

Building IPECP into community health promotion

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Due to its culturally and linguistically diverse society, high prevalence of communication disorders, resource limitations, and fragmented healthcare services, South Africa (SA) needs to integrate interprofessional education and collaborative practice (IPECP) into community health promotion. IPECP in health professions education is necessary in preparing ‘collaborative practice-ready’ health care professionals who are socially accountable and prepared to respond to local health needs.^[1] Integrating IPECP strategies into existing curricula and placing interprofessional students at the same clinical sites can promote collaborative education and practice. Providing students with interprofessional clinical practice experience provides real world experience and insight, while enhancing an understanding and respect for other professionals.^[2]

Why was the project necessary?

As primary healthcare settings are often the first point of entry to healthcare for many patients, providing IPECP services in PHC contexts can improve access to and coordination of healthcare services (Fig. 1). Implementing interprofessional activities in community settings may assist in improving patient experiences by providing holistic care, and assisting in improving the health of community members, is a goal of health promotion.^[3]

What approach was used?

Fifty senior Speech Language Pathology & Audiology (SLPA) students were placed at a variety of primary healthcare and community sites during their practical rotations of their third year of study. This practical module serves

to apply professional functions with special reference to the promotion of normal hearing and communication skills; through prevention, training and collaboration in communities. Students are expected to share knowledge and insights in multi-professional case presentations, work together across disciplines to provide collaborative and integrated services, and work closely with community members. Students are also required to provide self-reflections and feedback in meetings and discuss their learning experience(s).

What were the lessons learnt?

Feedback from the students as well as supervisors, patients and team members at various sites indicate an array of barriers related to language and cultural barriers, infrastructure and feedback from stakeholders (Table 1).

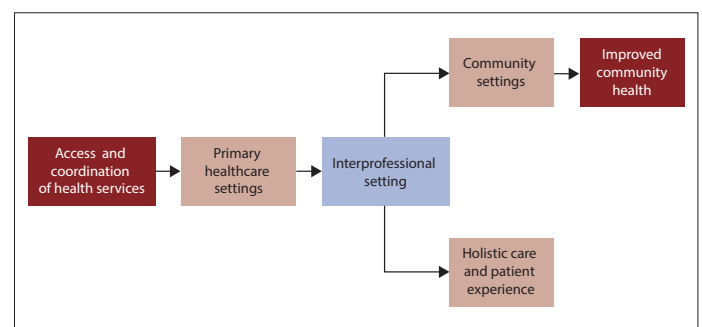


Fig. 1: Interprofessional Collaborative Care in primary healthcare settings.

Table 1: Lessons learnt

| Barriers | Description and/or solution |
|-------------------------------|---|
| Language and cultural factors | Language and cultural disparities can hinder healthcare communication. Cultural competence and interpreter support are crucial. |
| Infrastructure | Reliable technology and internet access are vital for effective interprofessional education and communication. |
| Transportation and access | In South Africa, inadequate transportation systems impact healthcare and education accessibility, particularly in rural areas. Flexibility is required owing to logistical challenges and resource limitations. |
| Loadshedding considerations | Loadshedding schedule impacts planning and operations. Flexibility and logistical planning are necessary due to power load shedding, highlighting resource limitations. |
| Stakeholder feedback | Students struggle with scope of practice, team roles, and assessing required support. Improved time management and communication skills are noted. |
| Interdisciplinary learning | Working with other professionals improves understanding, expands roles and enhances patient care quality. |
| SLPA student Involvement | <p>Involvement leads to better relationships, improved access to healthcare, enhanced communication and increased community buy-in.</p> <ul style="list-style-type: none"> • Students find it difficult to work in a broader capacity and are confused by their scope of practice v. their role in the team. • It is sometimes challenging for students to assess the level of scaffolding required, depending on the team member they are engaging. • Students developed improved skills in time management, and are increasingly able to answer questions and provide information while becoming ambassadors of their respective professions. • By working with other professionals, SLPA students’ understanding of other disciplines was improved, and role expansion occurred, ultimately improving the quality of care they provide to patients. • SLPA student involvement at the various sites have led to improved relationships, better access to healthcare services, enhanced communication between professionals and community members, and have improved the buy-in to healthcare services at a community level. |

While these challenges were identified, a solutions-based approach is being used to address them and refine the intervention.

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2. Ruebling I, Eggenberger T, Frost JS, et al. Interprofessional collaboration for healthcare improvement. *J Interprof Educ Pract* 2023;33: 100675. <https://doi.org/10.1016/j.xjep.2023.100675>

3. Martin P, Pighills A, Burge V, Argus G, Sinclair L. Promoting interprofessional education and collaborative practice in rural health settings: Learnings from a state-wide multi-methods study. *Int J Environ Res Public Health* 2021;18(10):5162. <https://doi.org/10.3390%2Fijerph18105162>