Short Communication

Co-creating an interprofessional education curriculum using local and indigenous knowledge

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Why was the idea necessary (problem)?

Because of the South African political dispensation, lack of equitable distribution of services severely impacts on access to quality health services in low socioeconomic communities. These communities are widely known to be underdeveloped, and to date, health services in various areas are in high demand owing to the burden of disease.[1] Consequently, there is tremendous strain on the clinical platform that hinders effective collaboration, which is imperative when addressing complex health needs.[1] Therefore, innovative learning activities to enhance health and social science students' knowledge, skills, attitudes and values have been incorporated into the curriculum of an interprofessional health and social education course. Interprofessional education (IPE) occurs when students from two or more backgrounds learn about, from and with each other to enable effective collaboration and improve health outcomes.[2]

What was tried (approach)?

Social accountability and cultural competencies are important components to consider when developing an IPE environment that appropriately services the current clinical platform. As part of an IPE module, seven community organisations were invited into the classroom to provide insight into prevalent health and social issues. Through storytelling, as a narrative pedagogy, community representatives shared their experiences regarding the structure of their communities and the role community organisations play in addressing health and social challenges. In this way, a class of 737 inter-professional students were exposed to vulnerable communities through the lens of community members' knowledge of the local context. Concerns related to care for the elderly and the frail, substance abuse, domestic and gender-based violence, and orphaned children were raised in their stories. Thus, students were able to collaboratively determine possible causes of these social issues and provide organisations with recommendations to address the effects on the community.

What lessons were learnt (outcome)?

This approach was beneficial to all three stakeholders, i.e. the academic institution, the student and the community. Academia acknowledges the importance of community-engaged learning and teaching to inform pedagogical activities when considering the effects of health and social issues on community wellness.[3] By bringing the community into the classroom, there is an opportunity to co-create the curriculum with students and community members. The quality of teaching is thus improved, as local and indigenous knowledge systems (IKSs) are embedded in the curriculum design of health professions education. IKSs go a long way in developing knowledge and skills relating to social accountability and cultural acceptance of students engaged in interprofessional practices in health science curricula.[4] Community members hold implicit knowledge that they unintentionally impart to students, who have the potential to foster humility, social sensitivity, social responsiveness, communication and cultural awareness.[4] In this manner, students could develop and enhance their interpersonal skills, self-confidence and cultural competencies.

This co-creation ensures that interventions developed by students are based on evidence from complex challenges in communities. Furthermore, activities such as these may develop capacity and agency for community members, as they are provided with a platform to share their experiences and practices in a university setting.

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1. Pillay-van Wyk V, Msemburi W, Laubscher R, et al. Mortality trends and differentials in South Africa from 1997 to 2012: Second National Burden of Disease Study. Lancet Glob Health 2017;4(9):E642-E653. https://doi.org/10.1016/S2214109X(16)30113-9
2. Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC: Interprofessional Education Collaborative, 2011.
3. Maistry M. Community engagement, service learning and student social responsibility: Implications for social work education at South African universities. A case study of the University of Fort Hare. Social Work 2012;48(2).
4. Rankoana SA, Nel K, Mothibi K, Mothiba TM, Mamogobo P, Setwaba M. The use of indigenous knowledge in primary health care: A case study of Makanye community in Limpopo Province, South Africa. Afr J Phys Health Educ Recreat Dance 2015;2(Suppl 1):272-278.

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