

Interprofessional Education: IPE in Myanmar Medical and Allied Health Universities

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Outline

- Why do we need IPE?
- IPE Development
- IPE Main Contents (Competency Domain)
- Benefits of IPE
- IPE at ASEAN
- IPE in Myanmar Medical and Allied Health Universities

IPE

- Interprofessional education occurs when students from **two or more professions** learn about, **from and with each other** to enable **effective collaboration** and **improve health outcomes**

WHO, 2010

Why Do We need Interprofessional Education?

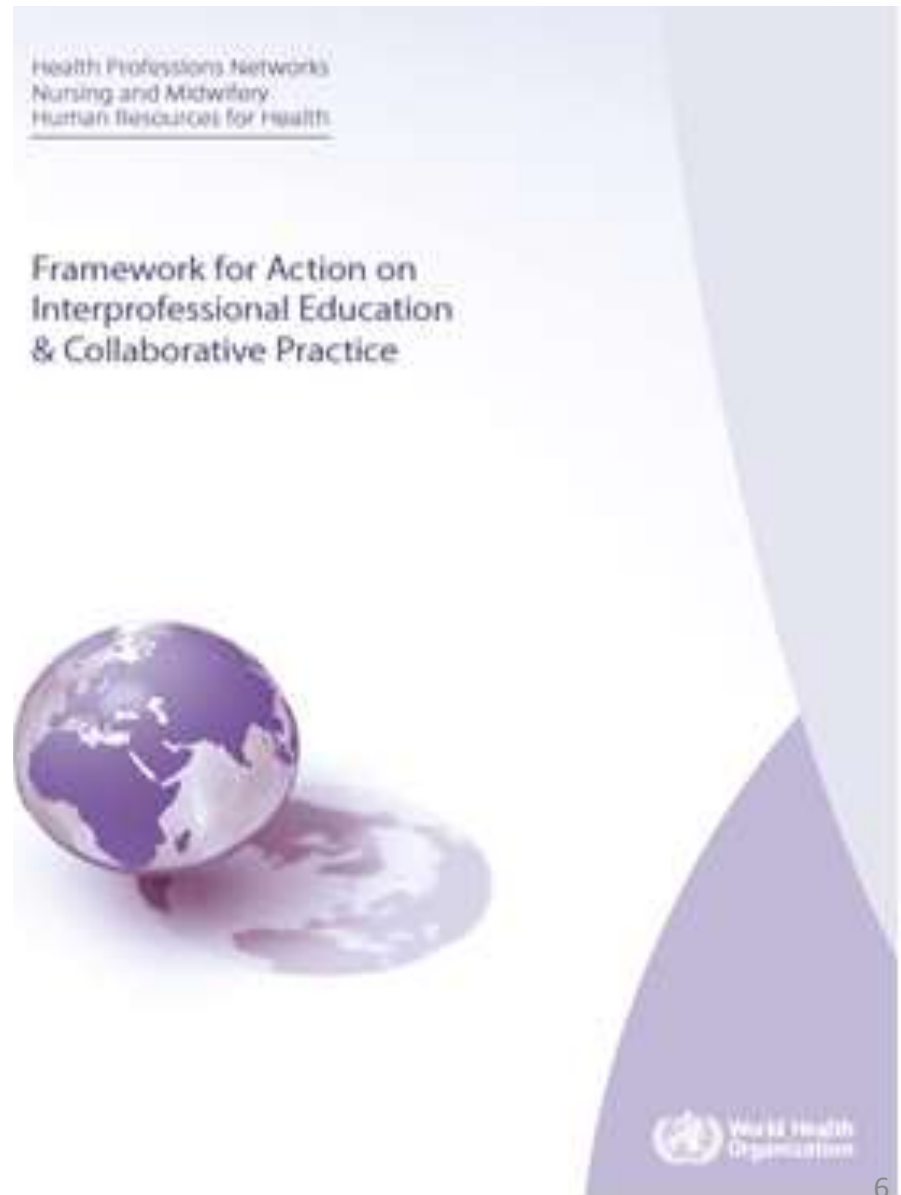
- Teamwork in health care as collaborative, comprehensive care that our clients/patients value and expectation
- To prepare health professional students with the knowledge, skills and attitudes necessary for collaborative interprofessional practice

IPE Development

- 1980: Recognized the need for IPE internationally
- 1986: The Journal for Interprofessional Care was first published
- 1987: Center for the Advancement of Interprofessional Professional Education (CAIPE) was established in UK
- 2003: Interprofessional Education for Collaborative Patient-Centered Practice Initiative was begun in Canada
- 2012: Held All Together Better Health (ATBH) Conferences

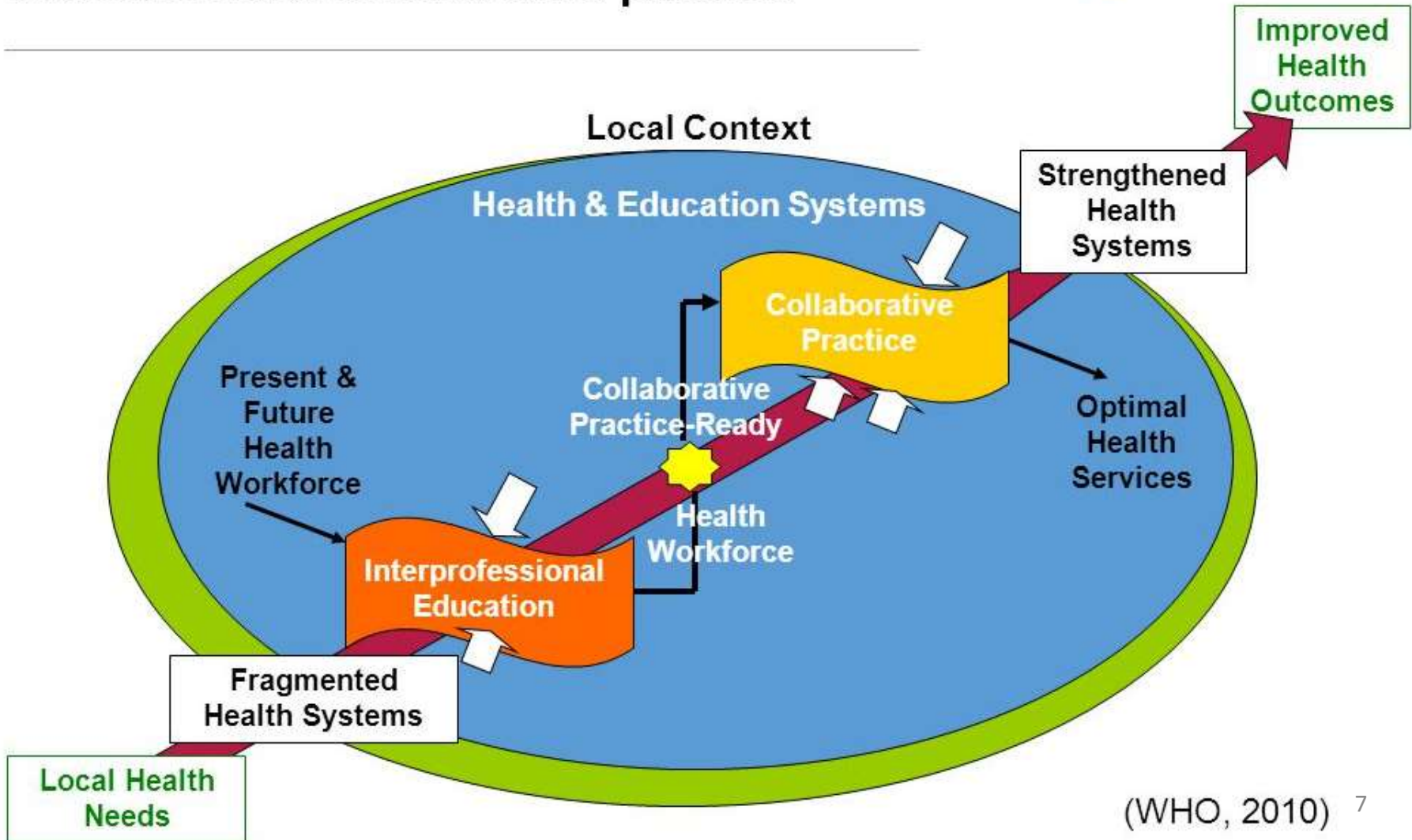
WHO Guidelines

**WHO Study Group
and World
Committee on
Interprofessional
Education &
Collaborative
Practice (2007)**



Framework for action on interprofessional education and collaborative practice

Leading Interprofessional
Collaboration
HEALTH SCIENCES



IPE Main Contents (Competency Domain)

1. Ethics and Share Values

- Work with individuals of other professions to maintain a climate of mutual respects and share value

IPE Main Contents (Competency Domain)

2. Role and Responsibilities

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served

IPE Main Contents (Competency Domain)

3. Teamwork and Leadership

- Apply relationship-building values and the principles of team dynamics to perform effectively and different team roles to plan and deliver patient/population centered care that is safe, timely, efficient, effective and equitable

IPE Main Contents (Competency Domain)

4. Learning and Reflection

- Aware of and can describe one's own thinking in a way that allows one to “close the gap” between what they know and what they need to learn

IPE Main Contents (Competency Domain)

5. Interprofessional Communication

- Communicate with patients, families, communities and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease

Benefits of IPE

- ❖ Shared Responsibilities
- ❖ Shared Problem Solving
- ❖ Shared Decision Making
- ❖ Shared Acknowledgement to each participant
- ❖ Teachers' Role
- ❖ Learners' Role
- ❖ Yours' Limitation

IPE in ASEAN: NUS

- NUS established a steering committee and students taking part in IPE
- IPE in core curriculum
- Develop team work skill in the core curriculum, faculty members find a gap in a hospital and then have students work together

(Dec. 2018)

IPE in ASEAN: Faculty of Medicine Siriaj Hospital, Mahiol University

- Train the trainers course with scenario and simulation based practice and teamwork in the operating room
- IPE model in School of Health Science, School of Medicine, Nurses, Lab science

(Dec. 2018)

IPE in ASEAN: University of Malaya

- IPE is integrated into the curriculum
- Develop IPE module named PILL (Prescribing Initiatives in Lifelong Learning)

(Dec. 2018)

IPE in ASEAN: University of Philippines, Manila

- IPE has been conducted through a community-based health program
- IPE activities: Family case management program, Students led projects, University funded faculty development program, National service training program

(Dec. 2018)

IPE in Myanmar

Medical and Allied Health Universities

- Pilot program in two universities (University of Medicine 1, Yangon and University of Nursing, Yangon) on 2017
- Evaluate the pilot IPE program
- Develop the IPE program based on findings of pilot program to be incorporated into the undergraduate students
- Implement the IPE program at these two universities

- Evaluate the effectiveness of IPE and to adopt the IPE model at other medical and allied health universities
- Conduct TOT Workshops for faculty from medical and allied health universities to develop IPE program



IPE in University of Medicine, Mandalay and Allied Universities

- Select IPE Facilitators from each medical and allied health universities (altogether 5 universities)
- TOT Workshop for facilitators



- Organize IPE Champions from each medical and allied health universities
- IPE Training for IPE Champions
- Develop IPE Program for undergraduate students



IPE Practice for first year students

(1) Medical students	308
(2) Pharmacy students	100
(3) Medical Technology	150
(4) Nursing students	200
(5) Dental students	100
Total	858

- Students from all universities are divided into 5 groups facilitated by IPE Facilitators and IPE Champions from all universities
- Each group is organized by every 5 universities
- Each group is visited to one of 5 medical universities to conduct One Day Seminar on Professional Ethics on IPE Forum





- Assessment : Pre and Post survey Questions
Reflective writing
Poster Presentation

Group 1 Poster

Optimal Care of Dengue Haemorrhagic Fever by Collaborative Management

Group 1

Students from UMM, UDMM, UMT, UON, UOP

INTRODUCTION: Background

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus (Breakbone Fever), mainly caused by Aedes mosquitoes. The fever mostly occurs in Africa, Southeast Asia and China, India, Latin America, South America, Australia, Southern Pacific. It shows such symptoms as fever, headache, muscle and joints pain, rash, vomiting. Five million people are infected annually, among them, about 25000 people die of DHF every year.



Roles of each profession

When the whole medical family from 5 fields comes and cooperate together, with no doubt, the outcome of a patient will turn out positive.

Roles of Nurses

- Obtain history of illness, age, presence of fever and other factors
- Monitor the vital signs and general well-being of patients every 1 hour
- Prevent spread of dengue inside the ward and hospital compound
- Send the appropriate specimen for diagnosis to laboratory as early as possible



Roles of Medical Technicians

- Detect the earliest change in laboratory investigations such as low WBC count, low platelets & metabolic acidosis etc.
- Detect viral antigens in serum, plasma and biomedical changes etc.

Objectives

To achieve optimal care of dengue haemorrhagic fever by collaborative management



Roles of each profession

Roles of Pharmacists

- Give health education to patients and attendants
- Tell them to avoid medicines with aspirin which could induce bleeding and unnecessary drugs eg antibiotics

Roles of Dentists

- Delegate a patient, suffering from toothache, who is diagnosed with DHF to a respective doctor

Roles of Medical Doctors

- Play fundamental aspect such as giving them information on injections, medicine prescriptions,
- Interact with patients, telling them what are good for them and what are not

Group 2 Poster

**HEAT
STROKE**

Collaborative Medical Care of Heat Stroke

Students from UMM, UDMM, MUON, UOPM, UMTM

Heat Stroke

Introduction

- **Heat stroke** (*sun stroke*, *siriasis*) is a medical emergency and can be fatal if not promptly and properly treated
- A form of hyperthermia characterized by a core temperature $>40^{\circ}\text{C}$ (104°F)
- **Prevalence:** 574 deaths in 2013, 561 in 2014, 797 in 2015, 1047 in 2016 (MGH)

Objectives

- To provide proper treatment of heat stroke by IPE and IPCP
- To be able to communicate with respective professional people
- To know each role and responsibility
- To develop effective teamwork and social skills

Roles of each profession in respective health problem

- **Dentists:** Removable of denture to prevent accidental choking
- **Doctors:** Diagnosis, Prescription, Management
- **Medical technologists:** required laboratory tests, X-rays and physiotherapy
- **Nurses:** nursing care (reduce body temperature using evaporation method, rehydrating, maintain normal blood pressure)
- **Pharmacists:** give pharmaceutical care, DIs & ADRs



Discussion

- We can get improved knowledge about the disease
- We can reduce medication errors and healthcare costs
- We can also improve patients' outcomes
- We should get mutually acceptable time and place and also focus only on the discussion
- We must respect to each other
- We must let the other person speak
- We must identify points of agreement and disagreement



Conclusions

- Find the best way to improve high quality of health care
- Develop our mutual respects among different professionals
- Know the importance of collaboration between professionals with the focus on the patient health care center.

Acknowledgement

Great thanks to

- our rector,
- respective IPE champions and facilitators,
- participating students from 5 universities,
- hospitality and service of UMM

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Group 3 Poster



COLLABORATIVE MANAGEMENT IN DIARRHEA

Students from UMM, UDMM, UON, UOMT, UOPM

ACKNOWLEDGEMENT

By participating in IPE program, we got a lot of new friends from different universities and come to know the different teaching styles of other universities. I think this programme benefits us a lot. So, I feel thankful to all the rectors of medical universities who allow to make this programme and also the teachers, tutors and guides who participate actively in this programme and explain us what we don't understand and guide us in what we have to do.

INTRODUCTION

Diarrhea is more frequent and more liquid bowel movements than normal. Diarrhea often is caused by an infection with bacteria, viruses or a parasite and toxin food.

Causes of diarrhea include: overuse of laxatives, inflammation of the lowest part of the intestine.

Abdominal pain and cramping, vomiting, fever, Chills, Bloody stools, Lack of bowel control are the symptoms of diarrhea.

Signs of dehydration include dry mouth, Thirst, dry eyes, infrequent urination, fatigue.

OBJECTIVES

General objective

To achieve the quality health care for diarrhea patients through collaborative practices

Specific objectives

1. To increase understanding and respect one's own profession to patients and colleagues
2. To evaluate one's own ability to work effectively in a team
3. To get familiar with clinical practice
4. To learn how to behave in a community
5. To increase knowledge of the other fields, disciplines in providing quality patient care

ROLES OF EACH PROFESSION IN TREATMENT OF DIARRHEA

Roles of Doctor

Doctors must order necessary medicines and also advise a treatment plan for the patients to eat BRAT diet, drink oral rehydration fluids, avoid caffeinated drinks.

Roles of Dentist

When the patient have diarrhea, they will suffer mouth sores, dry mouth, tongue inflammation and swollen gums. Dentists must give proper dental care. Dental managements are also effective to cure diarrhea. Dentists should often conduct lecture session.

Roles of Nurses

Nurses have to assess and record vital signs such as temperature, pulse rate, respiration and BP. They need to monitor intake and output accurately. They assess dehydration signs and frequency, color, amount of faeces.

Roles of Pharmacist

Pharmacist provide necessary medicine according to the treatment regimen such as Loperamide for anastatic, Cram, fental for enzyme agents, Gamolit for oral rehydration, Quinolone(antibiotics).

Roles of Medical Technologist

They have to make diagnostic tests such as blood test (concentration of haemoglobin, CBC), stool test (bacterium and parasites), imaging test (CT, MRI and other scanning test)



DISCUSSION

We were come from (5) different medical allied universities and this is the first time we met. First difficulty is that we are not familiar with each other. To make friendship between us, we introduced ourselves. And a presenter from each university discussed about their roles and ethics respectively. If we don't understand clearly, we asked them. To accomplish E-poster about diarrhea, we divided topics. During dividing the tasks for each university, we have difficulties which university is going to take what tasks. Each university takes the task of each profession. We have different opinions so there're some problems between us, but finally we figured out the best opinion.

CONCLUSIONS

In conclusion, thanks to the IPE programme, we come to understand roles of each category. By doing this IPE programme, we got more friends and improve more social skills. We got more knowledge about diarrhea as we have to search it. Since we have learned how to collaborate with each other, we are sure that there will be as less conflict as when we work together. Doctors, alone can't cure disease. We need to cooperate with nurses, pharmacists and medical technologists. In the case of oral, we have to collaborate with dentists. Therefore, collaboration is a must. Since IPE programme fosters collaboration among us, we expect this programme next year and years.

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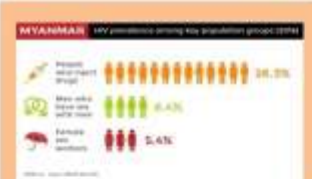
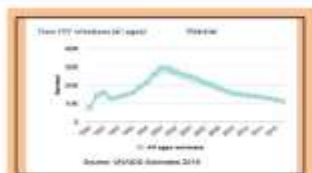
Group 4 Poster

Collaborative Care of HIV

Students from UMM, UDMM, UON, UOP and UMT

Introduction to HIV

- HIV is a virus that attacks the human immune system and weakens the ability to fight infections and diseases.
- HIV is the final stage of AIDS infection, where the body can no longer fight life-threatening infections (PHE, 2013).
- AIDS-related death is the tenth leading cause of death worldwide (WHO, 2015).
- There is no cure for HIV until now, but there are treatments to enable most people with the virus to live long and healthy life.
- HIV (Human Immunodeficiency Virus) is a sexually transmitted infection and occurs by contact with or transfer of blood, pre-ejaculate, semen and vaginal fluids.
- HIV attacks your immune system, and when it becomes very weak, all the acquired Immune Deficiency Syndrome (AIDS) your body without treatment, average survival time is estimated to be 8-11 years.
- In Myanmar, 220,000 people were living with HIV and 6700 people were died due to AIDS (UNAIDS, 2015 estimated).



Objectives

- To reduce the prevalence of HIV/AIDS in Myanmar by collaborating with all medical professionals
- To give effective treatment to all HIV/AIDS patients in Myanmar by collaborating with all medical professionals
- To provide health education about HIV/AIDS with all people in Myanmar and focus on priority population by collaborating with all medical professionals
- To offer patient safety by collaborating with all medical professionals

Diagnosis

HIV can be tested in blood, oral fluid, and urine.

The following test are used:

1. NAT (Nucleic Acid Test)
 - detect virus in blood
 - can give positive/negative result or amount of virus present in blood
 - early stages of infection
 - very expensive
2. Antigen / antibody test (ELISA) (enzyme-linked immunosorbent assay)
 - ELISA detects HIV that produce antibody and antibody
 - If you have HIV, antigens (p24) are produced before antibodies develop
 - in late / chronic stage
3. Most rapid test: Rapid test
 - laboratory based antibody screening test (takes several days)
 - rapid antibody screening test (10 minutes or less)
 - and final antibody test (1-2 weeks)



Treatment of HIV

- The drugs used to treat HIV are called antiretroviral drugs (ART).
- The World Health Organization (WHO) has recommended a combination of antiretroviral drugs for people starting HIV treatment (WHO guideline).
- After ZTC (Zidovudine + Zalcitabine) + AZT (Zidovudine) + 3TC (Lamivudine).
- The goal for 2 medicines per day:
 - (1) control the growth of the virus
 - (2) improve their health and immune system
- (3) slow or stop symptoms, and
- (4) prevent transmission of HIV to others.
- Pharmacist can recommend, provide, and assist in the interpretation of HIV testing. They can help with drug-drug interactions, adherence and help of patients for long-term treatment.
- Urgency to patients:
 - Individual genetic
 - Gender
 - Interaction with other drugs
 - to use drug when the patient already used drugs and give him suitable drugs
- Treatment adherence: reminding patients to keep treatment dose.
- Emergency ART drugs post exposure prophylaxis (PEP).

Prevention

- Use and find out if you or your sexual partner has HIV.
- Use condoms during sex.
- Use only sterile drug injecting equipment.
- Blood products and organs must be tested before transfusion and transplant.

Roles of nurses

- As primary level, education of behavior before procedures.
- 24 hours on hand, has assigned the HIV virus, nurses can help by teaching healthy behaviors for living with the virus.
- Collecting and giving health information and support to patients complete the required components.
- Active practice to act stabilize actively guide decreasing substance use.
- Active sleep patients and labor factors that may be aggravating factors.
- Encourage clients education of danger if any medications have been added to regimen.
- Discuss reality of patient's feelings of isolation and identify limitations imposed by fatigue state.
- Monitor to see previous food intake or vomit (risk factor), sleep pattern and care for their food pattern.



Roles of dental surgeons

- The mouth may be the first part of our body to be affected.
- HIV infection may increase risk of: Mouth cancer, Thrush, Cerebral toxoplasmosis.
- HIV can cause oral mucosa pain and mouth lesion.
- Oral symptoms of HIV:
 - (1) Dry mouth and weak taste
 - (2) Candida
 - (3) Oral hairy leukoplakia
 - (4) Oral thrush
 - (5) Oral hairy leukoplakia
 - (6) Kaposi's Sarcoma
 - (7) Atypical oral glands
 - (8) Stomatitis (mouth sores)

Discussion

- HIV is a virus that attacks the human immune system and weakens the ability to fight infections and diseases.
- HIV is the final stage of AIDS infection, where the body can no longer fight life-threatening infections (PHE, 2013).
- AIDS-related death is the tenth leading cause of death worldwide (WHO, 2015).
- There is no cure for HIV until now, but there are treatments to enable most people with the virus to live long and healthy life.
- HIV (Human Immunodeficiency Virus) is a sexually transmitted infection and occurs by contact with or transfer of blood, pre-ejaculate, semen and vaginal fluids.
- HIV attacks your immune system, and when it becomes very weak, all the acquired Immune Deficiency Syndrome (AIDS) your body without treatment, average survival time is estimated to be 8-11 years.
- In Myanmar, 220,000 people were living with HIV and 6700 people were died due to AIDS (UNAIDS, 2015 estimated).

Conclusion

- To save up, early detection is the key to slowing the spread of disease so it can lead to early treatment and better health outcomes so that more people will live long, normal lives with people.
- In addition, we should also provide social support and emotional support to patients with HIV.
- With the most effective approach of all forms of medical professionals, the social form of HIV people will be dramatically reduced and they will also become healthy and happy in their lives.



Acknowledgement

First, and foremost, we would like to express our gratitude to Prof. Dr. C. Khin Mye Linn (Chairman), Prof. Dr. Aye Aye Win (Chairwoman) and Prof. Dr. Aye Aye Win (Chairman) for their support and guidance in this project. We also thank the members of the Myanmar Medical Association (MMA) for their support and guidance in this project.

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Group 5 Poster

Collabractive Medical Care in Management of T.B Patient

Students from UMM, UDM, UON, UOP, UMT

Introduction

- An infectious bacterial disease characterized by the growth of NODULES (tubercles) in the tissues, especially the lungs.
- The CULPRIT – *Mycobacterium tuberculosis*
- The bacteria usually attack the lungs, but T.B bacteria can attack any part of the body such as the kidney, spine and brain.
- If not treated properly, TB disease can be fatal.
- About 1.4 billion people are infected with tuberculosis.



X-ray of Tuberculosis

Objectives

- ☐ To give the complete treatment of to the T.B patients
- ☐ To minimize the risk of death and disability
- ☐ To reduce the transmission of T.B to other persons.

Roles

(Doctor)

- Take patient's medical history, physical examination and prescription of drugs.
- Instruct the facts that should do and don't to the patient.

(Dentist)

- Cure the oral lesions of T.B by examining the oral fluid.

(Medical Technologist)

- Blood Investigation
- X-ray test
- Phlegm test (Sputum Examination)

(Pharmacist)

- Drugs for T.B
- Check the medicinal allergen of the patient
- Give the suitable drugs for the patient

(Nurse)

- Give health education to their relatives or carers to prevent lapses in treatment
- Give cheerful encouragement to the patients who has been irritability, depression after being informed of his condition.

Discussion

- T.B, the disease caused by *Mycobacterium* is transmitted through the air when the patient with T.B coughs, sneezes, or talks.
- For a T.B patient, all the medical workers look after, take care and give instructions, prescriptions all he needs.
- Although there may be some obstacles with men, facilities, money, mutual respect, patient preferences and effective collaboration of medical workers, we can get victory with collaboration power.

Conclusion

- T.B can be usually cured by collaborative treatment with doctors, nurses, pharmacists, medical administrators and dentists.
- It can reduce medical errors and improve the health care system by making the collaborative practice.
- IPE and IPCP are necessary steps in preparing the collaborative treatment which can promote the local health needs.

Acknowledgement

Special thanks to all Rectors from respective universities, facilitators and partners for this IPE program.



References

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Presented by
Group V

Group 6 Poster

MANAGEMENT OF ORAL CANCER BY COLLABORATION

STUDENTS FROM UMM,UMTM,MUON,UDMM,UOPM

WHAT IS ORAL CANCER?

CANCER IS DEFINED AS THE UNCONTROLLABLE GROWTH OF CELLS THAT INVADE AND CAUSE DAMAGE TO SURROUNDING TISSUES.

ORAL CANCER APPEARS AS A SORE IN THE MOUTH.

ORAL CANCER INCLUDES CANCERS OF LIPS, TONGUE, CHEEKS, FLOOR OF MOUTH AND PHARYNX.

IT CAN BE LIFE THREATENING IF NOT DIAGNOSED AND TREATED EARLY.

ORAL CANCER CAN CAUSE BY SMOKING, EXCESSIVE CONSUMPTION OF ALCOHOL, CHEWING BETEL LEAVES, PAST HISTORY OF CANCER.

IN UNITED STATES, BETWEEN 1999 AND 2015, ORAL CANCER INCREASED 5% (FROM 10.9 TO 11.6 PER 100000).

BUT DEATHS FROM ORAL CANCER DECREASED 7% (FROM 2.7 TO 2.5 PER 100000).

IN MYANMAR, FROM 1965 TO 1975, AVERAGE INCIDENCE RATE OF ORAL CANCER WAS 343 PER 100000 POPULATION.

ACCORDING TO WHO, THERE ARE AN ESTIMATED 457000 NEW CASES OF ORAL CANCER.

ROLES OF EACH PROFESSION IN TREATMENT OF ORAL CANCER

ROLE OF DENTISTS

EARLY DIAGNOSIS:

BE VIGILANT AND SUSPICIOUS, ALWAYS EXAMINE MUCOSA AND TETH, PERFORM BIOPSY APPROPRIATELY.

AFTER TREATMENT:

MANAGE SIMPLE DENTAL PROBLEM, MONITOR FOR CERVICAL(LYMPH) METASTASIS, PROVIDE ADDITIONAL SUPPORT TO PATIENTS.

Role of Doctors

- Look into ulcer's area
- Biopsy tumor of ulcer's area
- Make an operation to know type of tumor and stage
- Give medical prescription to treat the patient from cancer
- Post cancer treatment
- To help the patient to rehabilitate

Role of Medical Technologist

Biopsy - Only a biopsy can confirm an oral cancer diagnosis. A sample of tissue or cells is required for a biopsy. A small piece of tissue is cut from an abnormal-looking area.

Radiation therapy uses high-energy rays to destroy cancer cells.

The following types of radiation therapy are most commonly used to treat oral cancer:

1. External beam radiation therapy
2. 3D conformal radiation therapy (3D-CRT)
3. Intensity-modulated radiation therapy (IMRT)

(2) Brachytherapy (Internal radiation therapy)

(3) Intraoral brachytherapy

(4) External beam

Role of Pharmacists

Pharmacists are responsible for the quality of medicines supplied to patients ensuring that the medicines prescribed to the patients are suitable. Pharmacists advise patients about medicines, including how to take them, what reactions may occur and answering patients' questions.

ROLE OF NURSES

- Help the patient to be comfort.
- Make sure that patient take the right dose and right drugs on the right time.
- Clean the ulcer's area
- Explain the associated risk factors, treatments and care plan to the patient.

DISCUSSION

THE BEST PATIENT CARE CAN BE RESULTED FROM COLLABORATION OF DIFFERENT PROFESSIONS. THERE IS NO ARGUMENT IN OUR GROUP & WE UNDERSTAND EACH OTHER BY COLLECTING THE FACTS ABOUT OUR 6- POSTER TOPICS, 'ORAL CANCER'. WE BECAME FRIENDS AFTER PREPARING FOR THIS TOPIC.

OUTCOMES OF IPE

- ✦ CONTRIBUTES TO TEAMWORK AND COLLABORATION BETWEEN HEALTH PROFESSIONALS FROM DIFFERENT DISCIPLINES
- ✦ GATHERS THE SKILL OF THE PROFESSIONS
- ✦ BREAKS DOWN BARRIERS BETWEEN THE PROFESSIONS.
- ✦ ENHANCES RELATIONS AND UNDERSTANDING OF COMMON (SHARED) VALUES.

CONCLUSIONS


ORAL CANCER IS A COMMON DISEASE MOSTLY ASSOCIATED WITH TOBACCO AND ALCOHOL USE. SO, IT IS IMPORTANT TO PREVENT AND TREAT ORAL CANCER EFFECTIVELY. TO PERFORM THIS, ALL THE MEDICAL PROFESSIONS MUST BE COLLABORATIVE. ONLY IF THE BEST PATIENTS' OUTCOMES WILL BE ACHIEVED.

ACKNOWLEDGEMENT

FIRST OF ALL, WE WOULD LIKE TO THANK EVERYONE WHO HAS CONTRIBUTED TO ORGANIZING THE IPE PROGRAM. SECONDLY, WE WOULD LIKE TO SAY "THANK YOU" TO ALL VICTORIES, TEACHERS, STAFF FACILITATORS AND STUDENTS WHO ATTEND THIS PROGRAM. LASTLY, WE WOULD LIKE TO THANK THE GROUP (U) MEMBERS WHO TRIED THEIR BEST TO MAKE THIS 6-POSTER.


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INTERPROFESSIONAL COLLABORATION

We tried our best!



Group 7 Poster

Collaborative Medical Care of Road Traffic Accident(RTA)

Group 7(Students from UMM,UDMM, UOP, UON, UOMT)

Introduction

What is RTA?

A road to traffic accident occurs when a vehicle that is moving along a roadway collides with another vehicle or object.

e.g. when you run a red light and hit a car going in the other direction, this is an example of a road traffic accident.

Annual road traffic fatality rates

- Low-income countries-24.1 per 100,000 (highest)
- High-income countries-9.2 per 100,000(lowest)
- Middle-income countries-53percent of world's

Objectives

1. To save patients' lives immediately and accurately
2. To get more information about patients' health
3. To do in harmony, serving best each own duties for patients
4. To get experience and knowledge about different roles and responsibilities
5. To close the gap and to support collaborative patient care



Role of each professions in each respective health problem

Role of Doctor

- Came to analyse the current condition of the patient.
- Give instruction
- After making X-ray photograph, determine how to pay treatment to patient.
- Send patient to the operating theatre for giving surgical treatment to the respective parts.
- After surgery, the doctor keeps on checking the patient's circumstance.

Role of Nurses

- Check for injuries
- Reach out to the injured people, see if they are bleeding from any part of the body, try to stop the bleeding immediately with the help of a cloth by pressing the wound with palm
- Analyse the doctor
- Need to check the type of blood if the blood is needed for the patient
- Collect the blood, carry the patient to OPT and take the vital signs after OPT
- According to the physician's order, give medication to the patient
- Give necessary care for patient and wound.
- Give continuing care to the patient until he discharges from hospital.

Role of Medical technology

- Take blood samples.
- Test for other pre-existing disease.
- CT scan(Computerized axial tomography scan) for the damaged head and MRI scan for the whole body.
- Report to doctor
- After surgery, physiotherapy rehabilitation for the broken leg.
- Physiotherapy
- Speeds recovery, prevent lasting damage, reduce pain and prevent surgery
- It can help with RTA.



Role of Pharmacists

- Patient Consultation
- Prepare quality and safety of medicines
- Improve patient condition (e.g. If the patient has any allergic about this medicine pharmacists tend to be take about it.)
- Dose calculation
- Identify current or potential drug therapy problems
- Prescribe the clear information about drugs.

Role of Dentists

- Check face and dental injury (tooth damage, tooth loss, jaw fracture and any dental problems)
- Treat oro-facial injuries and lost teeth to prevent dislodgement into air way and choking (emergency)
- Give necessary treatment for jaw fractures (at suitable time)
- Rehabilitate the masticatory problem, improve aesthetic, masticatory function.



Conclusion

Inter-professional Education (IPE) is to prepare health professional students with all necessary skills and the teamwork for health care of patients. Its purpose for the best medical care for patients. It made so many new friends from another university in medical field. Since studying medicine is a life-long learning, we believe, these friends will meet again when we grow older. We are very thankful to this program. Within this short period, we became best friends forever. We worked together, ate together, laughed together and we had a very wonderful time. Hey guys! Thank you all and love you all. Let's see again.

Discussion

In giving treatment to a patient, there are different difficulties whoever in the medical field are facing for the best health care.

For example,

- Shortage of necessary medicines
- Difficulty in treatment when the patient can't afford to buy medicines
- Insufficient amount of blood
- Encounter of OC (Open and Close) condition

In such conditions, all professionals in medical field must try together to solve the problems. As a result, we can give the best treatment as much as we can.

Acknowledgement

Firstly, we really thank ones who cordially celebrate in this IPE program; the tutors and facilitators from each university in medical fields. Special thanks to who went to abroad and approach to IPE for medical students to rival with ASEAN countries, next with the world. Lecturers they gave us an effective and valuable for this E-poster presentation and thank Green Hills coffee for coffee time. During making this presentation, we faced with more or less difficulties. But we can pass all the difficulties with our unity. Thus, we also thank to members in Group(7) from each university. We can show our teamwork by seeing our presentation. What I want to say is that let's learn together, work together and do best together for patients' health. To sum up, special thanks to all we need to thank.

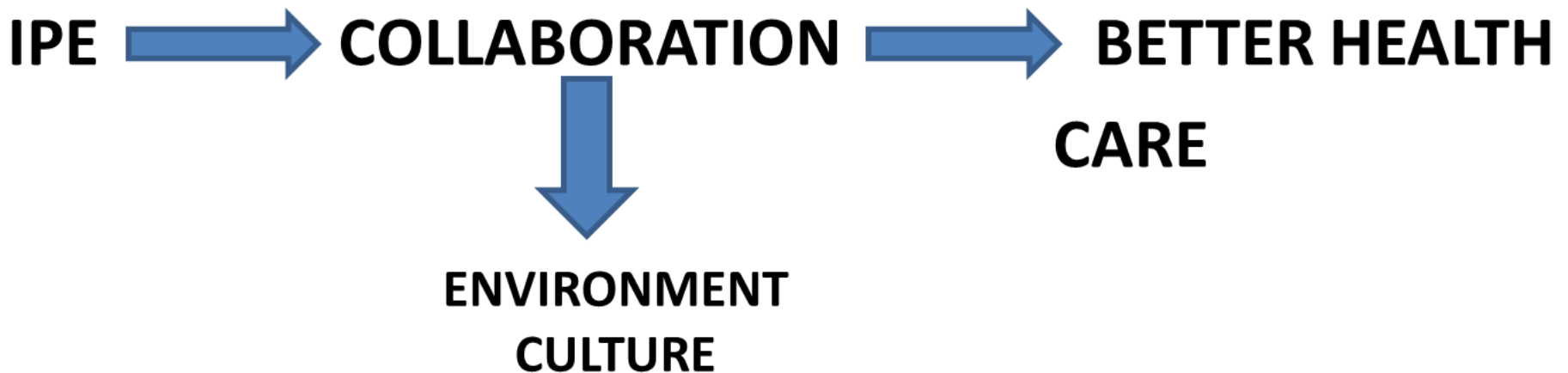
References

- Google



Future Plan

- Develop IPE Model to achieve IPE Competency Domains throughout the undergraduate training program





THANK YOU FOR YOUR ATTENTION