

# Perspectives on multi-professional education (MPE) in the Faculty of Health Sciences, University of the Free State

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**To the Editor:** Greater specialisation of healthcare professionals and more complex and holistic patient care present a pressing requirement for cohesive teamwork among health professionals. This concept was also highlighted in the Cape Town Declaration<sup>1</sup> and the Pew Health Professions Commission, which list multi-professional competencies as one of its 21 health professional competencies.<sup>2</sup> A study by Leaviss showed that negative attitudes about professions were formed during undergraduate training.<sup>3</sup> The challenge to the educator is to engage students in training that facilitates cross-disciplinary respect and outlooks.

During an accreditation visit by the Medical and Dental Professions Board (Health Professions Council of South Africa) to the School of Medicine of the University of the Free State (UFS) in May 2005, one of the issues that it was suggested should be addressed was multi-professional education (MPE).<sup>4</sup>

This descriptive study was undertaken to determine the perspectives of staff in the Faculty of Health Sciences (FHS) on multi-professional education. A structured questionnaire was compiled as a research tool and pilot-tested. After the study had been approved by the Ethics Committee of the FHS and all the participants had given informed consent, two rounds of questionnaires were distributed to 255 staff members. Ninety-one full-time staff members participated in the study.

Half (51.7%) of the participants were male. The median age was 46 years and

median years since obtaining a first degree was 23. Half (50.1%) of the participants had qualified at the UFS and had been staff members of the FHS for a median of 10 years. The participants came mostly from the School of Medicine (73.6%), and 42.9% had an MMed degree. Only 34.8% of the participants had an educational qualification.

Only 27.8% of the participants were involved in MPE and a median of 11 hours were formally scheduled for MPE. Multi-professional education does not form a significant part of the teaching hours of the modules during the first two years of training. The participants involved in MPE predominantly used theoretical lectures (68%) and clinical rotations (60%) to expose students to multi-professional collaboration.


The majority of participants (87.5%) were of the opinion that MPE should be an objective of the FHS, but felt that it would be logistically difficult to implement (67.1%). Of the 55 participants that were of the opinion that it would be logistically difficult to implement MPE, 47 (85.5%) also felt that added administrative support would be needed for MPE.

On the basis of the findings, the major advantages of MPE, factors that were considered as having a negative impact on MPE, and the responsibilities that staff would have to accept are depicted in Table I.

Most participants (95.9%) indicated that they would need administrative support to organise timetables. Other administrative support indicated was organising lecture

venues (79.5%), preparing study material (76.7%) and organising examinations/tests (75.3%).

The extent of MPE in the Faculty of Health Sciences (FHS) is currently limited and dealt with mainly during formal lectures. The majority of the respondents, however, felt that MPE should be part of teaching and learning in the FHS and that it would promote interdisciplinary collaboration in particular. The participants were of the opinion that it would be logistically difficult to implement MPE owing to a number of factors, such as different timetables across the Schools, and that added administrative support would be needed. To achieve the aim of MPE, staff would have to collaborate regarding a number of responsibilities and experiment with new modes of interaction and teaching. The limitation of this study was the low response rate of the staff.

Innovative ways have to be developed to motivate staff and to overcome the current obstacles in the implementation of multi-professional education. The researchers recommend that a steering committee representing the different programmes in the Faculty be formed to investigate the impact and possibilities of implementation in the Faculty. 

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**Table I:** Advantages, negative impact factors and responsibilities

	Percentage
<b>Advantages</b>	
Promotion of interdisciplinary collaboration	75.8
Students will learn about the roles of other professions	73.6
Learning key behaviour of a functional health team	68.1
<b>Negative impact</b>	
Organising timetables across the different programmes in the Faculty	70.4
Rigid curricula 57.1	
Lack of perceived value of MPE	47.3
Perceived hierarchy among health disciplines	46.2
Domination by one discipline	42.9
<b>Responsibilities</b>	
Setting shared goals and outcomes for MPE	82.4
Sharing in responsibilities	78
Sharing in decision making	78
Forming collegial relationships	75.8