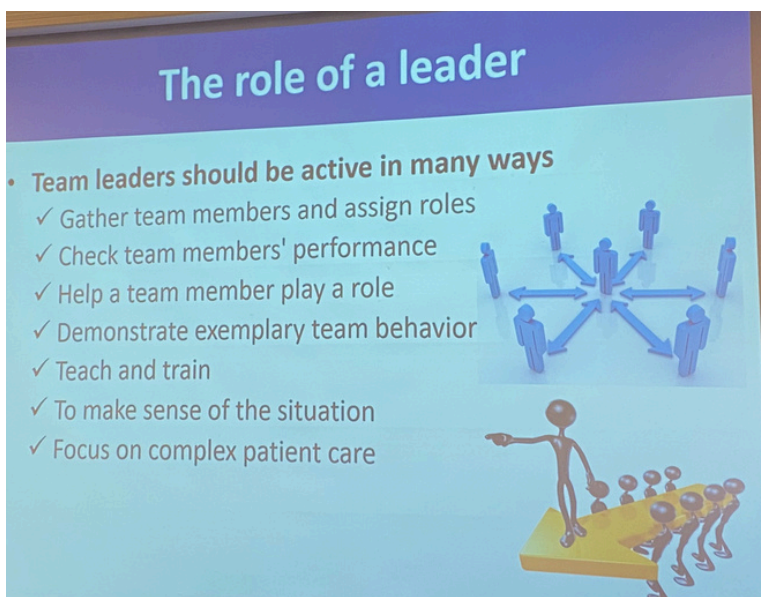
Closed-Loop Communication: The team practised "Closed-Loop Communication," where every instruction from the leader was verbally confirmed by the member performing the task to ensure 100% accuracy.

3. Collaborative CPR Execution

The simulation demonstrated how IPE improves patient outcomes through synchronized efforts:

Seamless Transitions: Every 2 minutes (after 5 cycles), the team practised rapid role switching for chest compressions to prevent rescuer fatigue, maintaining high-quality depth and rate.

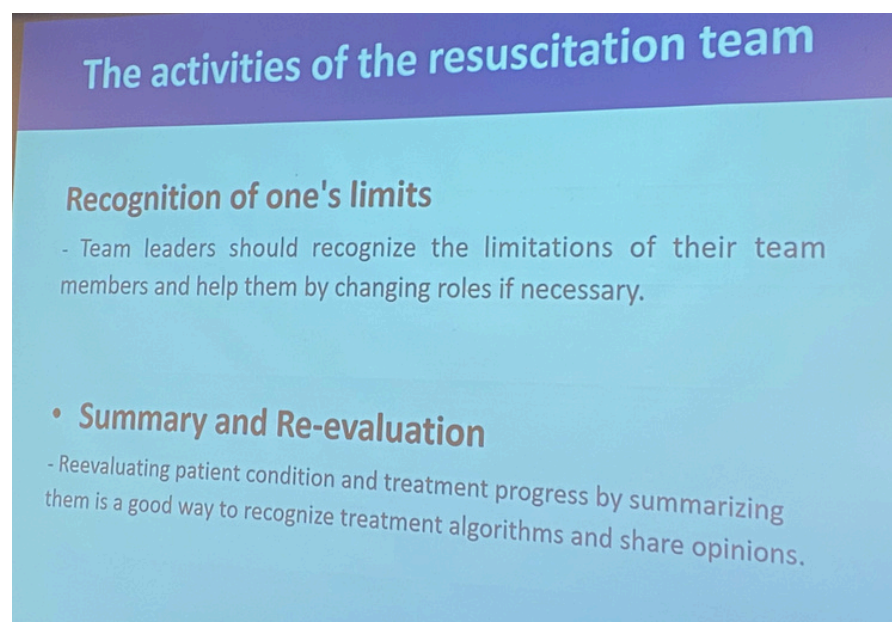
Interdisciplinary Synergy: Students from different backgrounds (PT, Nursing, MD) had to trust each other's expertise. For example, ensuring the airway was clear while compressions were ongoing required precise timing and mutual awareness.



The role of a leader

- **Team leaders should be active in many ways**
 - ✓ Gather team members and assign roles
 - ✓ Check team members' performance
 - ✓ Help a team member play a role
 - ✓ Demonstrate exemplary team behavior
 - ✓ Teach and train
 - ✓ To make sense of the situation
 - ✓ Focus on complex patient care

The slide includes two illustrations: one showing a central figure with arrows pointing to six surrounding figures, and another showing a leader figure pointing to a line of seven team members.



The activities of the resuscitation team

Recognition of one's limits

- Team leaders should recognize the limitations of their team members and help them by changing roles if necessary.

• **Summary and Re-evaluation**

- Reevaluating patient condition and treatment progress by summarizing them is a good way to recognize treatment algorithms and share opinions.

Lecture 5

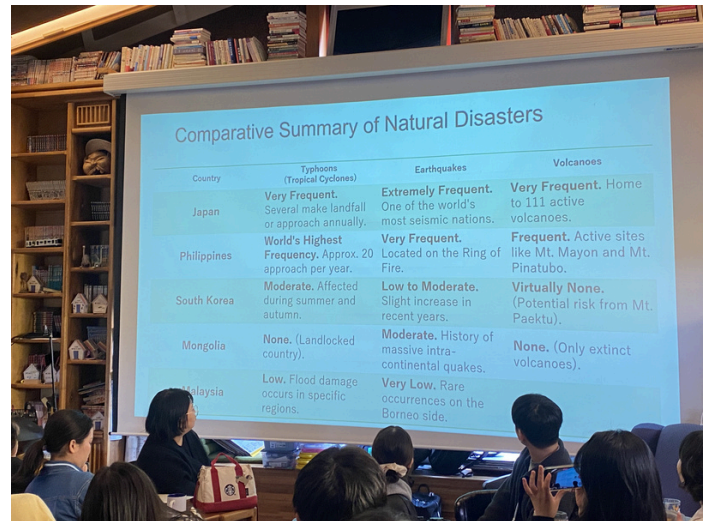
Role of IPECP in the time of disaster

Dr Takatoshi Makino

Associate Professor, Graduate School of Health Sciences, Gunma University, Japan

1. Healthcare Challenges During Disasters

Disasters create chaotic environments where healthcare resources are stretched to their limits. The lecture and group discussion highlighted that during such crises, a multi-professional approach is not just beneficial, it is essential for survival and recovery.



Country	Typhoons (Tropical Cyclones)	Earthquakes	Volcanoes
Japan	Very Frequent. Several make landfall or approach annually.	Extremely Frequent. One of the world's most seismic nations.	Very Frequent. Home to 111 active volcanoes.
Philippines	World's Highest Frequency. Approx. 20 approach per year.	Very Frequent. Located on the Ring of Fire.	Frequent. Active sites like Mt. Mayon and Mt. Pinatubo.
South Korea	Moderate. Affected during summer and autumn.	Low to Moderate. Slight increase in recent years.	Virtually None. (Potential risk from Mt. Paektu).
Mongolia	None. (Landlocked country).	Moderate. History of massive intra-continental quakes.	None. (Only extinct volcanoes).
Malaysia	Low. Flood damage occurs in specific regions.	Very Low. Rare occurrences on the Borneo side.	

2. Implementing IPECP in Crisis Situations

How Interprofessional Education and Collaborative Practice (IPECP) can be adapted when resources are scarce:

Rapid Coordination: IPECP training allows different professionals (MDs, PTs, Nurses, Social Workers) to form immediate, functional teams because they already understand each other's roles and "common language".

Resource Optimisation: By working together, teams can better triage patients and allocate limited supplies (oxygen, medication, bandages) based on collective expertise rather than individual judgment.

Holistic Support: Disasters affect more than just physical health. The collaborative team addresses psychological trauma, social displacement, and long-term rehabilitation (PT) alongside acute medical needs.

"How can IPECP be effectively implemented to improve healthcare delivery during and after a disaster?"

Through collaborative brainstorming, the groups identified several critical pillars for a multi-professional disaster response:

Unified Leadership & Role Clarity: Establishing a clear "Incident Commander" to coordinate diverse roles (MD, PT, Nursing). Ensuring each member understands their specific duties to eliminate confusion during the "Golden Hour."



Adaptive Communication: Utilising the ICF framework as a common language to assess patient needs beyond injuries. Implementing Closed-Loop Communication to ensure 100% accuracy under high-pressure environments.



Collaborative Triage: Integrating MDs for acute trauma with PTs/OTs for functional and mobility assessments. This ensures effective prioritisation of patients for both immediate care and long-term evacuation.



Holistic & Community Response: Combining physical medical care with mental health support and social work. Linking professional teams with local volunteers to reach the most vulnerable, including the elderly and persons with disabilities.

Lecture 6

My life with Spinal Cord Injury

Mr Dogeon Lee

Independent researcher on Biotechnology, Korea



1. A Journey of Resilience and Support

Mr Lee shared his powerful life story following a traumatic accident that resulted in a Spinal Cord Injury. Central to his recovery was the unwavering support of his partner (now his wife), who stood by him throughout his rehabilitation. His transition from a patient to an independent researcher in Biotechnology serves as a profound example of how personal determination, combined with a strong support network, can lead to a fulfilling and "wonderful life" despite physical limitations.

2. The Intersection with Interprofessional Collaboration (IPCP)

His story highlights that recovery from SCI is not just a medical achievement but a collaborative one:

Integrated Care: His progress required the synchronised efforts of doctors, nurses, PT, and OT to address both physical recovery and daily living adaptations.

Beyond Clinical Walls: Mr Lee emphasised that the "healthcare team" extends to family members and the community. True IPCP involves the patient and their loved ones as active partners in the care plan to ensure long-term social integration and psychological well-being.

What is our responsibility as future health professionals?

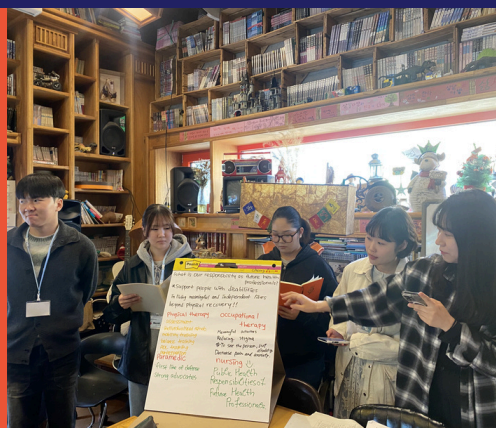


Focus: Shifting from "Treating a Disease" to "Caring for a Person."

Ideas: This group emphasised that, as future professionals, they are responsible for examining the Participation and Personal Factors of the ICF model. They highlighted the importance of emotional support and building trust, similar to the warm smiles Mr Lee witnessed in his doctors. Their goal is to ensure patients not only survive but also thrive in their social environments.

Focus: Bridging the Gap through Common Language.

Ideas: Centered on the ICF model, this group identified their duty to act as a bridge between different disciplines (PT, OT, MD). They stressed the responsibility of using the ICF as a tool for Closed-Loop Communication, ensuring that the patient's voice is the central "Personal Factor" that guides the entire medical team's decisions.



Focus: Removing Barriers in Environmental Factors.

Ideas: Taking inspiration from Mr Lee's life as a researcher, this group focused on their responsibility to modify the environment. They discussed how health professionals must advocate for better assistive technology and accessible infrastructure (Environmental Factors) so that a disability (Impairment) does not prevent a person from returning to work or research.

Focus: Protecting and Envisioning the Future of Healthcare.

Ideas: This group took a broader stance on the social responsibility of health professionals. They highlighted the duty to protect the healthcare system from collapse. Their focus was on Leadership, staying dedicated and professional even during systemic crises to ensure that the "Right to Health" remains accessible to all, especially those with severe injuries like SCI.



Focus: Enhancing Activity and Participation.

Ideas: This group visualized their responsibility as Empowerers. They argued that the ultimate goal of a healthcare professional is to facilitate a patient's transition back to their Activity levels. They focused on long-term rehabilitation and the responsibility to provide patient education, helping individuals like Mr Lee regain their independence and sense of purpose.

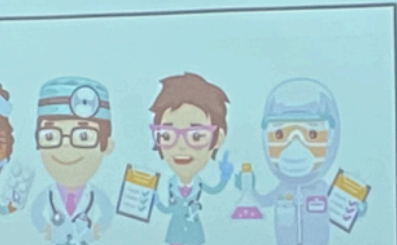
Lecture 7

IPE competencies in collaborative practices

Dr T. Saraswathy Thangarajoo

Faculty of Medicine and Health Sciences,
Universiti Malaysia Sarawak, Malaysia

important health care worker?



1. The Four Core Competency Domains (IPEC Framework)

According to the Interprofessional Education Collaborative (IPEC), there are four essential domains that every healthcare professional must master:

Values/Ethics: Working with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles/Responsibilities: Understanding one's own role and those of other professions to appropriately assess and address the healthcare needs of patients.

Interprofessional Communication: Communicating with patients, families, and communities responsively and responsibly that supports a team approach.

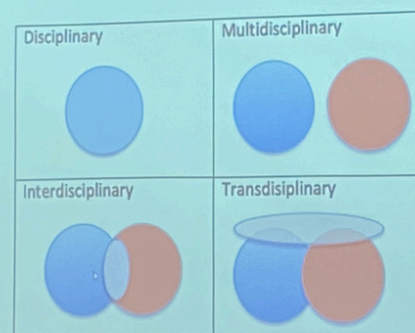
Teams and Teamwork: Applying relationship-building values and team dynamics to deliver care that is safe, timely, and equitable.

2. Team Building:

Effective Leadership: A good leader coordinates ideas from all members rather than working in isolation.

Adaptability: The team must adjust strategies immediately when the structure (or clinical situation) becomes unstable.

Synergy: Combining diverse perspectives (OT, PT, Nursing, MD) leads to more creative and stable solutions.



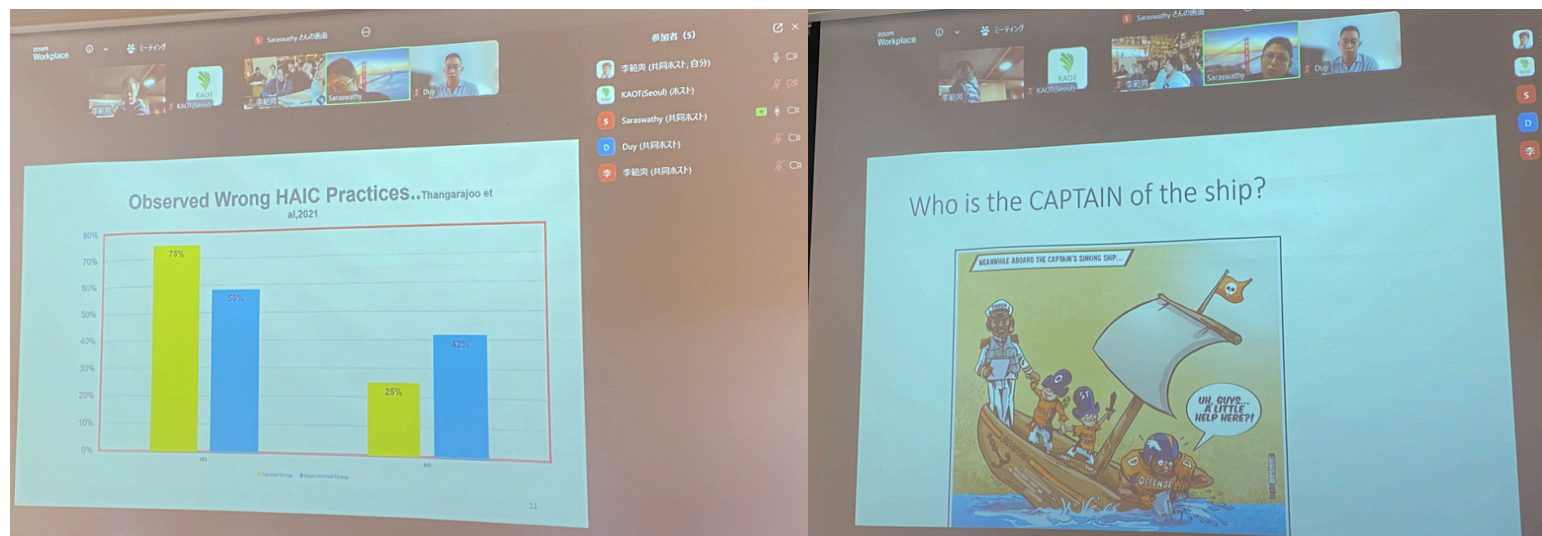
3. Challenges in Collaborative

Highlighted common barriers to effective IPE:

The "Doctor-Nurse Game": Historical hierarchies where some professions feel reluctant to express disagreement, which can lead to serious medical errors.

Inequality in Participation: Collaboration is impaired when one profession stays quiet or when there is a lack of mutual respect.

Silo Mentality: The habit of learning and working in isolation, which IPE aims to dismantle.

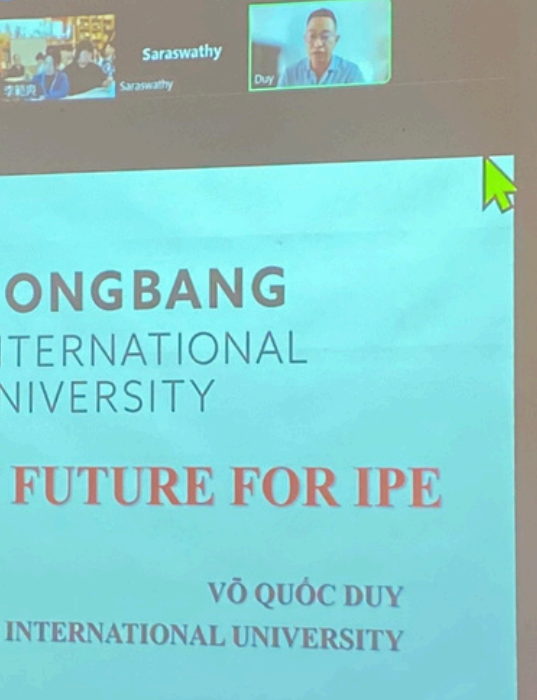


The lecture concluded that IPE is not just a "nice-to-have" skill but a fundamental requirement for patient safety.

Student Responsibility: As future professionals, our duty is to move beyond our technical expertise and develop the "soft skills" of communication and emotional intelligence.



Patient-Centered Focus: Every action must be guided by the question: "How does this benefit the patient?"



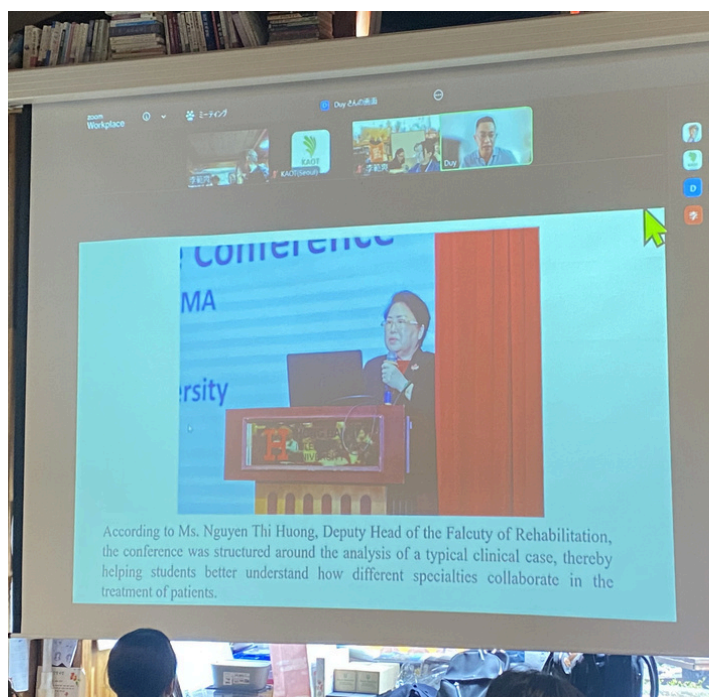
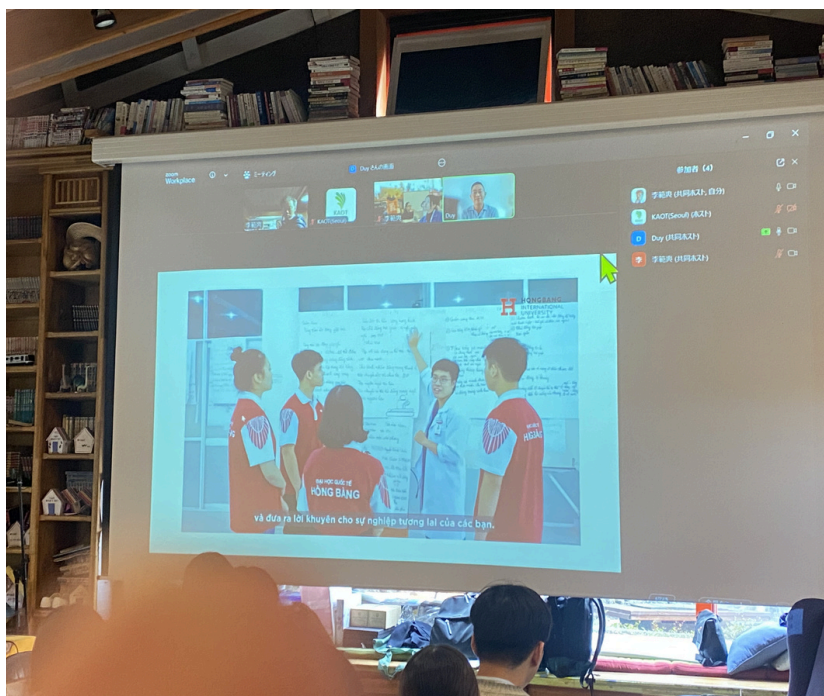
Lecture 8

Hong Bang International University (HIU) - New Bright Future for IPE

Dr Vo Quoc Duy
Faculty of Rehabilitation
Hong Bang International University, Vietnam

1. Strategic Foundation of IPE at HIU

Hong Bang International University (HIU, Vietnam) has positioned its School of Health Sciences as a flagship faculty, aiming to integrate Interprofessional Education (IPE) as a core pillar of its curriculum. The university leverages its multidisciplinary environment to foster early collaboration among students from various medical backgrounds.



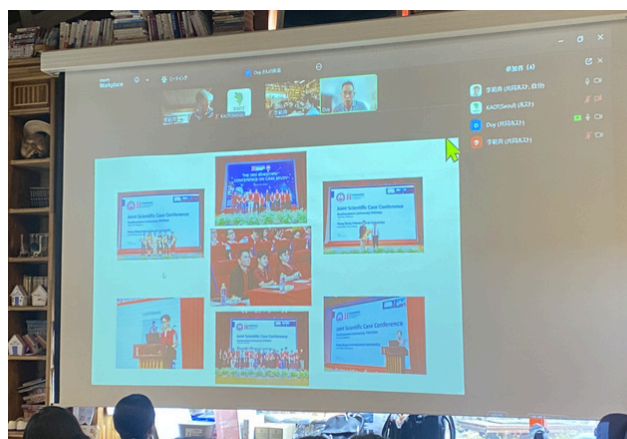
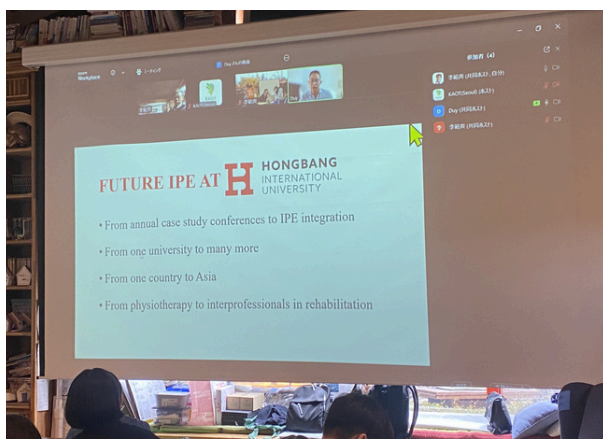
2. Core Foundation: The Interprofessional Case Study Approach

The heart of HIU's IPE foundation is built upon real-world clinical application, specifically highlighted by:

The 3rd Scientific Conference on Case Study:

This landmark event brought together students from diverse disciplines, including Medicine, Rehabilitation, and Nursing, to jointly analyse a complex clinical case of Encephalitis.

Cross-Border Collaboration: The foundation of IPE at HIU extends beyond national borders. Students from HIU collaborated with peers from Southwestern University (Philippines) to discuss patient care from an interprofessional perspective. This exchange provided students with a broader understanding of how different healthcare systems and specialities interact globally.



Breaking Professional Silos: According to the Faculty of Rehabilitation leadership, this case-study-based foundation helps students step out of their "professional silos." It trains them to value the contributions of other specialities, ensuring that the treatment plan is comprehensive and patient-centered.

3. Vision for a Bright Future

Building on this solid foundation, HIU aims to expand the IPE model through:

- **Curriculum Integration:** Transitioning from annual conferences to fully embedding IPE into the official academic curriculum.
- **Regional Impact:** Scaling the IPE network from a single university to a nationwide and Asia-wide collaboration.
- **Rehabilitation as a Catalyst:** Using Physiotherapy and Rehabilitation as the starting point to connect all interprofessional branches in the healthcare ecosystem.



Lecture 9

The role of IPE/CP in Healthcare

Professor Sivalingam Nalliah

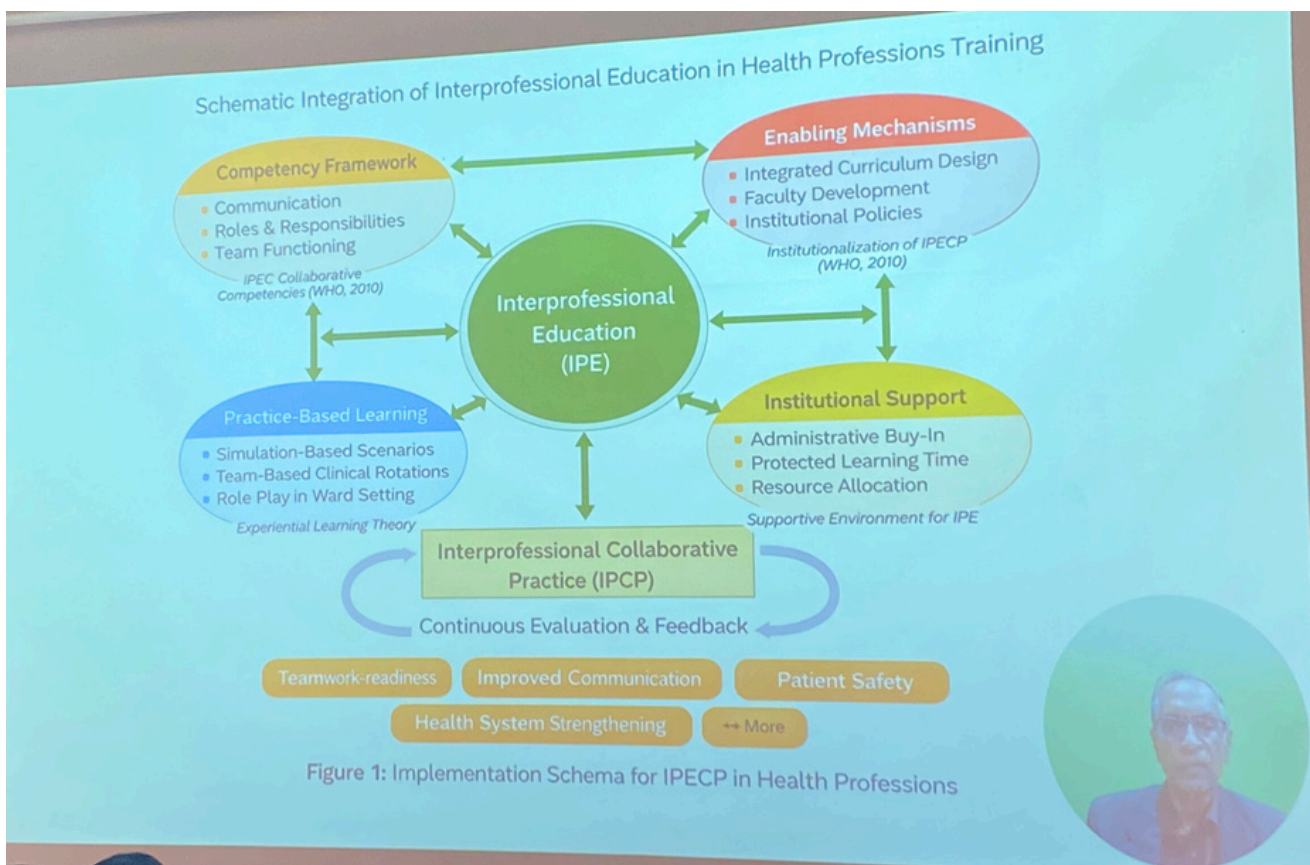
Department of Obstetrics and Gynaecology, IMU University, Malaysia

1. Why is IPECP Important?

Patient Safety: Minimising medical errors through effective communication and a clear understanding of each other's roles.

Addressing Workforce Shortages: Optimising existing healthcare resources by ensuring smooth coordination between departments.

Responding to Complex Health Needs: Chronic diseases and disasters require the combined expertise of multiple professionals (Doctors, PTs, Nurses, etc.) rather than a single individual.



2. Action Plan

To implement IPECP in my future career:

Active Communication: Moving beyond "siloed" work by using the ICF framework as a common language with MDs and Nurses.

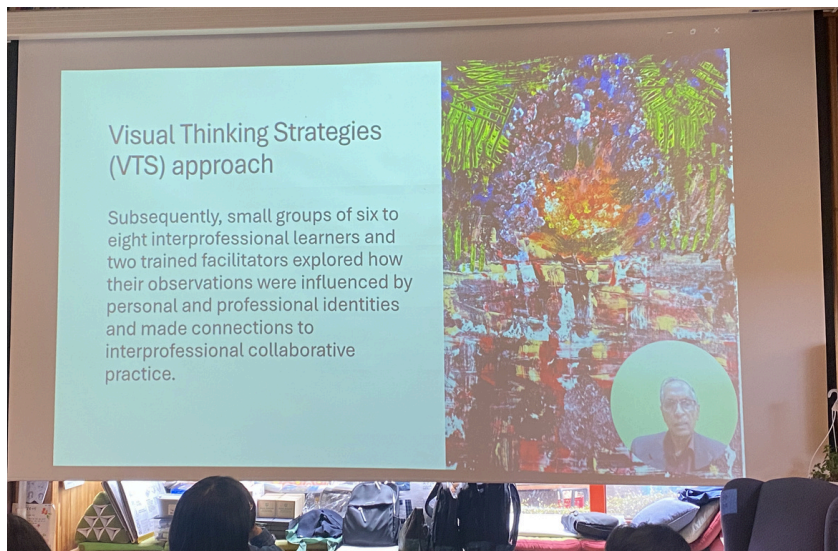
Collaborative Leadership: Applying lessons to lead with empathy and listen to all team members.

Advocacy: Promoting IPE values within the healthcare staff to reduce medical errors and improve patient safety.

3. Implementation Strategies

Leadership: Training future leaders (students) to promote collaborative practice and dismantle power/ego barriers.

Active Learning: Utilising simulations and case-based clinical learning to sharpen team skills.



4. Key Takeaways for Student Leaders

Patient Safety: Every interprofessional competency, from communication to roles/responsibilities, serves the ultimate goal of reducing errors and protecting the patient.



Breaking the Silos: We must continue to dismantle traditional hierarchies and "silo mentalities" that hinder innovation and equity in healthcare.

Global to Local Impact: The principles of mutual respect and shared values remain the bedrock of effective care.

Lecture 10

Student IPE leadership

Ms Chidawan Suyakong, OTR

PhD student, Graduate School of Health Sciences,
Gunma University, Japan



1. The Student Leadership in IPE

This lecture highlighted that the main goal of IPE is to help students understand and experience effective interprofessional collaboration and prepare them for real clinical teamwork.

However, many students are not actively engaged, often due to a lack of awareness of its relevance. As a result, they focus more on discipline-specific skills, limiting opportunities to develop essential teamwork competencies.

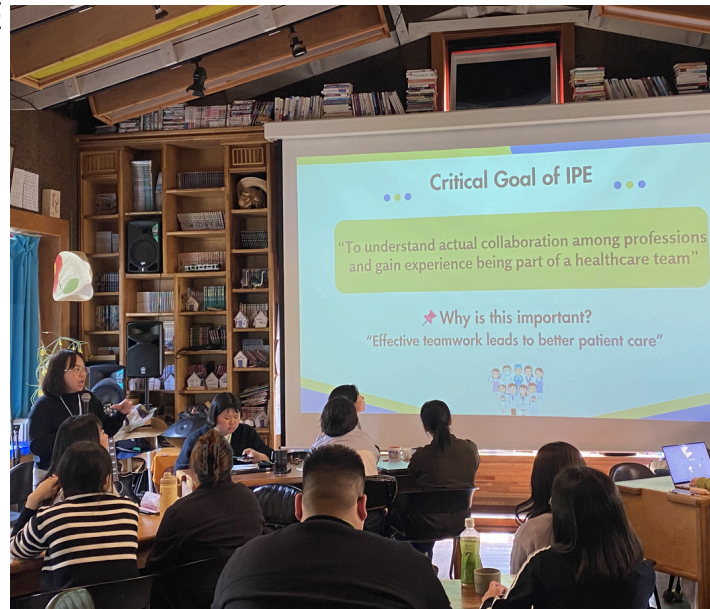
2. Core Competencies of an IPE Leader

To become student leaders in IPE, participants need to develop key competencies of a collaborative leader:

Collaborative Vision: Promote understanding and active participation in IPE, engage all team members in shared discussions and decision-making, and integrate interprofessional knowledge and skills to optimise patient outcomes.

Psychological Safety: Foster an environment where all team members feel comfortable speaking up, asking questions, and sharing ideas without fear of judgment.

Interprofessional Understanding and Relationship Building: Connect with and understand the perspectives of members from different professional backgrounds to build mutual trust and respect.



3. Three Practical Steps to Take Initiative

Practical Steps to Becoming a Student Leader in IPE:

Build Awareness: Familiarise yourself with IPE principles and demonstrate a collaborative mindset in every task.

Create a Collaborative Culture: Foster open communication and ensure a supportive environment for the whole team.

Be a Role Model: Show genuine excitement, ask insightful questions, and contribute actively. A positive attitude is contagious and encourages others to participate.



What Makes a Good Collaborative Leader?

 Shared Decision-Making ✔ Involve everyone in making decisions to ensure the team works together to choose the best solution	 Mutual Trust and Respect ✔ Value each team member's knowledge ✔ Listen, support, and encourage each other
 Collective Intelligence ✔ Use everyone's unique knowledge and skills to solve problems more effectively	 Breaking Hierarchies ✔ Promote equal participation ✔ Guide the team instead of giving orders
 Psychological Safety ✔ Create a safe space where everyone feels comfortable speaking up without fear of judgment	 Empathy & Emotional Intelligence ✔ Understand and connect with your team members to build stronger relationships
 Focus on Outcomes ✔ Achieve the best patient outcomes by integrating knowledge from different fields.	

Brewer, M. L., Flavell, H. L., Trede, F., & Smith, M. (2016). A scoping review to understand "leadership" in interprofessional education and practice. Journal of Interprofessional Care, 30(4), 408-415. <https://doi.org/10.3109/13561820.2016.1150260>

The session concluded with a call to action: Leadership starts with small steps, and those small steps can lead to big changes. Every student plays an important role in making IPE more meaningful and effective.

Site Visit Information

These field visits offered a direct look at Jeju's healthcare and social welfare systems. By visiting various specialised institutions, participants explored how interdisciplinary teams work together to support human rights, rehabilitation, and social inclusion.

In addition, the groups also had opportunities to experience several local sites, allowing them to gain a deeper understanding of daily life on Jeju Island. On the fourth day of the program, each group delivered presentations to share their reflections and insights from the visits.



Collaboration



Inclusion



Empathy



Dignity





4/3 Dark Tour

Focusing on rights-based advocacy to safeguard dignity, prevent abuse, and promote social inclusion for persons with disabilities.

1. Journey into the Snow

Drawing parallels to Han Kang's "We Do Not Part," in which snow represents both the cold weight of trauma and the preservation of truth, the visit to Jeju 4.3 Peace Park was a solemn encounter with history. The site documents the lives lost during the 1948 tragedy, emphasizing the professional and ethical duty to honor the memories of those silenced by history.



2. Landscapes of Absence and Resilience

- **Gashi-ri Village:** A walk through these historic lands revealed the striking duality of Jeju, where serene natural beauty now covers a painful past.
- **Pyoseon Beach:** Once a site of execution, it now stands as a symbol of hope and parting with pain.



3. IPE Perspective: Empathy and Humility

Offered profound lessons for future health professionals beyond technical clinical skills:

- **Holistic Healing:** is not just biological; it is rooted in acknowledging a person's context and history.
- **Cultural Humility:** Interprofessional collaboration is strengthened when team members share a commitment to human rights and empathy.



Jeju Advocacy Agency for Persons with Disabilities

Addressing historical trauma and social justice through education, collective remembrance, and public engagement.

1. Mission and Function

The agency is a specialized institution established under the Welfare of Persons with Disabilities Act. Its primary mission is to respond to reports of abuse against persons with disabilities, provide individualized support for victims, and conduct public awareness campaigns to prevent future abuse.



2. Key Findings: Identifying and Responding to Abuse

- **The Process:** Once a report is filed, the agency initiates an investigation and emergency measures. They provide safe protection and one-on-one counselling tailored to the victim's needs.
- **Challenges:** Staff often face safety risks from perpetrators and must work in pairs or with the police. A significant emotional challenge is the victims' psychological attachment to their abusers, which can complicate the recovery process.

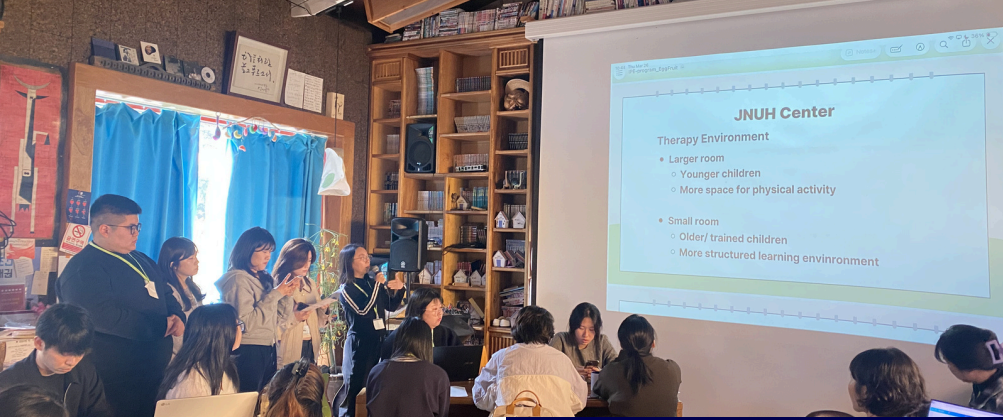


3. IPE Reflection: Advocacy as CP

- **Psychological:** Healthcare professionals must be trained to recognise signs of abuse.
- **Empowerment over Protection:** The agency prioritises self-determination for persons with disabilities over overprotection.
- **Social Integration:** Collaboration between social workers, legal authorities, and medical staff is essential to ensure the victims.

Behavioral Development Promotion Center, Jeju National University Hospital

Exploring multidisciplinary clinical services for early assessment and evidence-based interventions to improve developmental outcomes.



1. Center Overview

EstaPart of Jeju National University Hospital (JNUH), this specialized center focuses on children with developmental disorders, including Autism Spectrum Disorder (ASD), ADHD, and general developmental delays.

The core mission is to improve behavior and communication to facilitate social integration.

2. Key Interventions: The center provides structured, age-appropriate therapy sessions:

- **Morning (EIBI):** Early Intensive Behavioural Intervention offers 1-on-1 sessions, focusing on foundational developmental skills.
- **Afternoon (BI):** Behavioural Intervention aims to modify maladaptive behaviours and increase functional, adaptive skills.
- **Therapy Environment:** larger rooms for physical activity and smaller for rooms for focused learning.

3. IPE Reflection:

- **Patience:** Effective intervention requires long-term commitment and high levels of empathy.
- **Holistic Coordination:** Success depends on seamless collaboration among doctors, behaviour therapists, and children's families.
- **Environmental Impact:** The physical design of the treatment space is as critical as the clinical intervention itself.



Social Cooperative Organization

Learning how social innovation and community engagement empower vulnerable populations through creative, sustainable collaboration.



1. Identity & Background

Founded in 2020 by parents of children with developmental disabilities, this social cooperative was born out of the necessity for specialised care during the COVID-19 pandemic. The name "Extraordinary Cat" symbolizes the uniqueness of children with disabilities, while "Dream Field" represents a nurturing ground for their potential. With Nature-Based Care Philosophy, the center shifted from indoor activities to outdoor environments, that significantly improved the children's focus and relaxation.

2. Key Initiatives & Programs

- **Inclusive Employment:** Operates a collaborative workplace where working together on projects, like hand-assembled books
- **Specialised Products:** Developed texture-sensitive foods for children with sensory issues.
- **Family Support:** Provides mental health manuals and research for families.


PROGRAMS & COMMUNITY INTEGRATION

Play Activities

- Activities in which children release energy and run freely, such as playing tug-of-war or playing water cannon in the backyard of the Samdal
- It has been doing citrus picking activities since last year, and this year, it has been doing citrus farming on land leased for free

Community Collaboration

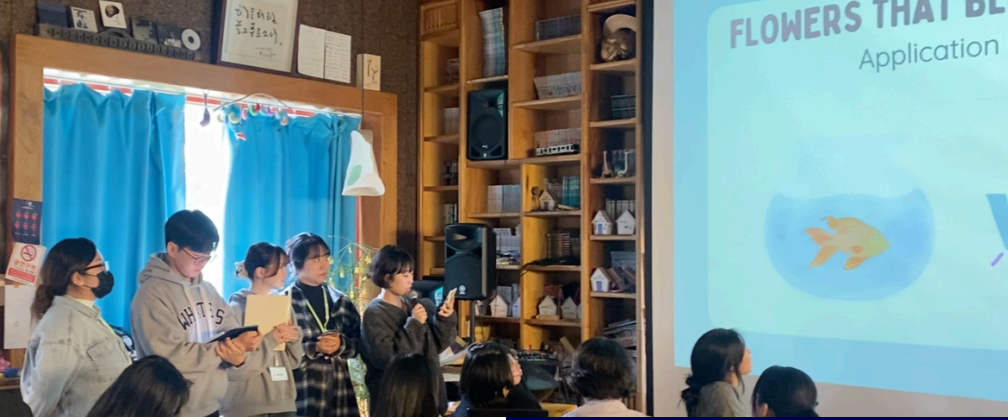
The organization collaborates with the local community https://youtu.be/0XQg3RFo7Eg?si=_0GyBS6X065eyPbx for arts programs, youth center activities, and local swimming pool programs



3. IPE Reflection:

This visit highlighted the Social Model of Disability. It demonstrated how community-led social entrepreneurship can fill gaps in formal healthcare by focusing on social integration, intergenerational support, and meaningful daily life beyond clinical treatment.





Four Seasons Senior Unit Care

Providing person-centered long-term care and nursing services to support dignity, interdisciplinary collaboration, and quality of life for aging populations.

1. Philosophy: "Flowers That Bloom While Swaying"

The facility operates on a deeply humanistic philosophy, inspired by Do Jong-hwan's poem. It recognizes that aging, like a swaying flower, involves challenges, but remains a process of "blooming." The "Unfacility" concept aims to strip away the cold, clinical atmosphere of traditional institutions, creating a space that feels like a true home.

ICF MODEL IN DAILY LIFE

- Body Functions
- Activities
- Participation
- Environment

2. The Four Seasons Holistic Model (Pyramid of Care)

- **Foundation (Survival & Maintenance):** Focuses on essential body functions and basic daily living needs.
- **Middle (Achievement & Creation):** Engages residents in Art Cognitive Therapy, Food Therapy, and Crafting to build self-efficacy and a sense of accomplishment.
- **Top Goal (Self-Actualisation):** The ultimate objective is to preserve the resident's self-identity through social participation and connection to their community and faith.

3. IPE Reflection:

- **Environment as a Co-therapist:** A "home-like" setting is crucial for maintaining patient autonomy and mental well-being.
- **Collaborative Dignity:** Interprofessional teams must work beyond medical symptoms to protect the social identity and human dignity of the elderly.



Presentation: Challenges & Actions

Following a series of intensive lectures and inspiring site- visits, all participants engaged in the most pivotal stage of the program: the final group discussion and presentation. Participants were challenged to reflect on our home universities' current educational landscapes and propose actionable solutions by addressing two core questions:



- Based on the IPE at your university, what challenges do you observe in the curriculum or learning activities?
- As student leaders in IPE, what actions or suggestions do you have to improve the effectiveness of IPE?



Each participant brought their unique professional background and personal insights to the table, highlighting remarkable aspects of interprofessional collaboration. These presentations represent more than just a final task, which they embody the vision and commitment of future healthcare leaders aiming to bridge the gaps in collaborative practice.



Choonhae Health Sciences University, Korea

Current Status: Choonhae University has a long-standing strength in nursing and health sciences education. However, its current IPE program still faces several barriers in effectively connecting with real-world practice.



1. Key Challenges

- **Program Fragmentation:** IPE and case-based clinical lessons are operated as separate, disconnected entities.
- **Limited Accessibility:** Students lack flexible, on-demand platforms to access IPE materials outside of formal classes.
- **Major-Centric Bias:** A strong tendency for students to interact only within their own majors, hindering multidisciplinary teamwork.
- **Practical Gap:** The curriculum is theory-heavy and lacks sufficient high-fidelity simulations or hospital-linked interprofessional rotations.

Global IPE Leader Program

- CASE-BASED SCENARIO PROGRAM
- MICRO-DEGREE PROGRAM
- INTERPROFESSIONAL EDUCATION (IPE)



- GLOBAL IPE LEADER PROGRAM TRAINING
- GLOBAL IPE LEADER PROGRAM

Introduction to CHOONHAE

Global Network

주요 자매결연 대학 (Key Partner Universities)

- 일본 시즈나와대학 (Shijonawate Gakuen University, Japan)
- 일본 간사이여자단기대학 (Kansai Women's College, Japan)
- 일본 간사이복지과학대학 (Kansai University of Welfare Sciences, Japan)

Global program

해외 연수 및 인턴십 (Global Internship & Training)

: Global Youth Internship Program (U-FLY), Global Field Study Programs, etc.

해외 보건의료 봉사 (Global Healthcare Volunteering)

: Medical volunteering services in Vietnam, the Philippines, etc.

Global IPE Leader Program

: Collaborative healthcare training with international partner students.

2. Strategic Suggestions

- **Unified Integration:** Merging IPE with clinical case studies and diversifying content (discussions, lectures, and cross-department visits).
- **Digital Autonomy:** Providing online IPE modules and supporting student-led study groups.
- **Structural Collaboration:** Making interdisciplinary team formation mandatory for key assignments to force authentic collaboration.
- **Simulation & Linkage:** Expanding simulation-based training and strengthening partnerships with hospitals for joint clinical practice.

3. Vision

By making collaboration a mandatory, everyday practice, students will be ready for the modern healthcare environment where teamwork skill is vital for patient safety.

Gunma University, Japan

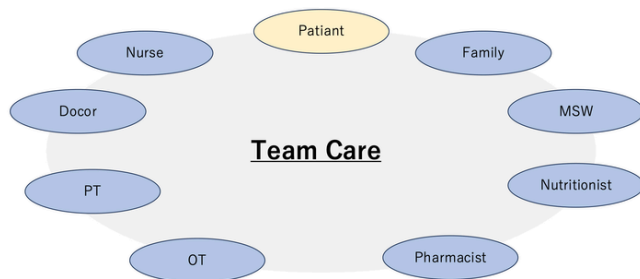
Current Status: Gunma University has a well-structured IPE curriculum for undergraduates (Medicine, Nursing, PT, OT) involving lectures, clinical training, and case-scenario discussions.



1. Key Challenges

- **Narrow Scope of Collaboration:** Current programs mainly focus on hospital-based roles. However, real-world care requires coordination with external partners like social workers, assistive device suppliers, care managers, and the patient's family.
- **Insufficient Clinical Exposure:** One-day clinical observations are too short for students to fully grasp the core values and specific duties of other professions.
- **Lack of Clinical Reasoning:** Students need to understand not just "how" to collaborate, but the "why" (the clinical reasoning) behind interprofessional decisions.

InterProfessional Work in Japan



Small group discussions

Case scenario

General information
Gender
age
family
Occupation

Clinical information
diagnosis
physical condition
general condition



2. Strategic Suggestions

- **Expanding the Network:** Connect with diverse fields beyond the hospital setting to cover the entire community health care continuum.
- **Value-Based Connection:** Encourage students to share their personal values and heartfelt reasons for how they want to collaborate with others.
- **Creating a Respectful Culture:** Promote a learning environment where different professionals "respect and learn together" as equals.

3. Actions as Student Leaders

Knowledge Transfer: Proactively share experiences and lessons learned from IPE training with the next generation of students.

Cultivating an Open Mindset: Lead efforts to build an open-minded environment where interprofessional collaboration becomes an instinctive practice.

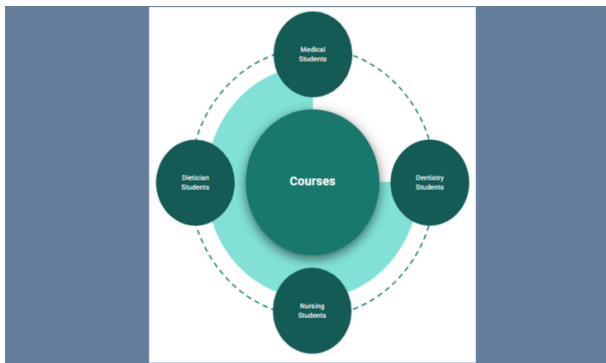


IMU University, Malaysia

Current Status: Despite having diverse health programs (Medicine, Dentistry, Nursing, Nutrition, Pharmacy), IMU still operates with a fragmented, discipline-specific teaching approach.

1. Key Challenges

- **Doctor-Centric Education:** Training is heavily focused on the medical perspective, lacking multidisciplinary integration.
- **Passive Communication:** Students often act as "passive observers" in hospital settings, leading to hesitation in speaking across disciplines.
- **Siloed & Non-continuous Curriculum:** Programs are separated, and IPE sessions are often one-off events rather than continuous learning.
- **Individual-Based Assessment:** Evaluation focuses on individual performance rather than team effectiveness.



2. Strategic Suggestions

- **Initiate Shared Values:** Start cross-disciplinary discussions on ethical cases to understand different professional perspectives.
- **Proactive Communication:** Practice presenting cases to non-medical peers to improve clarity and interprofessional confidence.
- **Joint Care Planning:** Collaborate to create one integrated treatment plan (Medical + Nursing + Diet + Pharmacy) for each patient.
- **Advocacy:** Provide feedback to faculty to advocate for more structured and longitudinal IPE opportunities.

3. Vision

To transition from parallel work to an Integrated Care Model, where students from all backgrounds make shared decisions based solely on the patient's best interest.

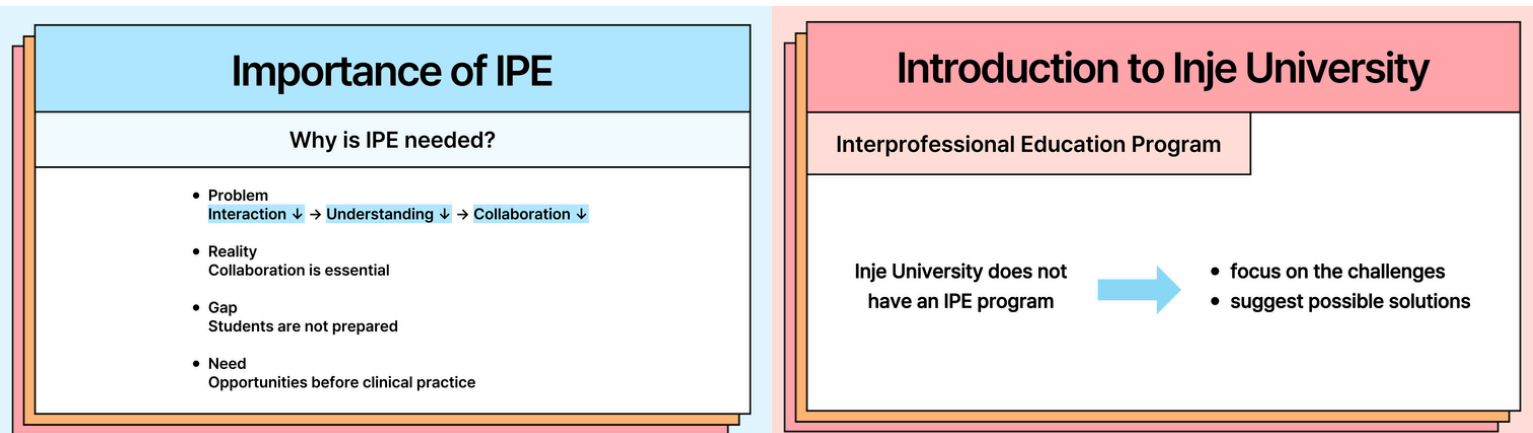


Inje University, Korea

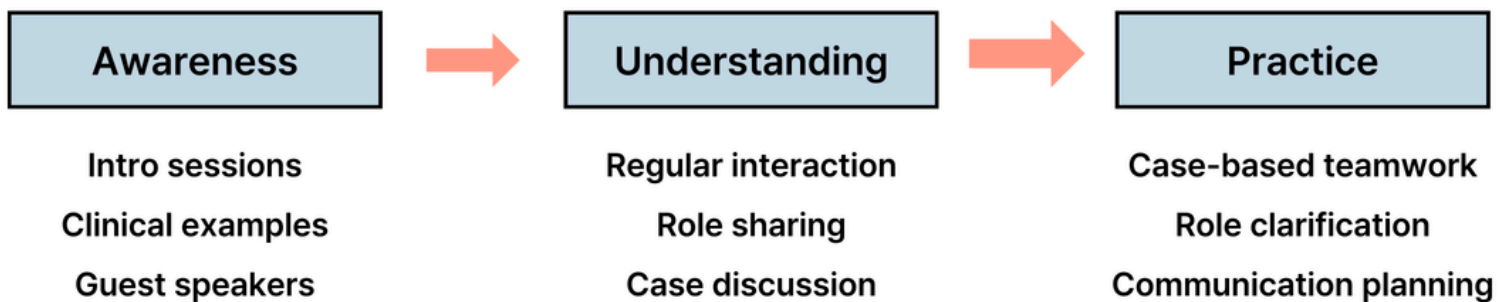
Current Status: No formal IPE program currently exists; students from various health departments (Medicine, Nursing, OT, PT, etc.) study in isolation.

1. Key Challenges

- **Institutional Isolation:** Departments are separated by different campuses or buildings, leading to a lack of social and academic exchange.
- **Role Confusion:** Students have a limited understanding of other professions. Short clinical observations are insufficient to learn how different roles interact.
- **Clinical Silos:** Hospital environments often maintain rigid boundaries between professions, prioritising departmental tasks over patient-centered collaboration.



2. Strategic Suggestions (The 3-Step Plan)



3. Vision

IPE is more than a curriculum that it is a mindset. By starting with small, student-led steps, the goal is to build a sustainable culture of collaboration for future healthcare practice.

Current Status: The established IPE framework and Community Integrated Care Practice (CICP). This 3-credit curriculum: theory, discussion, and hands-on practice for health science students



1. Key Challenges

- **Academic Imbalance:** There is a concern that an over-focus on IPE might lead to a decline in the depth of theoretical education within each specific major.
- **Knowledge Gap:** Significant differences in professional understanding between first-year and senior students make effective group discussions difficult.
- **Collaboration Barriers:** Students still face challenges in developing practical coordination skills and sharing information efficiently across different departments.

CURRICULUM FRAMEWORK

Core IPE & CICP Courses

- Course Structure : 3-credit courses integrating Theory, Discussion, and Hands-on Practice.
- Target Audience : Open to all undergraduate students at the Dogye Campus, College of Health Science.

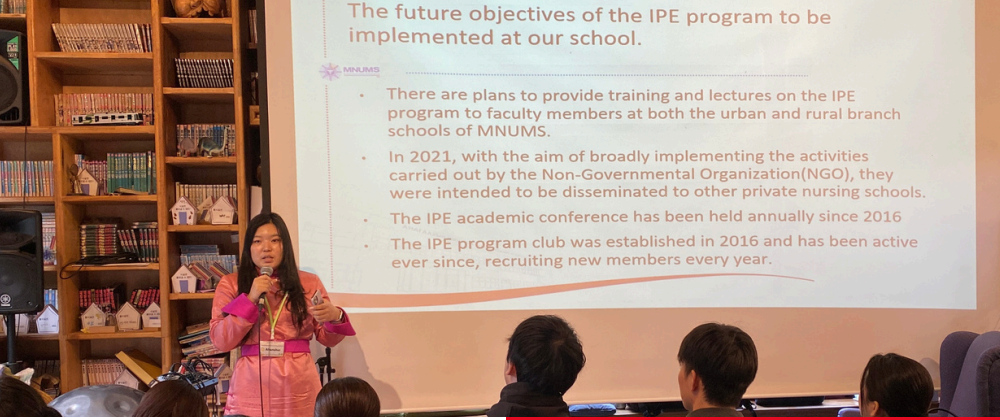
CICP POSTERS

2. Strategic Suggestions

- **Early Integration:** Open IPE courses to first-year students to build a collaborative mindset from the beginning of their academic journey.
- **Active Engagement:** Promote proactive participation to facilitate "cross-pollination" of knowledge between various disciplines.
- **Interdisciplinary Understanding:** Design activities specifically aimed at improving students' awareness of the roles and scopes of other health professions.

3. Vision

KNU aims to transform IPE from simple theory into a practical leadership experience, where students can apply collaborative skills directly to community health projects.



The future objectives of the IPE program to be implemented at our school.

- There are plans to provide training and lectures on the IPE program to faculty members at both the urban and rural branch schools of MNUMS.
- In 2021, with the aim of broadly implementing the activities carried out by the Non-Governmental Organization(NGO), they were intended to be disseminated to other private nursing schools.
- The IPE academic conference has been held annually since 2016
- The IPE program club was established in 2016 and has been active ever since, recruiting new members every year.

Mongolian National University of Medical Sciences, Mongolia

Current Status: The IPE program has been implemented since 2022. A comprehensive curriculum designed for health science students, integrating Theory (1 credit), Discussion (1 credit), and Field-based Practice (1 credit).

1. Key Challenges

- **Time Constraints:** Since students prioritise core academic courses and hospital-based clinical rotations, finding dedicated time for IPE programs remains a significant hurdle.
- **Student Receptivity:** A lack of deep understanding regarding the value of IPE occasionally leads to lower student engagement.
- **Institutional Approval:** Introducing IPE to other healthcare professionals and securing formal approval during high-level academic meetings.

School of nursing, Mongolian national university of Medical Sciences (MNUMS)

At school of Nursing, we offer a variety of programs, including :

- Bachelor of nursing
- Diploma in Nursing
- Certified Nursing Assistant
- Occupational therapy
- Physical therapy
- Speech therapy
- Midwifery
- Traditional Medicine Nursing



How is the IPE program conducted at our university ?

- The IPE program has been implemented since 2022
- It is currently offered only to third-year midwifery students
- It is offered as a 1-credit course
- At present, only one instructor is teaching the IPE program at our School of Nursing, and the instructor's name is Azjargal



2. Strategic Suggestions

- **Curriculum Integration:** Launching a mandatory 1-credit IPE course for all health sciences curricula starting September 2026.
- **Faculty Training:** Expanding IPE lectures and standardised training to faculty members across all urban and rural MNUMS branches.
- **Institutional Scaling:** Partnering with NGOs to disseminate IPE best practices to private nursing schools nationwide. Sustaining momentum through the Annual IPE Conference and the active IPE Student Club (since 2016).

3. Vision

MNUMS aims to transform IPE from a theoretical requirement into a Practical Experience, empowering students to apply collaborative skills directly to community health.

Empowering Future Leaders

Proudly celebrating the completion of the 2nd Global Student IPE Leader Camp. This certificate is a symbol of your commitment to interprofessional collaboration and a patient-centered future.



BEYOND THE CLASSROOM

1. Opening the Day: Body, Heart & Humanity

We gathered in circles to ground ourselves, fostering empathy and human connection before starting our professional tasks. It was a time to align our bodies and hearts, reminding us that healthcare begins with a simple, shared humanity.



2. Dancing Together: Global Dance Night

Music became our universal language during the Global Dance Night. Beyond individual steps, we practised moving in harmony as a single community.



3. Singing Together: A Multi-Language Harmony

Voices from Japan, Korea, Mongolia, and Malaysia joined in a beautiful multi-language chorus. Though the lyrics differed, the melody was the same. Singing together erased all borders, proving that while our backgrounds are diverse, our mission to care for others is a shared song.



4. Reflections: One Minute, One Heart

To conclude our journey, each participant shared a one-minute reflection. These brief yet powerful testimonies captured the essence of our IPE experience and the transformation of our professional mindsets.



On-site Management & Observers

On-site Management

Choonhae Health Sciences University, Korea

Yunhee Park, Head, Department of Occupational Therapy

Gunma University, Japan

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Gwangju Health University, Korea

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Teaching and Learning Support, Center

Il Bong Moon, Director, Academic Affairs



Volunteers, Samdal people

Our sincere thanks to the volunteers and the people of Samdal for their warm hospitality. Your support and openness allowed us to experience the true heart of Jeju's community and culture.

- Donghoon Kim – President, Atlas Training Centre
- OK – Director, Samdaldabang
- Moosim – Director, Samdaldabang
- Misun Kim – Co-CEO, SISO Counseling & Research Lab, Korea
- Seokyeon Ji – Co-CEO, SISO Counseling & Research Lab, Korea
- Seokho Ko, OT – Dobong Welfare Center for Persons with Disabilities
- Saerom Park, OT – Supported Housing Center for Persons with Disabilities Anglican Church of Korea Foundation
- Solga
- MinKyung Hong – Professor, Department of Occupational Therapy, WooSong University
- Choi One – Modu One Dance
- Sungmin
- 말엄마 – 말게스트 하우스사장님
- 소을 – 솔바르카페 사장님



Sponsorship

Our sincere thanks go to all our sponsors and partners. Your unwavering support for this program has provided us with an invaluable platform for learning, growth, and cross-cultural connection.

ATLAS

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CLOSING STATEMENT

As this journey comes to an end, a shared vision for the future of healthcare emerges, one deeply rooted in empathy, collaboration, and human dignity. Interprofessional Education is no longer just a concept, but a commitment to look beyond **What** is done, focusing instead on **How** to collaborate, and crucially, **Why** it matters.

Moving forward on these professional paths, the true spirit of this experience remains:

Learning Together, Living Together, Joyful Together.

Until a reunion at the 3rd Global Student IPE Leader Camp!



THANK YOU

