Letter to the Editor

Letter to editor regarding article "Clinical inter-professional education activities: Students' perceptions of their experiences"

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Dear Editor,

We read with great interest the publication entitled, "Clinical inter-professional education activities: Students' perceptions of their experiences"[1]. Ntsiea, V et al., reviewed data gathered from post-inter-professional education (IPE) feedback forms from students at the Faculty of Health Sciences, University of Witwatersrand. The IPE activity was attended to by 309 students from the following fields: Physiotherapy, Medicine, Clinical associates, Occupational therapy, Biokinetics, Pharmacy, Dentistry, Nursing, Oral Science, Speech, and Audiology. The authors found that participating in the IPE activity made students gain appreciation and respect for other health professionals' roles and scope. The findings from this study also validate the global IPE project experience that involved staff members from Kachere Rehabilitation Center (Malawi) and the IPE team of the graduate students from the University of Maryland (USA)[2].

We believe this is an important topic and there is no better time than now to convey our concerns about the lack of IPE in Malawi and its impact on patient care. According to the findings of the Ntsiea V et al study, different health professionals can effectively collaborate provided they understand the roles that each cadre plays[1]. Thus, making IPE a critical component in the undergraduate training of all health professionals. To our knowledge, IPE is not incorporated in the training of health care workers in Malawi. It is thus not surprising to find uncoordinated and individualized care of patients in the hospitals.

Malawi started training medical doctors in 1991 and has grown to offer degrees in pharmacy, medical laboratory sciences, physiotherapy, and newly introduced dental surgery; and postgraduate programs in both clinical and non-clinical disciplines[3]. To date, there is no institution training Speech and Language Therapists, Biokinetists, and Occupational Therapists. With doctors at the front of patient's care and being an old discipline, there has been an engraved superiority in managing patients. Many doctors (having trained before the introduction of the other allied health professionals) show no understanding of the role other cadres can play in patients' care. For example, patients with stroke at Queen Elizabeth Central Hospital (QECH) were found to receive inadequate and erratic physiotherapy due to limited referrals by clinicians[4]. A similar observation was noted in a study that explored factors that influence the implementation of bubble Continuous Positive Airway Pressure among health care professionals in Malawi[5]. This could be due to a lack of awareness and appreciation of the value of other hospital cadres.

In its 30 years of existence, Malawi's only medical college has made significant progress. One example is the continued addition of programs that are carefully prioritized to fulfil the country's needs. There is always space for improvement, in our opinion. Incorporating IPE into undergraduate education is one area that needs to be addressed in the curriculum. The introduction of multidisciplinary grand rounds could be one direct step toward enhancing coexistence among different health cadres. This proposal, we feel, will promote diversity, teamwork, professionalism, and integrity; all of which are some of the core values of the newly formed Kamuzu University of Health Science (KUHeS). We believe that KUHeS has the capacity to further improve quality of education and training. If no explicit efforts to foster mutual respect are done throughout training, it is difficult to expect students to achieve that in the clinical context after graduation.

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