

## Interprofessional education – is it ‘chakalaka’ medicine?



In this edition of *AJHPE*, an article by Treadwell *et al.*<sup>[1]</sup> reports on the reflections of 5th-year medical students after participation in an interprofessional learning activity. I was struck by a comment made by one of the students: ‘My biggest challenge was remembering what needs to be done ... It was just “chakalaka” and all mixed up.’

So what exactly is multiprofessional/interprofessional education? Put quite simply, it is learning that occurs when two or more professions learn with, from and about each other to facilitate collaboration in practice.<sup>[2]</sup> Globally, an ageing population and a rapidly rising prevalence of chronic diseases and accompanying disability have resulted in a shift in focus from cure to controlling of symptoms, and maximising patients’ level of functioning and quality of life while helping their families to cope with long-term illness. As a result of the skills and complexity of knowledge required to provide such care, specialisation in the respective healthcare professions is increasing. Given this reality, it is clear that healthcare in the 21st century requires a team approach that calls upon a range of healthcare professionals with the requisite expertise needed to provide comprehensive care.

Despite the recognised interdependence of healthcare professionals, the approach to professional licensing remains uniprofessional, resulting in a significant measure of disconnect between pre-registration and post-registration practice where interprofessional care is essential. Therefore, students enter their professional training with preformed and stereotyped perceptions of their profession and negative stereotypes regarding other professions, which leads to professional arrogance that hampers the development of collaborative relationships.<sup>[3]</sup> Furthermore, there is considerable power in having control over a distinct body of knowledge; this cognitive exclusivity further undermines communication and development of effective relationships between different professions.<sup>[4]</sup> In traditional models of healthcare, the situation is further exacerbated because doctors usually prescribe the involvement of other healthcare professionals in the patient’s care, which leads to dominance and ineffective communication.<sup>[5]</sup> Breaking out of this mould and changing the foundation of the relationships between healthcare professionals require radical revision of our teaching practices and student learning activities. While opportunities to engage in interprofessional learning experiences are increasing, they are mainly limited to specific events rather than routine practice. It is therefore not surprising that the students interviewed by Treadwell *et al.*<sup>[1]</sup> lacked the appropriate communication and teamwork skills to manage a patient in a multiprofessional setting. The student’s ‘chakalaka’ comment is a powerful statement about the urgent need for large-scale interprofessional training programmes, rather than a few isolated events, to facilitate the development of interprofessional competence.

So, where to now? Firstly, social identity theory suggests that group membership is dynamic, context dependent and can shift in order that subgroups broaden their boundaries to regard themselves as members of an inclusive team of healthcare professionals. Several studies have shown that interprofessional education early in undergraduate health professions education leads to better interprofessional communication.<sup>[6]</sup> Therefore, the first step to remedy the current situation is the introduction of interprofessional learning activities in the early years of undergraduate training programmes. Students need to work together long before they have had time to develop stereotypic approaches towards peers based on ignorance and arrogance.

Secondly, the core content of interprofessional education, including the core competencies required for effective teamwork such as respect between

professionals, learning about professional roles and healthcare systems, leadership, conflict resolution and ethics, has already been outlined by organisations such as the World Health Organization.<sup>[7]</sup> Undergraduate health professions curricula should include early interprofessional learning with an emphasis on the central values of professionalism (altruism, accountability, excellence, duty, advocacy, service, honour, integrity, respect for others and ethical and moral standards) and the acquisition of skills required for effective functioning in a multiprofessional team.

Thirdly, interprofessional practice allows each profession to independently contribute their expertise to the assessment of patients and management decisions. This is best achieved by organising the team around solving a common set of problems where each team member contributes a knowledge and skills set that augments and supports the contributions by others, thereby ensuring holistic management of the patient’s complex health problems. While individual team members preserve their specialised functions, each team member is sufficiently familiar with the concepts and approaches of others so that the roles of team members blur into a common understanding of the patient’s problems and management plan.

The preceding discussion suggests that clinician educators need to focus on four key activities when teaching in an interprofessional setting: (i) allow the students to clearly identify the patient’s key clinical problems that require intervention; (ii) ask students to articulate the reasons why a multiprofessional team is required to address the clinical problems identified; (iii) allow each team member to make an independent contribution to addressing the patient’s healthcare needs; and (iv) ensure that the team develops a comprehensive management plan that encompasses all the contributions made by the respective team members.

Ultimately, respect for the expertise of each team member and shared decision-making, where the doctor is not dominant, is fundamental to successful interprofessional practice. Undergraduate students from different professions need broad and frequent exposure to interprofessional patient assessments and role models leading multiprofessional teams where respect,

collaboration and shared decision-making can be experienced. Two examples of this model of care include multiprofessional units dedicated to the care of stroke patients, and care of the elderly. Such units could provide an excellent platform for undergraduate training in interprofessional practice.



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