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Name of the University, Hospital, Research Institute, Academy or Ministry

Gunma University

Name of the Division, Department, Unit, Section or Area

Centre for Research and Training on Interprofessional Education

City Maebashi-City **Reference Number** JPN-89

Title WHO Collaborating Centre for research and training on Interprofessional Education

Report Year 07-2017 to 07-2018

1. Annual report on the agreed workplan

Describe progress made on the agreed workplan. For each activity, detail (1) the actions taken, (2) the outputs delivered, as well as (3) any difficulties that may have been encountered. Three responses are expected. [maximum 200 words per activity]. Indicate, if an activity has been completed previously, has not yet started or has been placed on hold.

Activity 1

Title: Better understanding and dissemination of health professions education reforms, including IPE introduction, in the WPR countries

Description: Toward the achievement of Sustainable Development Goals (SDGs), the program addresses the need to substantially improve quality and quantity of health workforce (HWF) training. Universal Health Coverage (UHC) is one of the strongest tools for SDGs, especially Goal 3. Although well-trained HWF is essential to provide quality health service, the severe shortage of HWF is still a big issue hindering the achievement of SDGs. Efforts to scale up health professional education must be increased in terms of quantity and quality. Recently, the High-Level Commission on Health Employment and Economic Growth has strengthened investment in the high-quality HWF production. Scaling up transformative, high-quality education is included in the recommendations to maximize future returns on investments. Interprofessional education (IPE) is one of 11 recommendations demonstrated in WHO Guideline 2013, Transforming and scaling up health professionals' education and training. Recently several WPR countries have embarked on initiatives to improve health professional education with WHO support. To adopt transformative strategies in the scale-up of health worker education, a coordinated approach is needed to encourage IPE and collaborative practice in the Western Pacific Region (WPR).

There are several organizations that promote IPE/CP nationally or internationally. Japan Interprofessional Working and Education Network (JIPWEN) is one of the globally-leading networks and it has extensive experiences of organizing and attending the international HWF-related forums. These academic organizations keep a flexible inter-federation network and have international meetings on a regular basis, such as the All Together Better Health (ATBH) biennial conference. There are also international conferences related to HWF issues such as the Global Forum on HRH, Prince Mahidol Award Conference (PMAC) and the Asia Pacific Action Alliance on Human Resources for Health (AAAH) conference. These conferences facilitate knowledge sharing, experience exchange, and the establishment of evidence-based IPE and CP in response to the needs of developed-countries.

For better understanding of IPE, the Centre in consultation with WHO will organize or participate in symposiums or workshops focusing on health professions education reforms in the WPR countries. The Centre will also participate and present at international conferences related to IPE at the global level to advocate and share the experiences from the Region.

Status: completed

(1) Actions taken

1. The centre sent a faculty member to the International Nursing Education Symposium held at Peking Union Medical College (PUMC), a WHO CC in China, 2017/9/20.
2. The Centre sent 2 faculty members to the 1st Asia-Pacific Interprofessional Education and Collaboration Conference in Surakarta, Indonesia, 2017/10/13 -15.
3. The Centre sent 2 faculty members to the 4th Annual National Health Professional Education Reform Forum in Bangkok, Thailand, 2017/11/5-8.
4. The Centre sent 3 faculty members to the 4th Global Forum on Human Resources for Health (HRH) in Dublin, Ireland, 2017/11/13-17.
5. The Centre sent 4 faculty members to the PMAC2018 in Bangkok, Thailand, 2018/1/31-2/2.
6. The Centre organized an international symposium with speakers from WHO/HQ and international experts in patient safety in Maebashi, 2018/4/1
7. The Centre sent 3 faculty members to the Meeting on Health Professional Education Reforms in Transition Economy Countries in Phnom Penh, Cambodia, 2018/4/24-25.

(2) Outputs delivered

The Centre in collaboration with WHO CCs and JIPWEN universities promoted IPE by organizing international symposiums and workshops, and participated in the international conferences. Activity reports are uploaded to the Centre's website "<http://whocc.health.gunma-u.ac.jp/>".

(3) Difficulty

None

Activity 2

Title: Monitoring and evaluation of strategic partnership for IPE development in the Region

Description: WHO supports the establishment of Education Development Center (EDC) in the WPR. The Centre visited EDC in the University of Health Sciences (UHS) in Lao PDR and it started to collaborate with the EDC for their educational development under the coordination of WHO. To implement the collaboration, a four-phase action plan was developed in 2014. The four-year activities consisted of sharing the key concepts of IPE, designing programmes, organizing the interprofessional programme committee and implementing and evaluating the programme each year. Through this experience, the Centre recognized the importance of a strategic instead of sporadic approach for several years to disseminate IPE. The framework for strategic partnership is shown in Twinning Partnerships for Improvement: Recovery Partnership Preparation Package issued by WHO in 2016. Although this strategic approach can be a model for the IPE introduction in different educational settings, monitoring and evaluation will be needed as a health system attribute, accountability for UHC, stated in Universal Health Coverage: Moving Towards Better Health, WHO/WPRO 2015. In terms of evidence generation, the Centre, with technical advice from WHO, will evaluate the effectiveness of their current IPE initiative implemented in Lao People Democratic Republic and use the lessons to inform design of future initiatives.

The ownership of the report and/or publications will be vested in the WHO Collaborating Centre.

Status: completed

(1) Actions taken

In 2016, the UHS embedded an IPE concept into a pre-qualifying community-based training program as the 4th stage of the framework for strategic partnership, in collaboration with the WHO and the Centre. Results from the randomized study design suggested that the students attending the IPE program showed significantly more positive attitude towards collaborative practice than the students not experiencing the IPE program. On the basis of these results, the following activities were performed.

1. An article entitled "Integrating Interprofessional Education into human resources health reform: a Lao People's Democratic Republic case study" was submitted to the Journal of Interprofessional Care.

2. Quantitative analyses of the data are in progress.

3. In regards to the construction of an affiliated hospital by the UHS, the development of in-service IPE has been proposed by the UHS. Future collaboration was discussed with Director of EDC in the UHS at the Meeting on Health Professional Education Reforms in Transition Economy Countries in Phnom Penh, Cambodia, 2018/4/24-25.

(2) Outputs delivered

A report on the effectiveness of the IPE initiative implemented in Lao PDR was prepared and submitted in part to a peer-reviewed scientific journal.

(3) Difficulty

None

Activity 3

Title: Collecting evidence for the effect of IPE on attitudes of learners toward IPE and CP

Description: Professionals' Education and Training: World Health Organization Guidelines 2013, clearly listed interprofessional education (IPE) as one of the eleven recommendations. However, insufficient evidence for the effects of IPE on health issues was also pointed out. To disseminate IPE under the WHO HRH Policy to scale up and transform health professions education, evidence for concrete effects of IPE programs on learners' attitudes toward the needs of the people and eventually higher quality of the stakeholders must be acquired. To improve the health system attributes of quality and efficiency, for UHC, stated in Universal Health Coverage: Moving Towards Better Health, WHO/WPRO 2015, careful scientific research needs to be promoted. The Centre has published several articles describing attitudinal changes in response to its IPE training program. Lessons learnt through these research activities are that the efficacy of the IPE might be divided into common and unique modules of CP, suggesting a more careful evaluation of the diverse IPE programs. Recently the value of IPE has been appreciated in various fields, especially for aging, disaster recovery and patient safety. Gunma University developed an instrument to measure attitudes of various stakeholders towards IPE and CP. Through the strong network of JIPWEN, Gunma University will share its research findings among JIPWEN universities. In consultation with WHO, the Centre will undertake literature reviews to develop and publish on IPE approaches with the aim of improving the quality and relevance of health profession education. The ownership of the reports and/or publications will be vested in the WHO Collaborating Centre.

Status: completed

(1) Actions taken

The Centre and 3 JIPWEN universities published following 6 English scientific papers.

1. Makino T, et al. Health science students' attitudes towards healthcare teams: A comparison between two universities. *Journal of Interprofessional Care (JIC)*, 2018; 32: 196-202.
2. Abe H, et al. (JIPWEN university) Development of the Undergraduate Version of the Interprofessional Learning Scale (UIPLS). *Journal of Allied Health*, 2018; in press.
3. Sy, M. P. (JIPWEN university) Interprofessional education student network spreading all over the world. In Ohshima N (Ed.), *Interprofessional learning series / Collaborative education and practice of health, medical, and welfare professionals*. Kyodo Isho, Tokyo, pp. 203-213, 2017.
4. Haruta J, et al. (JIPWEN university) How do healthcare professionals and lay people learn interactively? A case of transprofessional education. *Asia Pacific Sch.* 2017; 2:1-7.
5. Haruta J, et al. (JIPWEN university) Translation and cultural adaptation of the Japanese version of the interprofessional facilitation scale. *JIC*, 2018; 32: 321-328.
6. Oishi A, et al. (JIPWEN university) Cross-cultural adaptation of the professional version of the Readiness for Interprofessional Learning Scale (RIPLS) in Japanese. *JIC*, 2017; 31: 85-90.

(2) Outputs delivered

Concrete effects and the global students' networking status of IPE have been elucidated.

(3) Difficulty

None

Activity 4

Title: Conducting annual training seminar on IPE in collaboration with other WHO CCs

Description: The Centre has provided IPE curricula since 1999, and the achievement and the effects on attitudes of undergraduate students toward IPE and CP have been demonstrated scientifically and quantitatively. The sustainable implementation and the scientific evaluation owe much to the gentle and careful guidance for students and teaching staff. The Centre translated its teaching materials for guidance into English in 2011. The Centre then invited faculty members and government officers interested in IPE from abroad, and it has organized international training courses on IPE in collaboration with JIPWEN universities in August every year since 2013. In the course of the development of the training course, a textbook-like material has been prepared in discussion with WHO since the previous period of designation.

With technical advise from WHO, the Centre will continue to implement the training courses for educators and health practitioners interested in the introduction of IPE curricula through collaborative activities, especially in the WPR. The Centre will organize an annual training seminar on IPE with participation of faculty from Member States, potentially in collaboration with other WHO CCs as well as JIPWEN universities.

Status: completed

(1) Actions taken

The IPE Training Course 2017 was performed in Maebashi, 2017/8/22-26, to support the development of IPE that can be adapted to various educational and social environments. Participants were one from England, three from Indonesia, two from Nepal, six from Thailand and one from the Philippines. Participants discussed the development of their own IPE programs in line with the Toolkit. During the training course, a public international symposium “Global and Regional Strategies on Human Resources for Health” was convened with the keynote speakers from the WHO/WPRO, International Health Policy Program Foundation and Health Intervention and Technology Assessment Foundation, Thailand and Niigata University (WHOCC/JPN-75). Also, the staff from two WHOCCs, University of Hyogo (JPN-77) and National Center for Global Health and Medicine (JPN-45) took part and gave a presentation in the training course.

(2) Outputs delivered

Participants expressed the willingness to initiate the development of their own IPE programs. Later, three members of the Centre were invited to a workshop and a forum in Indonesia and Thailand by the groups of former Indonesian and Thai participants Indonesia in the training course. The members of the Centre provided suggestions about the program development.

(3) Difficulty

None

2. Annual report on other activities requested

Should WHO have requested activities in addition to the agreed workplan, please describe related actions taken by your institution [maximum 200 words]. Please do not include in this report any activity done by your institution that was not requested by and agreed with WHO.

1. The Centre organized an international symposium with speakers from the WHO/HQ and Japanese Ministry of Health, Labour and Welfare in terms of the patient safety in Maebashi, 2017/11/11.
2. The Centre sent two faculty members to the Expert Consultation of WHO Global Patient Safety Challenge Medication Without Harm: Early global action to support implementation in Geneva, 2017/12/11-13, to discuss Education and Training in Medication Safety.
3. The Centre sent three faculty members to the Third Global Ministerial Summit on Patient Safety in Tokyo, 2018/4/13-14.
4. A member of the Centre conducted an Ad Hoc review of the research project of the WHO Centre for Health Development (WHO Kobe Centre).

3. Resources

Indicate staff time spent on the implementation of activities agreed with WHO (i.e. those mentioned in questions no. 1 and no. 2 above). Do not include any data related to other activities done by your institution without the agreement of WHO. Please indicate staff time using the number of “full-day equivalents” – a day of work comprising 8 hours (e.g. 4 hours work per day for 7 days should be recorded as 3.5 full-day equivalents).

Number of staff involved (either partially or fully)

| Senior staff | Mid-career staff | Junior staff, PhD students |
|--------------|------------------|----------------------------|
| 4 | 11 | 0 |

Number of full-day equivalents, total for all staff involved

| Senior staff | Mid-career staff | Junior staff, PhD students |
|--------------|------------------|----------------------------|
| 255 | 487 | 0 |

Implementation of the agreed workplan activities (i.e. those mentioned in questions no. 1 and no. 2 above) normally require resources beyond staff-time, such as the use of laboratory facilities, purchasing of materials, travel, etc. Please estimate the costs of these other resources as a percentage of the total costs incurred (e.g. if you incurred costs of USD 100 and the value of your staff time was USD 50 which makes the total of USD 150, please report 33.3% and 66.7%).

| Percentage of costs associated with staff time | Percentage of costs associated with other resources | Total |
|------------------------------------------------|-----------------------------------------------------|--------|
| 15.00 | 85.00 | 100.00 |

4. Networking

Describe any interactions or collaboration with other WHO Collaborating Centres in the context of the implementation of the agreed activities. If you are part of a network of WHO Collaborating Centres, please also mention the name of the network and describe your involvement in that network [maximum 200 words].

1. The Centre invited 5 members from 4 WHOCCs to the IPE Training Course 2017, 2017/8/22-26, and had discussions to strengthen the collaboration.
2. The Centre sent a faculty member to the Peking Union Medical College, a WHOCC (CHN-129) in China, 2017/9/20, to strengthen the collaboration with the WHOCC.
3. The Centre sent a member to the 2nd Conference among WHO Collaborating Centres in Japan which was held at NCGM Conference Hall in Tokyo, 2018/4/14, to strengthen the collaboration among WHOCCs in Japan.