

REALLY GOOD STUFF

Breaking disciplinary silos: A global approach to interprofessional education

1 | WHAT PROBLEM WAS ADDRESSED?

Interprofessional education (IPE) has emerged as a widely accepted approach to promoting cross-disciplinary collaboration within universities, with the aim of enabling healthcare professionals to integrate their knowledge for better outcomes. Many healthcare issues are interdisciplinary and international in nature which necessitate the cooperation of both health (Chinese and Western medicine, pharmacy, etc.) and non-health professions (engineering, economics, law) to provide a truly holistic interprofessional approach to care management. However, university students rarely have the opportunity to interact with other disciplines and cultures, so the current within-university IPE model lacks global and intercultural perspectives in healthcare. To address this gap, it is essential to foster external cross-country collaborations between universities, which can help cultivate these perspectives and prepare students for the challenges of a rapidly evolving global healthcare landscape. Since team members' perspectives reflect the influence of their education and cultural backgrounds, a global IPE model that is co-created and co-implemented through strategic international cooperation between higher education institutions (HEIs) is crucial to provide a comprehensive and inclusive approach to interprofessional education. By embracing diverse perspectives and expertise, this model can better equip students with the necessary skills to tackle complex global healthcare challenges while also promoting cultural awareness and sensitivity.

2 | WHAT WAS TRIED?

Seven higher educational institutions in Hong Kong (The University of Hong Kong, Hong Kong Polytechnic University, Tung Wah College, Hong Kong Metropolitan University, The Education University of Hong Kong) and the United Kingdom (University College London-UCL, Queen Mary University of London) collaborated to create the 'Global IPE Collaboration Model' (gIPE). The intervention was a credit-bearing hybrid 'Ten-Day Synchronous and Asynchronous gIPE' with four parts: Preparation, Readiness Assurance, Application Exercise (case scenario co-developed by health/non-health content

experts) and Enrichment Activity. Gamification elements such as points, badges and leaderboards aimed to enhance students' engagement, and technological innovations such as the Metaverse facilitated student interaction and showcased teams' submissions. Utilising case/team-based learning pedagogies, teams engaged in care management for conditions like COVID-19 and dementia, preparing an interprofessional healthcare management plan as the final outcome. Near-peer teachers and content experts served as facilitators. This model, aligned with COIL principles, trains an average of 1826 students with around 50 teachers annually. It fosters global collaboration, creating a vibrant community of learners who gain valuable intellectual and socio-cultural insights into interprofessional patient management.

3 | WHAT LESSONS WERE LEARNED?

This innovative gamified 'Global IPE Collaboration Model' has the potential to revolutionise IPE. The team seamlessly transitions from norming to performing,¹ making this innovation a resounding success. The integration of authentic and challenging clinical cases, representing pressing public health issues, harnesses integrated expertise from global perspectives. Despite time zone differences, teachers and students alike have reflected on the novel opportunities offered by gIPE, and the positive post-programme evaluation stimulates further investigation into how gamification promotes knowledge co-construction. gIPE offers students greater cultural awareness, improving their interprofessional learning skills. Our collective efforts to develop and champion global IPE will serve as a model for effective programme design, equipping students with the interprofessional perspectives and cultural awareness needed to thrive in today's globally connected workplace.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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1. Tuckman BW. Developmental sequence in small groups. *Psychol Bull.* 1965;63(6):384-399. doi:[10.1037/h0022100](https://doi.org/10.1037/h0022100)

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