

Towards Optimizing Inter-Professional Learning Experiences for Health Professionals in Primary Care

Nighat Huda^{1*}

¹Department of Health Professions Education, Liaquat National Hospital and Medical College, Karachi, Pakistan

Inter-professional learning (IPL) is increasingly recognized as crucial in preparing future health professionals for effective collaborative practice. In primary care settings, IPL incorporates authentic experiences for students and trainees from multiple health professions to learn with, from, and about each other. IPL experiences train health professionals to deliver coordinated, patient-centered care, particularly for individuals requiring long-term medical treatment and lifestyle-related support in primary care [1]. WHO advocates inter-professional (IP) teams for cost-effective care, enhanced patient safety, and care coordination [2]. Globally, uni-professional traditional training and an inter-professional hierarchy with a physician-led team hinder collaborative practice.

Growing evidence from high-income countries (HIC) highlights IPL opportunities from walk-in, new patients, registered, and referral patients during rotations of diverse health professional students, interns, and residents in primary care. For example, involvement of patients and family members as partners of the IP team suggests reduced errors and improved patient communication [1]. The positive impact of university-supported student-run IP clinics, where learners act as primary care providers, demonstrate improved confidence and collaborative competencies [3]. In another model, integrating Community Health Workers (CHWs) as part of the IP team helps improve service delivery and patient satisfaction by leveraging their home visits experience in rural and community-based care [4]. From low- and middle-income countries (LMICs), evidence is fragmented, focusing mainly on research projects during clinical years or electives [5].

Considering Pakistan's rising burdens of chronic illnesses, mental health, and aging populations, the integration of IPL into primary care training becomes more convincing. Scoping reviews conclude that care provided by IP teams enhances patient satisfaction, reduces complications, hospital stay, team conflicts, and mortality. Pakistan can draw on IPL models from high-income countries and adapt successful examples

from LMICs to align with local contexts. Notable implementations include inter-professional chronic disease clinics, post-surgical and stroke rehabilitation programs, home-based care, and South Africa community-based collaborative care (CBCC) for mental health [6], where students and residents collaborate with nurses and other health professionals within integrated care teams. Digital health innovations have shown significant potential in Pakistan, particularly in mental health, prenatal, elderly health, and preventive care. Embedding training on relevant digital tools within multi-professional curricula is critical to maximizing these benefits. Nonetheless, transitioning from siloed to collaborative training models presents challenges. Barriers can be overcome through committed leadership, advocacy by a small group of champions, and direction from accreditation bodies, as demonstrated in the HICs context. With growing populations and healthcare workforce shortages, developing a robust inter-professional workforce is imperative to strengthen primary care and enhance patient outcomes in Pakistan.

REFERENCES

1. Sääf M, Elmqvist C, Pålsson B, Holst H. Experiences of interprofessional learning among students in primary healthcare settings: A scoping review. *BMJ Open* 2025; 15: e094572. DOI: <https://doi.org/10.1136/bmjopen-2024-094572>
2. World Health Organization (WHO) 2010. Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.
3. Beckman E, Mandrusiak A, Forbes R, Mitchell L, Tower M, Cunningham B, Lewis P. A student-led, interprofessional care, community-based healthcare service: Student, clinical educator and client perceptions of interprofessional care and education. *Focus Health Prof Educ* 2023; 23: 90-108. DOI: <https://doi.org/10.11157/fohpe.v23i1.476>
4. Esperat M, Hust C, Song H, Garcia M, McMurry L. Interprofessional Collaborative Practice: Management of Chronic Disease and Mental Health Issues in Primary Care 2023; *Public Health Rep*; 138 (Supplement 1) 29S-35S. DOI: <https://doi.org/10.1177/00333549231155469>
5. Mansuri FA, Baig LA, Siddiqui WA, Burhany TA, Sultana SS, Huda N. Reflections by potential health care providers on a research methodology course taught under a primary health care centre: An experience of inter-professional education. *J Taibah Univ Med Sci* 2017; 12: 229-34.
6. Abdulla S, Robertson L, Kramer S, Goudge J. Healthcare providers' experiences of community-based collaborative care for serious mental illness: A qualitative study in two integrated clinics in South Africa. *Camb Prisms: Glob Ment Health* 2025; 12: 1-11. DOI: <https://doi.org/10.1017/gmh.2025.10020>

*Corresponding author: Nighat Huda, Department of Health Professions Education, Liaquat National Hospital and Medical College, Karachi, Pakistan, Email: nighat.huda@lnh.edu.pk

Received: June 17, 2025; Revised: July 24, 2025; Accepted: August 06, 2025

DOI: <https://doi.org/10.37184/lnjpc.2707-3521.7.81>