

## Abstracts of the 4TH AfriPEN Conference

### IPECP: Are we making a difference in Africa?

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#### Using games to clarify the interprofessional roles and build a repository of curricula activities

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Understanding the roles of the other members in the interprofessional education (IPE) team is important to know. Currently, we never assess our understanding of the other roles, and assessment is confined to case management and client care. Introducing games in the classroom is a promising opportunity to create a sense of community, even more so within a virtual class. Using games, teachers can build relationships with students and give students a chance to retain theory in a relaxed manner. The objective is to share two games that have been developed for the purposes of understanding the interprofessional roles played by the IPE team that were developed during the COVID-19 pandemic.

The first example is the Kahoot game-based learning platform that was used to generate a multiple-choice quiz that was accessed via a web browser or the Kahoot app, by students during the orientation programme at the beginning of their second-year programmes. The second example is an interactive game developed to track the ability to differentiate between the different roles of the IPE team members. The four IPECP domains inspired the production and development of the interactive game. A common value/ethic to providing quality teaching is the role/responsibility for the production and content to be developed, interprofessional communication that speaks across education and technology, and the functioning and identification of a team and teamwork.

The complete level 1 of the game can be accessed, and game analytics have been added as a feature to track progress. The potential for simulation case engagement at level 2 offers a deeper application of the IPECP interactions. Lessons and learning continue as this is still a work in progress. We continue to explore the possibilities, to seek opportunities to test and see where this could potentially be of value to the health professions education and technology, and design environment, globally. The contribution is largely to education, but it also has potential for the world of work and future professions.

No ethical clearance was required as this was material development and not a research study. This contribution to material development can add to the resource repository of IPE educational material for use across institutions.

#### A design thinking approach to developing an online curriculum in interprofessional education in health in South Africa

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The design of contemporary curricula in health professions education in South Africa is constantly evolving, as there is a need to ensure that students are adequately prepared to work in complex health care environments where better health outcomes are achieved. The World Health Organization (WHO) proposes that one way to accomplish this is through interprofessional education, where students from two or more professions learn from one another in order to improve the health and safety of patients. In addition, the cosmopolitan make-up of the diverse South African classroom often reflects the socio-cultural idiosyncrasies of society, and as such, curriculum design has to be reflexive and responsive to the needs of modern society in Southern Africa. Therefore, this article reflects on the design of an introductory module of a postgraduate diploma in interprofessional education and health at a historically disadvantaged institution (HDI) in South Africa, where a student-centered approach to learning and teaching is adopted.

Using a design thinking approach, we carefully constructed and aligned an introductory module in interprofessional education and health by drawing on Miller's pyramid of competencies to design a curriculum that considers how various forms of knowledge, skills and competencies could be achieved. Taking into account the remote learning environment, this article will also consider the importance of educational technologies in the design process of this online curriculum. The aim of the article would be to describe the curriculum design process of an interprofessional module in a postgraduate diploma curriculum in health sciences education. A design-thinking approach was used to develop this postgraduate programme as it provided a solution-based approach to include practitioners who have not been exposed to an interprofessional curriculum as part of their training.

Although the WHO has called for interprofessional education and collaborative practice to be included in higher education, there remains a cohort of health professionals in the current health system that have not been exposed to this approach. This article will unpack the use of the five-stages of the Design Thinking model in this postgraduate diploma, i.e., Empathise, Define (the problem), Ideate, Prototype, and Test in order to critically appraise the student-centered approach to learning and teaching. The article will unpack the four themes covered in this module over the course of a semester: i) Concepts of Interprofessional Education and Collaborative Practice, ii) Theory of ethics and professionalism, iii) Ethical dilemmas and principles, and iv) IPE Assessment Principles and Methods.

The duration of the module was over a semester and was fully online due to the COVID-19 pandemic, but also to attract students across the world. The instructional design of this module included educational tools like the university's LMS, Google Suite, TED-Ed, Flipgrid, jamboards, webinars, presentations, Kahoots, and guest speakers. This article will demonstrate how an interprofessional education module with a focus on theories, models and concepts can provide the foundation for students to understand the importance of IPE in order to transform the future of health care in South Africa.

## On URL marks, get set, AMAZING RACE!

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In an effort to guide and advance interprofessional learning experiences, curriculum development, and a workforce ready for collaborative practice, the Interprofessional Education Unit at the University of the Western Cape uses a scaffolded approach in its interprofessional curriculum. The activities incorporated into this curriculum allow students to engage with and achieve the four interprofessional core competencies: i) values and ethics; ii) roles and responsibilities; iii) interprofessional communication; and iv) teams and teamwork. The Interprofessional (IPE) Amazing Race was developed as a component in the senior phase of the health professions education curriculum. The need for this activity stemmed from the fact that many of the existing IPE activities were more theoretical in nature. The IPE Amazing Race was transformed into a virtual event during the COVID-19 period.

The Amazing Race concept, a contemporary, well-known mode of activity, incorporates multiple small activities that need to be completed at each stage before progressing to the next. At the start of the adapted IPE Amazing Race, all students and facilitators met in the main Zoom room, where the organising staff outlined the process and rules of the race and provided the link to the race's first leg.

The IPE Amazing Race comprised six legs executed on various online platforms. Leg 1: The students followed the link to a YouTube video. The video described four team roles: facilitator, scribe, rapporteur, and timekeeper. At the end of the video, student teams were directed to a Google Form where they needed to allocate team roles to each team member. Upon submission of the form, students were provided with a link to the second leg of the race. Leg 2: Students were directed to a Google Form. The description of the Google Form included a letter of complaint from a fictitious patient. The patient was invited to an interprofessional team meeting as part of a shared decision-making process (SDM). After reading the letter, teams were expected to identify the ethical principle that was violated, provide motivation for the violated principle identified, and explain how hospital management could avoid the recurrence of this incident. These answers were once again populated in Google Forms. When teams submitted the form, they were given the link to the next leg of the race. Leg 3: Teams were directed to a thread of tweets by an employee who expressed dissatisfaction with work-related communication. After reading the Twitter thread, students were redirected to Google Forms, where they were instructed to submit a 140-character (the length of one tweet) response to the employee. Upon completion, they were given a link to the next leg of the race. Leg 4: Teams learned about a patient diagnosed with COVID-19. The case study elaborated on the patient's subjective information, including her medical history, family, occupation and duties, and means of transportation. By developing a shared understanding, teams were expected to determine three objectives for interventions, the prevention interventions, and the professionals needed to achieve the objectives. Once the team submitted their answers on the Google Form, they received the link to leg five. Leg 5: Student teams were given

a chance to reflect on the race. Students were presented with an image that described the four interprofessional core competencies. Students were asked to describe how the race enhanced or developed teamwork competencies. Students typed a 350-word reflection into the Google Form, which, upon submission, gave them the link to the final leg of the race. Leg 6: Students were directed to a post on the Interprofessional Education Unit Facebook page for the final leg of the race. The post included a video that demonstrated the instruction, where students had to choose a pose that would result in the creation of an image using their picture or video tiles in the virtual meeting.

Planning, designing, and facilitating interprofessional learning is challenging but achievable through the creation of innovative, authentic IPE activities. The IPE Amazing Race is a fun, interactive way to engage with and demonstrate the interprofessional core competencies students have acquired in the junior phase of the scaffolded interprofessional curriculum. The benefits of this activity include increased student engagement, communication, shared leadership, and teamwork.

## Proposed elements of a curriculum for interprofessional education about environmental sustainability in a School of Healthcare Sciences, in South Africa

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One of the largest threats of our time is against the health of planet Earth, which is increasing relentlessly. The healthcare sector is one of the largest contributors to climate change, which poses a peril to human health. Healthcare professionals must, therefore, be equipped with knowledge, skills, and attitudes to mitigate the degradation of the environment.

A document analysis was carried out to identify content, teaching-and-learning strategies, and assessment strategies for consideration when planning the inclusion of environmental sustainability into the undergraduate curriculum of healthcare professions. The data were analysed through deductive thematic analysis and subsequent inductive analysis of learning content using the five domains of the Planetary Health Education Framework:

1) interconnection with nature, 2) the Anthropocene and health, 3) systems thinking/complexity-based approaches, 4) equity and social justice, and 5) movement building and systems change. Proposed teaching and assessment strategies were mainly active forms, such as case studies and reflection. Practical suggestions for integration into the School of Health Care Sciences at a South African university are presented.

The findings can inform future curricula development and revision around environmental sustainability and planetary health in health-professions education. A structure for embedding the findings in a specific interprofessional course over four years is proposed based on the findings. Action research is recommended for implementing and improving these elements in the curriculum.

## **Achieving schools of belonging and flourishing through interprofessional collaboration**

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With the surge of substance use in secondary schools, it is necessary to address this from a new perspective. An interprofessional team has used storytelling to understand the lived realities of children in a selected secondary school in Mamelodi, South Africa. Interprofessional intervention has occurred through discussions with parents, workshops with teachers and group sessions with learners.

In this school, the team is piloting an innovative approach to addressing the complexity of social challenges evident within this particular environment. The school teachers, parents, and learners are part of the team, focused on making a tangible difference. Policy responses cannot include a one-size-fits-all response to a multi-dimensional problem. It requires a multi-sectoral and community-centered approach.

Substance use is a symptom of the various deeper challenges that exist within this context. When the focus of the intervention is changed from a problem-based understanding to addressing positive behaviour, belonging and flourishing - the entire school and community benefit.

## **Exploring strategies to promote interprofessional collaborative practice in spinal cord injury rehabilitation at a private South African hospital group**

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An IPCP approach in a hospital environment has proven to improve health outcomes and patient safety, as well as reduce a patient's length of stay with improved utilisation of available resources. Although this approach was desired at a private hospital group, the specific strategies for clinical guidelines and capacity management pertaining to spinal cord injury patients were not known.

An exploratory descriptive qualitative study design consisting of three online focus groups was conducted ( $n=13$ ). The transcriptions were analysed thematically using Braun and Clarke's framework. All ethical considerations were adhered to.

The results indicated various communication methods that could be applied within the hospital setting. Clinical guidelines could be developed into an application that would enhance frequent integration and feedback. The administrative tasks would benefit from including IPCP tasks to ensure that this could be monitored.

Through implementing the IPE and IPCP strategies identified in this research study, organizational change will occur, which will support collaboration, learning, communication, patient-centered goal setting, and

consistency of care. This is to ensure that each spinal cord injury patient receives high-quality of care in a safe and supportive environment to achieve favourable functional outcomes.

## **A community partnership as a vehicle to increase access to oral care for geriatrics**

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Geriatric populations are often underserved and marginalised, particularly in poor communities. Community-driven geriatric organisations in disadvantaged communities in South Africa strive to enhance the quality of life for the elderly. In most instances, these spaces create an environment that enables social interactions with peers and skill development opportunities for geriatrics. IPE in health happens when academics, health professionals, and disciplines learn about enabling effective collaboration that improves health outcomes. Many of the elderly attending these community organisations in the Western Cape, South Africa, are partially dentate or edentulous and suffer significant impacts on their quality of life.

This project documents a collaboration/partnership between a community-based organisation and the University of the Western Cape (UWC) Dental Faculty to provide dental screening, oral health promotion, and dentures at a geriatric community organisation. This initiative provided participants and their caregivers with information that increased access to dental care.

The aim of this report is to present a case of a partnership between an interprofessional academic team and a community-based organisation with an ethos of community engagement.

A collaborative partnership was established between this community organisation and academics from the UWC Dental Faculty. The interprofessional oral health team included oral hygiene and dental students, oral hygienists, dentists, dental technicians and dental assistants. Oral health promotion was provided by students, and dental screenings were conducted by students, supervised by oral hygienists and dentists. The provision of dentures was facilitated using a mobile dental clinic with a mini-dental laboratory on site to shorten the process of denture provision. Delivering oral care for this community enabled students to take advantage of an IPECP opportunity that is often limited within the formal curriculum.

Reorientation of oral health care through collaborative practice and taking services to where people are can improve oral health access in marginalised communities and thereby improve their quality of life. Delivering oral care for this community enabled students to take advantage of an IPECP opportunity that is often limited within the formal curriculum.

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## **Healthcare workers' perceptions about structural features that promote interprofessional team effectiveness at Queen Elizabeth Central Hospital**

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Structural features are critical for promoting team effectiveness and collaboration among healthcare workers. However, each healthcare worker may present differing perceptions regarding structural features that can influence their ability to effectively function as a team. Although data regarding interprofessional collaboration and health care workers' perceptions about structural features is available in other countries, there is limited information in Malawi. This paper reports results from a larger study that assessed collaborative capacity among healthcare workers at Queen Elizabeth Central Hospital (QECH).

We conducted a quantitative cross-sectional study from July to November 2017. A stratified random sample of 384 healthcare workers was selected for the interview. Descriptive statistics were used to summarise data. Univariate and multivariate analyses at a confidence interval of 95% were computed using the Statistical Package for Social Sciences (SPSS) program version 21.0.

Healthcare workers had different perceptions about structural features that enable team effectiveness based on their cadre ( $p < 0.01$ ). Medical staff reported the highest mean scores (2.62) on staffing and resources, control over work, communication and information technology. Whereas technical staff reported the lowest mean scores (2.22) on the same

Our study shows differences in perceptions among healthcare workers on structural features, suggesting the need for effective mechanisms to enhance interprofessional team effectiveness.

## Reliability and perceptions of community health workers on mHealth developmental screening for vulnerable children

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Community care and health workers (CHWs) have been an integral part of primary healthcare and social welfare within their communities. Strengthening the role of CHWs in early child development (ECD) is in line with SDG three as CHWs may facilitate services to children at risk of developmental delay. CHWs using mobile health (mHealth) technology can support decentralized developmental screening to vulnerable children. This study evaluated the reliability of mHealth developmental screening conducted by CHWs compared to speech-language pathologists (SLPs).

A cross-sectional, within-subject, comparative research design was employed. The study was conducted in low-income communities. Data was collected at various ECD centers and through home visits. Caregivers with children between the ages of 36 and 83 months participated in the study. Non-probability purposive sampling was used to select ten CHWs to participate by conducting developmental screening using the mHealth PEDS tools.

CHWs and SLPs screened 279 children using the mHealth PEDS tools. Inter-rater reliability between screening conducted by CHWs and SLPs across various age cohorts varied from slight ( $k = .184$ ;  $p < 0.03$ ) to perfect agreement ( $k = 1.00$ ;  $p < 0.001$ ). CHW and SLP referral rates were similar (86.0% and 87.1%, respectively). The high prevalence rate may, in part, be ascribed to the vulnerability of the sample included in the study.

CHWs were recognized as key role players in entry-level developmental screening and showed moderate to perfect inter-rater agreement to SLPs when conducting developmental screening services.

## Building IPECP into community health promotion

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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. 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 gives them real-world experience and insight while enhancing their understanding and respect for other professionals. 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 health services. It is, therefore, clear that IPECP interventions could facilitate the development of students' competencies as well as improve patient-centered care within communities. The application of interprofessional activities in community settings may thus assist in improving the patient experience by providing holistic care and assisting in improving the health of community members.

The community engagement module (KMP 381- Human Communication Practical) in our department serves to apply professional functions with special reference to the promotion of normal hearing and communication skills through prevention, training, and collaboration in communities. As this project will promote the module outcomes, allow for teaching and learning, and foster interprofessional student engagement in PHC contexts, we have included it in curricular activities through the KMP381 student rotations in 2023. At selected PHC sites, 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 required to provide self-reflections and feedback in meetings to discuss their learning experience(s).

As the project is underway, we will be able to provide more specific preliminary results by the time of the conference.

As the project is underway, we will be able to provide more specific preliminary conclusions by the time of the conference.

## AFRI-VIPE: Virtual IPE for the African continent

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The VIPE (virtual interprofessional education) program provides students from both domestic and international universities with a virtual interprofessional experience, allowing them to learn from, with, and about each other; enhance clinical collaboration; and consider meso- and macro-level public health concerns in line with the global health security agenda. Africa Virtual Interprofessional Education (AFRI-VIPE) was created when faculty met in Nairobi, Kenya, for the Africa Interprofessional Education Network (AfrIPEN) conference in 2019, where faculty from Yale University and New York University described their project entitled VIPE.

Participants at the AfrIPEN conference expressed interest in collaborating and establishing virtual interprofessional education, conceiving the AFRI-VIPE committee. The first AFRI-VIPE event was held in 2020, hosting 27 universities from 14 countries and 21 health professions. AFRI-VIPE, in its third year, has continued to mature, providing virtual cases and authentic video recordings of standardized patients that mirror real-world social and public health situations.

The AFRI-VIPE committee consisted of faculty from 14 countries, 27 university programs, and 21 different professions from Africa, Europe, and North America. The VIPE lead, experienced in developing and implementing VIPE, coordinated the meetings through an online platform accessible to every committee member. Monthly hourly meetings for 12 months were held to allow all the members to participate effectively. Due to the diversity in culture and professional experience, a guided facilitation process leveraging the initial face-to-face meeting in Kenya supported the development of communication approaches. Roles were clarified, and all members were invited to contribute to meetings and to developing documents hosted on a cloud platform. The asynchronous content created by the committee includes video interviews of the professions, written resources of the professions, case notes from the different disciplines, a public health community snapshot, and a video recording with a standardised patient. AFRI-VIPE uses the Interprofessional Education Competencies (IPEC) competencies (IPEC, 2016) and aligns with the Health Professions Accreditors Collaborative (HPAC) 2019 guidelines. VIPE uses an active teaching strategy, problem/case-based learning (PBL/CBL), which emphasizes creating an environment of psychological safety and its antecedents. The prolonged case development process allowed for integrating a multi-cultural iterative perspective to create a case that would resonate with students across the various contexts. Each case is curated to include the social determinants of health and aims to discuss how to achieve the 2030 sustainable development goals. After the creation of the asynchronous content, the committee members recruit students and facilitators for the synchronous session. The synchronous session is 2 hours, where the students meet in a large group, then break out into interprofessional groups led by a faculty facilitator. The facilitator is given a facilitator guide created by the committee and trained on the AFRI-VIPE model prior to entering the session. In the synchronous session, the facilitators utilize problem/case-based learning by posing questions to the students. The students are required to report out on one question to the large group session upon returning to the main room. The AFRI-VIPE events are further enhanced by the diversity of institutions, geographies, disciplines, and perspectives that our expansive global partner network brings to IPE.

The VIPE program has demonstrated statistically significant gains in interprofessional knowledge and positive attitudes towards collaborative practice as a result of participation. We look forward to disseminating our design approach and findings on the AFRI-VIPE cases in 2020 - 2022 shortly.

The VIPE cases and its virtual IPE model have brought healthcare providers and students from around the world together, providing opportunities for connections across professions and opportunities to learn from, with, and about each other. Previous VIPE experiences have accommodated up to 500 online participants. Over 7 000 students have participated in VIPE events. The results of VIPE have been presented at over 30 conferences. VIPE has been awarded the Lesley Diack Award and was a

runner-up for the IPEC COF award in both 2021 and 2022. VIPE has been published in a textbook as well as several journals. VIPE is in the final stages of becoming an established multi-university program and has recently received IRB approval to move forward with an ambitious longitudinal study of VIPE participants post-graduation in the health sector workforce. The AFRI-VIPE team looks forward to continuing to scale the AFRI-VIPE events across the continent in hopes of giving every student in Africa the ability to participate in virtual IPE!

## **Pedagogical approaches and teaching and learning materials that underscore interprofessional education globally and in South Africa: A scoping review**

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In 2010, the Lancet Commission recommended that interprofessional education (IPE) be considered a curricular approach in health professions education. Since then, there has been a plethora of research and reviews on the implementation of IPE. The objective of this scoping review was to explore the types of pedagogical approaches and teaching materials used in IPE offered to undergraduate health care students. Results will be used to optimise the professional training of health profession educators delivering IPE in higher education institutions (HEIs).

The Arksey and O'Malley framework, as adapted by the Joanna Briggs Institute, was followed. Peer-reviewed articles published in English between 2010 and 2022 were considered. Literature was identified using a systematic search strategy on seven electronic databases. Two reviewers screened, selected, and extracted data using the COVIDENCE web-based software. The study selection process was summarised in a PRISMA-ScR flow diagram. The extracted data was downloaded and captured in Excel and Word. Qualitative data was analysed using Atlas.ti.

A total of 270 articles met the inclusion criteria. Based on the intervention technique, the most common theoretical framework was identified as constructivism, specifically experiential learning. Delivery modes most commonly employed included simulation, clinical placements, and team-based learning, and many used multimodal delivery methods. A theme that was identified as relevant and popular was the field of geriatrics.

This scoping review identified several pedagogical and theoretical frameworks, delivery modes, and topics used at HEIs during IPE. Challenges in the delivery of the programs have been summarised. The findings identified several important directions for the development of future IPE teaching and learning materials.

## **'To PBL or not in IPECP' - exploring the feasibility**

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A novel 4-year Interprofessional Education and Collaborative Practice (IPECP) curriculum at Sefako Makgatho Health Sciences University (SMU) is being piloted in 2023. There is a need for additional innovative teaching and learning methods in the courses presented at the university. The School

of Health Care Sciences decided on problem-based learning (PBL) because it promotes self-directed learning and authentic problem-solving strategies. Literature suggests that PBL is applicable in IPECP, however, its feasibility needs to be explored in our context.

Nine staff members from the SMU School of Health Care Sciences attended a 3-day PBL workshop at the University of Maastricht, Netherlands. After the workshop, focus group discussions were held regarding perceptions of introducing PBL in the school and how it could be incorporated into the new IPECP curriculum.

The focus group discussions indicated that additional PBL training sessions for the School staff members will be needed to create awareness and reduce resistance among staff and students. SMU lacks sufficient venues and PBL-trained facilitators. During the remainder of 2023, a few trial PBL sessions will be held in some of the profession-specific modules for staff and students to become familiar with this collaborative teaching method. It was proposed that the 7-step process of PBL can be adjusted to fit the needs of the institution.

IPECP may be a suitable 'vehicle' for PBL implementation. A few PBL activities will be designed and piloted in 2024 in the IPECP curriculum to explore their feasibility.

## Validating a proposed interprofessional education and collaborative practice curriculum

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Verifying the validity of an interprofessional education and collaborative practice (IPECP) curriculum prior to implementation is uncommon. A thorough empirical investigation, applying the four iterative cycles of educational design research, was foundational to this proposed IPECP curriculum, designed specifically to meet the needs of a South African university. For curriculum validation, we considered the four criteria of relevance, consistency, practicality, and effectiveness.

External and internal IPECP panelists provided quantitative input on the four criteria on a visual analog scale (0 - 100), and qualitative comments to suggest improvements to the proposed curriculum. Quantitative analysis used descriptive statistics, and qualitative data analysis used deductive thematic analysis.

The 23 panelists lauded the proposed curriculum. Curriculum relevance elicited strong agreement and consensus ( $m=99$ ;  $IQR=6.75$ ), with a lower agreement and consensus of practicality ( $m=85.5$ ;  $IQR=25.75$ ). The consistency and effectiveness, rated across year levels and streams, indicated agreement and consensus and increased across year levels from the first to the final year. The qualitative findings highlighted the strengths and opportunities (e.g., embedded and integrated IPECP into a profession-specific curriculum) and weaknesses and threats (e.g., insufficiency of resources).

Curriculum validation prior to implementation illuminated concerns requiring refinement, which strengthened the proposed curriculum. Validation was based on panelists' perceptions of the curriculum. After actual implementation and further validation, the same criteria will be used to monitor curriculum quality. The validation process showed that the curriculum is not only appropriate for the particular university but may also be suitable for similar universities in the rest of Africa.

## First impressions of a novel IPECP curriculum

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A novel longitudinal IPECP curriculum was developed for Sefako Makgatho University, involving four years of undergraduate health care students across 11 professions. The curriculum is evidence-informed and contextually tailored. Although the curriculum was validated prior to implementation, 2023 is the first year to include all four undergraduate year levels.

Approximately 600 students per year-level participated at different times during the year. Activities were planned according to the specific IPECP-core competencies that should be achieved per year level and for the specific year's theme. The curriculum was evaluated formatively during IPECP but was also linked to summative evaluation in each profession's specific curricula to ensure continuity of work-integrated learning. The IPECP curriculum provided opportunities for students to participate in role clarification, case studies, simulation, educational games, workshops and role plays.

Feedback from facilitators and students indicated that they appreciate the IPECP curriculum in terms of exposure to a variety of professions, where they have the opportunity to learn how each profession approaches patient treatment. Feedback has identified areas for further improvement. Further refinement of the curriculum included intensive preparation of facilitators in terms of integrated assessment. Consistent feedback from facilitators and students was integral to the development of the curriculum to maximize rigour, quality assurance, feasibility and buy-in.

The first impressions of this novel IPECP curriculum were very positive and inspirational. Although the curriculum was designed for SMU, it could also be used as a prototype for other African universities.

## IPECP activities for 2nd-year level health care students

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A new IPECP program was developed for Sefako Makgatho Health Sciences University, involving four years of undergraduate health care students in 11 professions. 2023 sees the pilot implementation of all four-year levels congruently. IPECP activities will be implemented for the very first time among first- and second-year students in 2023. This presentation will focus on second-year-level IPECP activities.

Each year level has ~600 students, although not all professions will participate in the second-year study level in 2023. The theme for the second-year level is "Interprofessional health care to address community concerns through education, research and clinical work". Activities are planned according to the theme as well as the specific IPECP core competencies, culminating in 16 credit hours per semester. Students reflect after each activity, and facilitators provide feedback.

The IPECP activities are organized in the form of four Wednesday afternoons on campus during the 1st semester and another four Wednesday afternoons at various community sites in the 2nd semester. The various activities provide opportunities for students to do role clarification,

practice interprofessional communication, and become engaged in shared population-focused problem solving. Students are continuously encouraged to embrace cultural diversity within the bio-ethics realm. Assessment is done formatively as per reflection as well as summatively through portfolios of evidence and presentations.

The implementation of the IPECP program at the 2nd year level is integral to a successful longitudinal IPECP program among all levels of study.

## **Students' knowledge, attitudes, perceptions and experiences of the International Classification of Functioning, Disability and Health to foster interprofessional collaborative practice**

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The International Classification of Functioning, Disability and Health (ICF) provides a common language for students from different professions to discuss health-related conditions. The common language should contribute to person-centered care and further facilitate Interprofessional Education and Collaborative Practice (IPECP). Students are exposed to the ICF during IPECP training in their final year and are expected to apply it during clinical rotations. The ICF form combines information about patients' conditions from all professions on one form. The study aimed to evaluate the effectiveness of the use of the ICF form in improving collaborative practice amongst final-year health care sciences students at a university in Gauteng, South Africa.

A quantitative, descriptive cross-sectional survey was conducted using a researcher-designed questionnaire administered through Google Forms. Convenience sampling was used with students from Occupational Therapy, Physiotherapy, Speech-Language Pathology and Audiology, Human Nutrition and Dietetics and Nursing.

Ninety participants completed the survey. Seventy-two percent demonstrated sufficient knowledge, 62% had positive perceptions, and 63% had positive experiences when using the ICF form. Participants made suggestions to improve the effectiveness of the ICF form, including that the form should be shortened and contain profession-specific sections.

Participants' with sufficient knowledge translated into positive attitudes and perceptions towards IPECP. These, in turn, resulted in positive experiences when using the ICF form during clinical rotations. The improved experiences fostered improved collaboration amongst interprofessional team members. The use of the ICF form during IPECP created a common language that successfully improved collaborative practice amongst final-year students.

## **Exploring the influence of rural longitudinal multidisciplinary student placements on collaborative practice in South Africa**

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Training students along the continuum of care is key to the development of responsive healthcare professionals, and is widely adopted by universities across Africa. Graduates who can meet the needs of society at various levels of care and who can work interprofessionally are an integral part of this ideal. In South Africa (SA), the transformative health professions curriculum is crucial with our rich diversity, human resources for health challenges, and an inequitable distribution of care between the urban and rural healthcare sectors. As such, training on the distributed platform has become more prevalent, resulting in an increase in the number and type of undergraduate students and programmes on the platform.

Longitudinal student placement is mutually beneficial, and opportunities for multidisciplinary student groups living and training at the same rural sites provide opportunities to learn about, with, and from each other. Interprofessional education is required but poorly understood in these contexts and potentially poorly implemented.

Exploring what interprofessional learning opportunities exist within these new environments is crucial to understanding the future collaborative practices of our graduates.

This research follows a qualitative case study research design using purposive sampling of undergraduate students from five professional programmes undergoing longitudinal training at two sites in SA. Phase 1 of the study was qualitative semi-structured interviews in 2022, exploring final-year students interprofessional education, exposure, and the perceived value of these experiences. Phase 2 is a follow-up with the same participants in 2023, exploring graduates' perceptions of the value of interprofessional exposure during undergraduate training.

This paper reports the findings of Phase 1 of the study.

The findings describe students' interprofessional experiences during longitudinal multidisciplinary placement, and the perceived value of these experiences for collaborative patient care is explored. The elements of interprofessional socialisation and a sense of belonging are important in the development of interprofessional collaborative practice. Opportunities for interprofessional education were few and far between, although the interaction they did have in the clinical space cemented their view on the value of collaborative practice.

Factors that are perceived to influence the collaborative practice of undergraduate professions working on the same platform for an extended period of time are explored. Issues of interprofessional socialisation, belonging, and exposure are presented with possible strategies for improvement.

## **The perspectives of first-year students on interprofessional education as a vehicle for achieving Sustainable Development Goal 3**

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The 2030 Agenda for Sustainable Development is a blueprint for world peace and prosperity. The 17 goals for sustainable development in the 2030 Agenda for Sustainable Development are to be met by the governments of both developed and developing countries. Interprofessional education

may be regarded as a mechanism for achieving Sustainable Development Goal 3.

The study design was focused on consensus-building strategies. The students' perceptions about the interprofessional education part of the first-year module were measured on a 4-point Likert scale.

Students agreed that the content in the interprofessional module is suitable to promote teamwork skills and learning. There was no consensus regarding their understanding of their own profession. Participants agreed that interprofessional education helps students learn, encourages teamwork, and is good for both patients and them as future health care workers.

Interprofessional learning in healthcare professions education has many benefits and can be seen as the vehicle to reach Sustainable Development Goal 3, which aims to improve the health and well-being of all people of all ages.

## **Undergraduate allied healthcare profession students' perceived knowledge of children with autism spectrum disorder**

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Healthcare professionals are key stakeholders involved in screening, referral, and intervention for children with autism spectrum disorder; therefore, adequate knowledge should be fostered starting from undergraduate training. This can be achieved with a thorough curriculum, interprofessional education, and collaborative practice between allied healthcare professionals. This study aimed to describe the knowledge of final-year undergraduate allied healthcare profession students from a South African university regarding risk factors, symptoms, and intervention considerations for children with autism spectrum disorder.

A cross-sectional survey design was implemented, and data were analyzed using descriptive statistics and content analysis. An online survey was distributed to 170 final-year undergraduate students from the following study programmes: Audiology, Human Nutrition, Occupational Therapy, Physiotherapy and Speech-Language Pathology.

A total of 59 participants completed the survey. Overall, participants perceived their knowledge of autism spectrum disorder to be poor-to-average (71%,  $n=42$ ). Participants identified autism spectrum disorder-related symptoms (69%,  $n=41$ ) more accurately as compared to risk factors (51%,  $n=30$ ). Discrepancies across the study programmes were apparent, with Human Nutrition (0%,  $n=0$ ) and Speech-Language Pathology (35,7%,  $n=10$ ) showing the least knowledge regarding the initiation of intervention, while Physiotherapy (70%,  $n=7$ ) had better awareness. Participants showed increased understanding of evidence-based intervention approaches (47%,  $n=28$ ).

The ability to provide services for children with autism spectrum disorder relies on the foundation of undergraduate knowledge. This study identified multiple gaps in the students' knowledge regarding service provision for this disorder across all study programmes. Undergraduate curricula for allied healthcare profession students should therefore target more in-depth and disorder-specific knowledge, including risk factors and when to begin intervention, as well as further implementation of interprofessional education and collaborative practice due to the shared roles in autism spectrum disorder management.

## **Perceived benefits of interprofessional collaborative practice at Mzuzu Central and Ntcheu district hospitals**

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Interprofessional collaborative practice (ICP) is a new approach to the delivery of health care. It is a practice that happens when healthcare providers work together with different professionals, such as nurses, midwives, and medical officers, towards a common goal of improving patient outcomes. There is no evidence on the perceived benefits of ICP in Malawi. Therefore, a study on the perceived benefits of ICP was conducted to provide more insight into the practice. The study aimed to explore the perceived benefits of ICP in service delivery in the model and non-model wards.

A qualitative exploratory descriptive study was conducted at Mzuzu Central and Ntcheu District hospitals. A total of 13 healthcare workers from model wards and 12 from non-model wards at Mzuzu Central and Ntcheu District hospitals were purposely selected to participate in the study. Hospital authorities provided permission to conduct the study at their sites. Informed consent was obtained from participants before interviews. Data were collected through in-depth interviews using a semi-structured interview guide. Content analysis was utilized to analyse the data.

Good working relationships, effective communication, sharing and learning of new knowledge, job satisfaction, and reduced hospitalisation days were perceived benefits of ICP in service delivery. However, poor communication and coordination and working in competition were perceived as barriers to achieving ICP benefits.

The study highlights the perceived benefits of ICP in service delivery. Findings can be used to inform management and practice for the development and implementation of ICP in service delivery to improve the quality of care.

## **Chief's perspectives regarding the inclusion of children with disabilities in community development activities in Malawi**

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## **The International Classification of Functioning, Disability and Health Framework as a strategy to promote interprofessional collaboration during rural training in South Africa**

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Interprofessional education (IPE) is a process of learning where different health care professions learn with, from, and about each other to improve the quality of care and services. Despite being essential in health professions education, it is unclear how IPE is embedded in undergraduate (UG)

student training. The International Classification of Functioning, Disability, and Health (ICF) Framework is recommended to provide a shared language in health care and as a common care framework for health and social professions.

There is a need to explore the impact of using the ICF Framework in collaborative clinical discussions on promoting IPE, which could offer insight into embedding IPE into existing curricula. A descriptive study was conducted at two rural clinical training sites where the ICF Framework was used during collaborative patient care discussions by students from various degree programmes in the health sciences. Whole population sampling was used, and participant responses were captured through an online open-ended survey questionnaire. Qualitative data relating to ICF exposure along the continuum of learning and the influence thereof on IPE were collected and deductively analysed. A structured matrix of analysis was developed using the definition of IPE as a theoretical framework.

The response rate was 30%. Participants reported that using the ICF Framework as an interprofessional team was more valuable as compared to using it in isolation. Continued use of the ICF Framework to promote interprofessional collaboration after exposure was reported by participants.

This article highlights the value of a proposed IPE-ICF theoretical framework that can be used as a tool along the continuum of learning and as a guide on multiple platforms in health professions curricula to promote interprofessional education and collaborative practice. Using the ICF Framework during collaborative interprofessional team discussions provides an opportunity to embed IPE into an existing curriculum. Recommendations include the introduction of the ICF Framework early during undergraduate and consistently throughout training in interprofessional groups, and introducing the ICF Framework into clinical learning activities.

## **The educational partnership in interprofessional collaboration (EPIC)**

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Initiating and establishing interprofessional education (IPE) at a health sciences faculty is not a new idea; actualising proposals and getting buy-in from various departments is a well-documented headache across the globe, and countless guidelines exist as to how to do it right. This seaside story shares the experiences of a faculty team still in its honeymoon phase of developing opportunities and integrating IPE into existing programmes by harnessing catalysts to promote their cause. We would like to share the objectives, activities, and outcomes of this whirlwind experience as we forge our way along this EPIC journey.

During 2022, the Stellenbosch University Centre for Health Professions Education was challenged to include IPE in their strategic plan, and the promotion of IPE across all programmes was recommended. Subsequently, a think tank for an educational partnership in interprofessional collaboration (EPIC) game plan was initiated in the simulated clinical skills unit in September.

This story explores the process from conceptualisation, initiation, and implementation, including the facilitators and opportunities that helped make this initiative move forward and the outcomes to date. Some of which include a faculty development workshop on interprofessional education and collaborative practice with representatives from 15 academic

departments; the birth and remit of the EPIC special interest group, which has representatives from all six professional programmes; and the development and implementation of a faculty IPE calendar for 2023, inclusive of 10 IPE opportunities.

As every honeymoon phase has its end, we will present our proposed sustainability plan with the limited resources we have and open the door for discussion and guidance from sages who have been running this marathon for a long time.

## **Undergraduate health care students' experiences of interprofessional education and collaborative practice (IPECP) in low- and middle-income countries (LMICs): A scoping review**

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Complex health problems require innovative approaches to service delivery. Interprofessional collaboration among different health professions presents promising ways of strengthening health systems and improving patient outcomes. IPECP competencies require students' exposure to healthcare teams during training, including good role models. This study aimed to investigate the type of evidence that describes undergraduate students' exposure and experience of interprofessional education and collaborative practice (IPECP) in LMIC contexts.

The Joanna Briggs Institute's (JBI) methodology guidance for scoping reviews guided the study. Publications for the period of 2010 up to 2020 were identified through a comprehensive literature search of four online databases and other sources. Studies published in English were included for a full review. Identified studies were reviewed based on title, abstract examination, and full-text examination. Data were organised and analysed quantitatively, including year, context, study design, and population. The process was reported in the PRISMA-ScR flow diagram.

Papers included in this review were those that describe interprofessional education and collaborative practice (IPECP) training for health and social care professions in the disciplines, including but not limited to medicine, nursing, occupational therapy, audiology, speech therapy, physiotherapy, pharmacy, environmental health, and dentistry.

This paper aimed to provide a descriptive account of the current evidence on undergraduate students' exposure to and experiences of interprofessional education and collaborative practice (IPECP) in LMIC contexts.

Conclusions were not available as analysis was still underway at the time of the abstract submission deadline.

## **IPECP in Sub Saharan Africa: A Dirisana+ Project workshop**

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From the 13th to the 20th of March 2023, one European and five Sub Saharan African (SSA) institutions, that form part of the Dirisana+ project, took part in an interprofessional education and collaborative practice (IPECP) workshop.

The aim of the workshop was to review the current IPECP activities at the institutions and to develop a collaborative road map going forward to foster IPECP in SSA.

Colleagues from Maastricht University, observed the SSA institutions over the week. A joint online workshop was hosted the following week, with colleagues from various institutions and departments.

IPECP is implemented at all the universities. Staff and students shared their experiences and mentioned barriers for IPECP implementation and assessment. A common barrier was the lack of resources. Joint plans going forward can be categorised according to curriculum, collaboration, commitment

and competencies. There was a strong focus for curricula to have tangible IPECP learning experiences for students. Institutions need to move beyond multidisciplinary towards true interprofessionalism and the curriculum should reflect IPECP core competencies. Student reflections and formal assessments on IPECP tasks should be given more consideration. Staff also recognised the importance of students seeing us walking the talk of IPECP.

There is a clear need and willingness to collaborate on IPECP in SSA. The IPE theme within Dirisana+ is showcasing interprofessional collaborations at multiple levels including departments, faculties and international higher education institutions.