MCQ for SAJOT article: Tailoring the IPECP curriculum

1. How were relevant articles identified?
2. Searching databases using specific Boolean search phrases
3. Asking a librarian
4. Doing a literature search
5. Asking experts to indicate suitable references.

2. How were relevant studies selected?

1. Searching databases using specific Boolean search phrases
2. Selection was based on initial screening by title, then abstract and lastly full text.
3. Selecting articles that met inclusion criteria
4. Selecting all articles that provided information on topic

3. Which framework was used to guide the deductive analysis?

1. 4DF
2. Logic model
3. WHO framework for action
4. Curricular framework for IPE

4. In which country did the majority of included articles originate

1. USA
2. Africa
3. Australia
4. Canada
5. UK

5. What is the contribution of the ASSAF report to the development of IPE in South Africa?

1. ASSAF proposed that to enable IPECP to become sustainably embedded in Health Professions Education in South Africa, a multi-stakeholder, national working group should be formed to develop and guide the implementation of a strategic plan for IPECP.

2. ASSAF proposed that to enable IPECP to become sustainably embedded in Health Professions Education in South Africa, all universities need to offer IPE.

3. ASSAF proposed that to enable IPECP to become sustainably embedded in Health Professions Education in South Africa, all professional bodies need to provide input.

4. ASSAF proposed that to enable IPECP to become sustainably embedded in Health Professions Education in South Africa, the WHO Framework for action needs to be followed.

1. What were the most commonly included professions found in this scoping review?
2. Nursing, physiotherapy and medicine
3. Nursing, occupational therapy and pharmacy
4. Nursing and medicine
5. Nursing, occupational therapy and physiotherapy
6. How many students are usually included in small groups
7. 3 – 14
8. 5 – 10
9. 10 – 15
10. 8 – 20
11. What was the focus of the programme in the majority of articles?
12. Interprofessional education in classroom settings.
13. Interprofessional collaboration
14. Both Interprofessional Education and Collaboration
15. Theoretical model to guide planning
16. What input could be elicited from students?
17. Students could comment on internal factors (insight and motivation to participate) as well as factors outside the programme (logistics and timing), that impact students’ participation.
18. Students do not know enough about educational theories to provide relevant information.
19. Students could comments on what they enjoy.
20. Students input is mainly focussed on the socialisation process where they could provide input on how to group students.
21. What pragmatic considerations could support institutional delivery?
22. Faculty timetabling, structural complexities of university partnerships, institutional systems and processes.
23. Strategic planning with facilitators and management involved to guide the allocation of resources and commitment.
24. Central planning office that is available to guide implementation of the programme and could support the programme.
25. Commitment of the Vice-Chancellor, Deputy Vice-Chancellor, Deans and heads of Departments who can plan and guide the process, as they are responsible for planning and implementation.
26. Should all IPECP programmes in South Africa have the same format and content?
27. No, even though the context is similar there are important individual differences e.g. level of commitment of university management.
28. Yes, as we are part of the same context and the IPECP outcomes need to be the same
29. No, because some aspects of training are the same however the policies of different institutions varies.
30. Yes, because successful programmes are available and have stood the test of time, and can be offered in any South African institution.
31. Is the fact that the HPCSA expects all institutions to offer IPECP sufficient to ensure implementation in all professions?

1. No, because different boards’ criteria differs and there are no uniform guidelines on how to implement IPECP.

2. Yes, all professions that go through the accreditation process are compliant with IPECP implementation.

3. No, because universities do not need to comply with HPCSA expectations.

4. Yes, the HPCSA can and do enforce implementation of all professions registered with the HPCSA.

1. Which categories of staff at a University or clinical area need to support IPECP implementation to make an IPECP programme successful?
2. Institutional leadership as well as staff members, both academics and clinicians.
3. Institutional leadership as they can ensure implementation.
4. Dedicated academic staff as they can convince management.
5. Dedicated clinical staff as they can ensure rest of staff follows their leadership and examples.
6. What makes IPECP resource and time intensive?
7. Due to significant coordination required of different professions and their timetables.
8. Due to the number of professions involved.
9. Due to lack of commitment from management and staff.
10. Due to limited available resources and effect of Covid.
11. Could IPECP address the increasing demand for skilled health care workers?
12. Yes, because it can address the training needs of different professions and at the same time address the triple aim of health care.
13. No, IPECP is not a necessity as individual professions can address their own professions contribution to provide quality health care.
14. Yes, because we start by training students to focus on patient centered care.
15. No, as the needs of the population will always exceed the number of trained health care workers, as with all scarce resources.