



Short Report

The birth of a national network for interprofessional education and collaboration: results from an inter-university partnership

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Abstract

The Philippine Interprofessional Education and Collaboration (PhiIPEC) Conference is the first-ever national program held in the Philippines on interprofessional education and collaboration (IPEC). This project, initiated through an inter-university partnership between University of Santo Tomas and Angeles University Foundation, aimed to facilitate uniform understanding of IPEC across higher education institutions and health facilities as well as to instigate IPEC related researches in the country. The two-day conference was able to gather over 80 participants from more than 10 health and social care professions and 15 speakers who shared their expertise in health education and practice. Aside from these, the initiative has also gathered more than 500 followings in Facebook Page and 161 members in the mailing list. With the turn-out of this initiative, there was a move to rename the group into PhiIPEC Network. The network has been agreed upon to serve as an informal entity that represents a collective of Filipino health and social care professionals towards advocating collaborative learning and health care services. Future directions were also determined focused on considering IPEC initiatives in education, practice, research, and policies.

Keywords: Interprofessional Education and Collaboration, IPE, IPC

BACKGROUND

Interprofessional Education and Collaboration (IPEC) is a global strategy mandated by the World Health Organization (WHO) and its partners since 2010 where individuals from different health and social care professions learn and work together towards achieving same outcomes. This strategy was developed to address inappropriate supply, mix, and distribution of the health care workforce who will provide holistic care to patients with complex health needs.¹ IPEC has also shown to improve job satisfaction among health workers resulting in better quality and safety of healthcare delivery, and overall public satisfaction.² In response to this WHO mandate, countries like Australia, Canada, the United Kingdom, and the United States, have on-going

global efforts in promoting IPEC in other developed and developing countries.³ However, IPEC has yet to be practiced deliberately by health and social care workers worldwide.⁴

While national governing bodies in the Philippines such as the Commission on Higher Education (CHED) and Department of Health have already recognized the importance of IPEC, the documentation of official IPEC initiatives and activities is still limited.⁵ Locally, published works on IPEC started with the pilot implementation of IPE in a community-academe partnership towards community health development,⁵ followed by an interprofessional approach used for infection control in hospitals in Manila,⁶ and the survey studies on IPEC among Filipino occupational therapists, physical therapists, and speech-language pathologists⁷

and Filipino mental health professionals.⁸ While IPEC researches and activities are continually being explored in the Philippines, studies and programs are conducted independently by universities and organizations without parallel discussions and sustainable long-term plans related to the National Unified Health Research Agenda by Department of Science and Technology and the National Higher Education Research Agenda by CHED. One way of addressing this is to gather people from higher education institutions, professional organizations, and communities to conduct formal IPEC training, improve practice guidelines in health and social care, and streamline research and policy initiatives. Accordingly, the University of Santo Tomas (UST) and Angeles University Foundation (AUF) organized an inter-university partnership that yielded a two-day conference entitled “1st Philippine Interprofessional Education and Collaboration Conference 2018” (PhiPEC 2018) with the theme “Revisiting the Bayanihan Spirit in the Philippine Health and Social Care Systems” last 10 to 11 August 2018. Accredited by the Professional Regulation Commission (PRC) of the Philippines, the PhiPEC 2018 aimed to: 1) disseminate basic principles of interprofessional education and collaborative practice (IPECP); 2) discuss IPECP concepts in terms of teaching, discovery, integration, and application; 3) gather health and social care professions educators, practitioners, and students; 4) establish partnerships among professional associations, higher education institutions, and health and social facilities; and 5) create a roadmap for future research and applications on IPECP within the health/social professions education and healthcare delivery. To the authors’ recollection, the PhiPEC was the first national conference focused on IPEC. This short article aims to document the approaches and strategies employed and outcomes from the PhiPEC Conference 2018 to serve as a model or basis for future collaboration of different institutions and/or organizations.

APPROACH

The educator and curricular mechanisms proposed by the WHO (2010)⁹ were utilized and modified by the PhiPEC 2018 organizers to benefit

the intended purpose of creating a national network for IPEC in the Philippines. The following section outlines the specific steps conducted by the organizers to demonstrate how the conference led to the creation of the local network composed of Filipino IPEC champions.

Step 1: Identifying local IPEC champions.

As advocated by WHO (2013), a radical transformation in any complex system requires champions who have strong leadership competencies, e.g. ability to plan and decide on rules and processes, implement regulation and accountability mechanisms, and enact proposed changes in accordance to goals.⁹ In anticipation of prospective structural barriers and bureaucratic barriers, IPEC champions were identified from the partnering universities (UST and AUF) who served as members of the steering committee of the PhiPEC 2018 Conference. The members also happened to be the first, second, and third authors of this article. The steering committee initially planned the aims of the conference which resulted to initiate a formal meeting between UST and AUF.

Step 2: Securing institutional support and assistance.

To formalize this initiative a Memorandum of Understanding (MOU) between UST and AUF was created and signed by the deans from the College of Rehabilitation Sciences (UST) and College of Allied Medical Professions (AUF) to seal the inter-university initiative. This step was found to be significant as numerous IPEC studies have highlighted how administrative support remains to be a major facilitator for successful IPEC programs worldwide.⁶⁻¹⁰ The MOU specified the obligations of each university which included the technical, logistical, and financial concerns for the conference. Moreover, the steering committee had an open dialogue with the administrators from the host university (UST) to further discuss and clarify matters concerning the PhiPEC 2018 conference. The mutual agreement that resulted from the dialogue between the two universities led to the formulation of the official organizing committees including a total of 10 more volunteers (four from UST, 10 from AUF) for the conference. Administrators from both universities also provided assistance in applying to ensure the

accreditation for the continuing professional development (CPD) of the conference by PRC.

Step 3: Employing effective communication strategies.

Since communication was found to be one of the major challenges in any IPEC initiatives,¹¹ members from the organizing committees explored using various communication strategies during the preparation phase for the PhiIPEC 2018 conference. Since the organizers came from different professions with different schedules and concerns, face-to-face meetings were deliberately scheduled to orient everyone about the aims, program flow, logistics, and other matters concerning the conference. These meetings also became an opportunity for the organizing committee members to learn about each other's professional concerns and resolve conflicts about differences pertaining to credentialing and accreditation. After the synchronous face-to-face meetings, teleconferencing and asynchronous communication strategies through the use of online applications (e.g., Google, Skype, Facebook, etc.) were utilized by the organizing members in preparation for the conference.

OUTCOMES

Structure

To provide a holistic learning experience in introducing and understanding IPEC principles, the scientific committee members managed to plot various learning sessions within the program which included a total of five keynote presentations, five plenary sessions, three symposia, and two workshops. Keynote presentations aimed to impart a uniform set of knowledge on IPEC among the participants based on WHO guidelines contextualized in globalized and local healthcare systems. On the other hand, plenary sessions focused on sharing of experiences and works of IPEC advocated based on the core tenets of health professions education namely teaching, applying, integrating, and discovering. Symposia provided the opportunity for participants to discuss special topics relative to IPEC including Human Immunodeficiency Virus/Acquired Immune

Deficiency Syndrome (HIV/AIDS) care, substance addiction and rehabilitation, community health, curriculum evaluation, communication competencies, and team-based learning strategies. Each day in the conference concluded with a workshop that reinforced interprofessional and interactive learning among the participants. The workshops promoted translational research and evidence-based teachings such as the use of technology and the T-E-A-M Protocol in facilitating IPEC within universities, clinical teaching, and actual practice. A total of 15 speakers coming from various health and social care professions were invited to ensure that IPEC was discussed from different practice areas and perspectives.

Participants

The PhiIPEC conference was attended by a total of 80 participants (local and foreign) from more than 10 health and social care professions i.e., occupational therapy, physical therapy, speech-language pathology, nursing, medicine, social work, psychology, dentistry, pharmacy, public health, health professions education. Furthermore, the conference also gathered approximately 600 members in the network's official Facebook Page (www.facebook.com/phipecnet/) and 161 subscribers in the network's mailing list.

IMPACT AND FUTURE DIRECTIONS

A post-conference workshop was organized where a total of 20 prospective IPEC champions from different local universities and institutions discussed the possibility of having a local network for IPEC and the future plans that the network could potentially work on including 1) formalizing IPEC training and education for faculty, students, and graduate students across medical and health science programs; 2) reinforcing the involvement of more practitioners to learn about and implement IPEC; 3) highlighting conflict resolution and effective communication competencies within the medical and health sciences curricula; 4) exploring various research designs and methods in conducting IPEC-related research i.e., qualitative, mixed methods, longitudinal, experimental; 5) publishing a reference book highlighting local

best practices in IPEC within the areas of higher education, governance, and clinical practice; 6) discovering potentials for more inter-university collaborations to espouse IPEC-related activities; and 7) establishing of an organic network for Filipino IPEC champions. Among all these future plans, the last stated plan was the first to be realized. Without the need to make a formal organization or legal entity, the organizing members decided to come up with the “Philippine Interprofessional Education and Collaboration Network” (PHIPEC Network) that constitutes all the participants of the first conference. The PHIPEC Network is envisioned to be a partner of the Asia Pacific Interprofessional Education and Collaboration (APIPEC) group, a member of Interprofessional Global (formerly known as the World Coordinating Council for IPEC). Upon the conclusion of the 1st PhiPEC 2018 Conference, the event was featured in the UST and AUF newsletters and official websites, two local newspapers, and in the Centre for the Advancement of Interprofessional Education (CAIPE) newsletter.

As a summary, this inter-university partnership resulting from mutual identification for a need for a venue and network for IPEC has led to the effective utilization of the various IPEC educator and curricular mechanisms from WHO. The reported effective practices in this initiative can serve as a reference for creating future activities

locally and internationally that will either focus on IPEC or involve interprofessional team members.

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Individual Author’s Contributions

M.S., C.J.E, R.A.S; conceptualized paper, gathered and organized data, co-wrote the paper.

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Conflicts of Interest

The authors of this paper declare no conflicting interest.

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