



# Ghanaian radiographers experience and commitment to the mandatory reporting law regarding suspected child physical abuse

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## ABSTRACT

**Introduction:** The best interests of the child shall be paramount in any matter concerning a child and it should be the primary consideration by any court, person, institution, or other body in any matter concerned with a child. This study sought to explore the influence of legislation on and professional commitment of radiographers towards suspected child physical abuse.

**Method:** A semi-structured interview was conducted with 20 radiographers selected across all the regions in Ghana. The interviews were conducted exclusively by the first author with radiographers who reporting having experience of handling suspected child physical abuse cases. There were 14 male respondents with an age range of 30–54 years and six females aged from 25 to 57 years. Upon attaining data saturation, the thematically analysed data was managed using NVivo10 software.

**Results:** Findings from the study showed that the legal framework for mandatory reporting of suspected child physical abuse was not known by radiographers. A lack of professional commitment to report cases of suspected child physical abuse was also identified. Themes that emerged from the study formed the basis of the discussion.

**Conclusion:** This study revealed that radiographers interviewed were not well acquainted with national legislation requiring mandatory reporting. There is the urgent need to train radiographers on the laws protecting children to enhance their commitment to the reporting of suspected child physical abuse.

**Implication for practice:** The understanding of the legal framework under which radiographers operate is imperative when considering obligations to report suspicious injuries among children.

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## Introduction

Implementing new practices and/or altering prevailing practices in organisations, services and systems entail changes in individual and shared behaviours. According to Atkins et al.,<sup>1</sup> changing behaviour necessitates the thoughtfulness of the influences on behaviour in the background in which they arise. The behaviour around the reporting of suspected physical child abuse is often overbearing for all healthcare professionals who work with children, radiographers are no exception. In Ghanaian law “the best interest of the child is vital in any matter about a child and it shall be the primary consideration by any court, person, institution or

other body in any matter concerned with a child”.<sup>2</sup> In some jurisdictions, child protection laws and systems identify government responsibilities to guarantee that children would be provided protection when required.<sup>3</sup> Similarly, Ghana also has established a legal framework ‘the Children Act’ which seeks to exclusively protect children against all forms of abuse including physical, emotional/psychological, sexual and neglect. Section 1 of this Act defines a child as a person below the age of eighteen years.<sup>2</sup> Thus any form of ill-treatment of a child without any protective action is a violation of the rights of the child. Moreover, the Act further stresses that anyone with information about a child who is at risk of abuse and requires protection should report the matter to the Department of Social Welfare. Failure to report cases of suspected physical child abuse would affect data on its prevalence and subsequent prevention strategies. Physical child abuse causes anguish to children and relationships with prolonged consequences.<sup>4</sup>

Although child neglect is the most reported case of child abuse in Ghana,<sup>5</sup> physical abuse is also common. As a result of associated

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injuries with physical abuse, the role of the radiographer is critical when an X-ray examination is required for these children. Despite the negative impact of physical abuse, some cultural behaviours in Ghana support the use of physical punishment to discipline a child's misbehaviour.<sup>6</sup> Within the hospital setup, identification and reporting of possible cases of physical child abuse involve a systematic approach where each professional is required to contribute to protecting the child when suspicious cases appear before them. Mandatory reporting of suspected child physical abuse cases is critical due to its negative consequences on the child if not managed properly. In Ghana, there are measures to control all forms of child abuse nonetheless, they are normally not reported.<sup>7</sup> The current study seeks to explore the impact of Ghanaian laws with respect to child protection and the commitment of radiographers to the link processes of child protection laws when faced with imaging suspected cases of child physical abuse.

## Method

A qualitative research design was used in this study. The selection of participants was based on a purposive criterion sampling method which involves the selection of cases that meet several predetermined criteria.<sup>8</sup> Purposive criterion sampling can be useful for identifying and understanding cases that are information-rich using a small sample that meets the specified criteria.<sup>9</sup> A participant information sheet indicated that participants were required to take part in the study based on their knowledge and experience with the imaging of suspected child physical abuse. The focus was to investigate experiences, understanding, behaviour, and the participants' perceptions about mandatory reporting laws regarding child abuse generally. There is a paucity of information about radiographers' knowledge and obedience to these laws in Ghana. A qualitative approach is often applied in a situation where little is known about a subject to explore experiences.<sup>10</sup> Sample selection was achieved by the first author by identifying all radiographers in Ghana through the Ghana Society of Radiographers registry. Individual semi-structured interviews were conducted exclusively by the first author with the support of an interview guide developed by following a review of the literature. Each interview was conducted at participants' setting agreed upon across each region of the country.

### Ethical consideration

This study sought and received approval from the Ghana Health Service Ethical Review Boards ID NO: GHS-ERC: 14/01/14 and the Ghana Society of Radiographers Ethics Committee; ID NO: GSR/EEC/V1/003. Preceding the interviews, radiographers who voluntarily agreed to participate were handed participant information sheets with the aim of this study stated. Written informed consent was obtained from each participant which was followed up with verbal consent at the beginning of each interview. Participants were informed of their right to refuse to participate or to end the interview at any point. To preserve anonymity, the identity of participants was preserved by assigning them pseudo names such as "Rad-0X".

### Analysis

A digital voice recorder VN-711PC of 2 GB with an 823-h recording capacity was used. Participants consented to an audio recording of their experiences. The three coding steps according to Stuckey<sup>11</sup> were applied to facilitate the thematic analysis process. Data was read through to enable the categorising of the data into codes. Transcribed data were managed using NVivo10<sup>12</sup> following

data saturation. The codes were developed from perceptions and meanings that evolved from the information participants provided to the study authors. Significant ideas were grouped into keywords, categories, and subthemes. The results were compared and the themes developed formed the basis of this discussion.

## Results

The target population chosen for the study was 20 radiographers who met the defined criteria selected across all regions of the country within different cultural settings. They had a wide range of work experience from 3 to 29 years and were recruited through the national society's social media platforms. Four themes were developed from the data gathered 1) operational policy and legal framework gaps, 2) guidelines for reporting, 3) concern about personal safety and 4) commitment.

### Operational policy and legal framework gaps

Participants indicated the absence of strong policies in managing children who were suspected to have been physically abused. There was no compulsion among participants to report their suspicion.

*"There seems not to be any clear policy in handling such cases and this has also affected the hospitality we give them as well because child abuse issues have not been given any proper attention at the hospitals". (Rad-17)*

*"... am not too sure about the policies on child abuse so in order not to commit myself, I normally don't follow up on such cases". (Rad-13)*

*"I do not know of any laid down procedures by the hospital". (Rad-15)*

Several participants blamed their inactions on the system governing the operations of the hospitals.

*"With the Ministry of Health, they have the legal mandate to direct things, give policies or something but in fact, I don't see anything". (Rad-14).*

Participants suggested that they were unaware of any policy that obligates them to report suspected cases. They further highlighted the absence of a designated place or persons to call upon and report such cases.

*"They do not have good measures in place, and where to report or whom to consult". (Rad-11)*

*"... the hospital itself has not got any established place like an office for child abuse so if there is a case like this you cannot go and report it ... you see we don't even know the legal aspect of it". (Rad-15)*

They also appeared uncertain about the content of the legal contexts regarding the child and the law under which they work. For example,

*"Is because we do not have any legally supported measures in the hospital where to report this and the legal implications ... so I normally do not report it at all". (Rad-11)*

A participant expected periodic legal training on issues concerning the management of suspected child abuse.

*“As an institution, there have not been any legal briefings on matters of child abuse that comes to us”. (Rad-03)*

Another concern expressed by a few of the participants was the delays by the legal system in dealing with cases.

*“Our legal system here takes a very long time for justice to be delivered so even if it is a case of abuse, I will not have that time to be going to court or visiting the police station regularly to give information”. (Rad-13).*

The above assertions affirm that even within the hospitals some radiographers did not know where to report cases and the legal aspects surrounding the child and the law.

#### *Guidelines for reporting*

It was identified that guidelines for reporting were either vague or not available in some hospitals. Additionally, a few of the participants spoke about challenges in the channel of communication and the required procedures which must be followed.

*“... on the high side, we should have followed up or something but in our situation, there is nothing much you can do because even the channel of communication around here is quite poor”. (Rad-09)*

It was identified that some of the participants had been reading about existing unambiguous guidelines elsewhere, they were not privileged to have similar guidelines in their hospitals to work with.

*“We have been reading that elsewhere there are clear guidelines as to what to do about some of these things but unfortunately here even how to get your superior to report to is another problem”.(-Rad-09)*

The above narrative is an indication that the existing mandatory reporting system has no impact and the non-existence of reporting guidelines necessitating what to do raises the concern of radiographers.

*“If the reporting lines are clear so that we ourselves are educated on some of these issues and as soon as we see them, we know where to go or whom to call.” (Rad-05)*

Cases of suspected physical child abuse became the subject of discussion among the radiographers instead of taking the initiative to report it. However, they admitted the need for more education which would support them in managing such cases.

*“I have not had any formal training in that so I don't know where to go so we just discuss and leave it there”.(Rad-16)*

The situation led to no action taken by some radiographers apart from giving the report to the patient.

*“Hmmm, apparently when it comes, we just do the case and we give the results back to the patient or the one who brought the child and he takes it to whoever requested it. The reason being that I don't know of any procedures or protocols from the hospital to follow”. (Rad-15)*

#### *Concern about personal safety*

Participants raised the issue of their personal security when they became involved in matters of suspected child physical abuse when considering intervening. They revealed a hidden fear of a probable attack from perpetrators should they be found out to lead an investigation.

*“You know your personal protection against the perpetrators is rather key. We do not have any reporting procedure, protocols, and how an informant can be protected”. (Rad–17)*

*“It's like you are left in an empty space with no protection”. (Rad-08)*

Participants complained about the legal consequences if they follow up on such cases and also had doubts about getting any support from the authorities.

*“... we are not aware of the legal implications”. (Rad–17)*

*“The fear I following up you might be identified by the culprit ... particularly you don't know how the law protects you” (Rad-01).*

These narratives also suggest that the participants' liability to support victims of child physical abuse was not taken seriously or given the due attention it deserved.

#### *Commitment*

The findings revealed that participants were not prepared to leave their work and act on suspected cases of physical abuse. There was the belief that if they disrupt the waiting time of the remaining patients by attending to the abuse cases, they might incur the displeasure of the patients while the radiographer leaves the clinical area to report their suspicions.

*“... I cannot just leave my work and then go to the referral or to where they handled these suspected issues. I don't know how to go about it”.(Rad-16)*

Some felt that following a single case of abuse would inconvenience other patients waiting for their examination. They felt that there should be someone available to help act when suspecting such cases.

*“I am working, so assuming I have other patients lined up waiting for me and I am leaving those patients there and following this child to the police station, I am going to inconvenience the other patients waiting for me and who is going to take care of them?(-Rad-09)*

Rad-09 felt there should be someone else to follow up on the case.

*“... Why will I follow one person and leave the rest behind I believe it is not very good so there should be someone who should be following up on all these things”.(Rad-09)*

Similar sentiments were expressed by another participant who felt that suspected child abuse cases were isolated among the numerous patients waiting with different conditions and ironically not so important to take it up.

*“... there is a lot of work to be done you cannot leave the work and follow one case”. (Rad-15)*

There was a reference to the need for a division within the hospital where they could contact by telephone to handle such cases to enable them to perform their imaging tasks.

*“If there is a unit, you can report by phone and they take it up from there but errr nothing”. (Rad-15)*

Radiographers reported a lack of eagerness to approach the referring clinician to share information. This could be due to the

attitude of the referring doctors who were found to be indifferent and sometimes rude to the radiographer for approaching them to report an issue of concern.

*"I informed the doctor ... But what the doctor was interested in was the diagnosis so he did not even bother to probe further or listen to my case from his looks".(Rad-13).*

*"Yes most of the time when you find out that a child has been abused not even with abuse cases alone, or you identify something and approached the doctor, ... there are some of them who will not listen to you or just get angry at you because it is like you are telling them what to do and they don't care there are other people there". (Rad17).*

*"With the abuse cases when you tell them (doctors) the doctor will tell you that oh this one, leave it to the parent it is not your field or problem". (Rad-20)*

The findings showed that participants felt anything about child physical abuse was the doctor's responsibility. The reason for this assertion was because of the unrewarding remarks usually received from the doctors when they were approached with issues of suspected child abuse generally which the participants thought might have eluded the doctor by the nature of the goes like;

*"Yours is to take the X-rays so be at your end. They will just shut you up and then tell you that they are in charge so leave everything to them". (Rad-17)*

Rad-19 further explained why their obligation to suspected cases of child physical abuse was poor which included the uncertainty about how serious the person being notified of the suspected abuse would take the matter.

*"Yeah! I think we have a very poor commitment to that, very poor commitment. At times it is not that the health professional does not have the interest to help the child but even the reporting line, to whom do I report and the person I report to, how serious is the person to take up the matter further to the next level? These are all challenges for which most of us seem to be reluctant in pursuing some of these child abuse cases". (Rad–19)*

It was identified that in some instances the social workers' indifference to reported cases of abuse affected their desire to report to them. One participant whose hospital had a social welfare unit was affected by such an attitude and shared the experience:

*"If the hospital wants to channel it through the Social Welfare, or social worker then we should be made aware because you take some cases to them and they tell you to look this one we do not deal with such cases let the relatives go to the Police Station and report and then they will take it on from there". (Rad-16)*

*"... the social welfare seems not to care ... it has been a worry to me since I have been coming into contact with such cases. So this time I have decided not to get myself involved so much". (Rad-16).*

Rad-15 blamed their inaction on the cultural setting of the people who would not like to deal with the police on such matters.

*"... I realised that the cultural setting of the people here too is part". (Rad-15)*

As a result of the cultural behaviour of some parents, the radiographer also felt it was not his duty to report the case if the parent was not willing to do so.

*"I feel it is not my job to report it". (Rad-15)*

Parental discipline (also condoned culturally) which resulted in the child's injury played a key role in the radiographer's decision as to whether to report or not.

*"Where cultural issues like disciplining your own child are condoned, errm there is little that you can do. Most of the parents do not see why they have to discipline their own child and at the end of the day it becomes a police issue that you as the radiographer whatever you see you have to report".(Rad-18).*

If the parent whose child had suffered the abuse was unwilling to pursue the case because of time constraints such as having to be called upon several times on the case until the issue of the abuse is solved, the radiographer also did not see the reason to report such a case.

*"You know our culture because the best thing I could have done to help the parent is to report or help the parent to report but most of the parents themselves do not want to report because the follow up will waste their time". (Rad-04)*

Radiographers were found not to show commitment when they found the parent or caregiver not to show interest in the case. The situation becomes even more problematic when the parent/caregiver happens to be the suspected culprit. The willingness of the radiographer to help the child was also centred on the caregiver's own readiness to seek justice, particularly where the caregiver is not a suspect. One participant expressed his view on this:

*"... they would not take interest to see to their own children's fate. So if I will take up, Personally, I have my own problems or if I am very busy somewhere. In fact, I will reluctantly take up the matter. So what I do is to give advice to the parent but follow up is a hell of a problem so most at times we do not just follow up" (Rad-04).*

The interaction with participants and the issues emanating suggests inherent problems with how suspected child physical abuse is commonly managed in some Ghanaian hospitals.

## Discussion

Child abuse is not only appalling, but it destroys the essence and safety of children and also, weakens their self-possession, motivation, and personal relationships.<sup>13</sup> The current study explored the impact of legislation on Ghanaian radiographers' commitment to reporting suspected cases of physical child abuse. The study identified a lack of knowledge of policies in place and the aspect of the legislation that speaks to their practice as radiographers regarding mandatory reporting of suspected cases. Evidence suggests that a limited understanding of state legislature and policies relating to child abuse generally could lead to underreporting.<sup>13</sup> The current findings of identified policy deficits, the absence of operational guidelines, and the non-availability of established units to report suspected cases of child physical abuse. The radiographers' obligation to integrate their practice with actions to protect children who may be suffering from physical abuse by reporting was largely absent.

This could be a result of their cultural and or legal understanding of such matters and the uncertainties when it comes to reporting physical child abuse. Physical abuse could be considered acceptable due to religious, traditional, socio-economic, and cultural dogmas and practices.<sup>14</sup> A key concern was the radiographer's safety and assurance of support when they are found to lead cases of reporting

physical abuse. Refusal to report cases is typical, owing to fears regarding reporting requirements, procedures, consequences, as well as social and operational challenges.<sup>15</sup>

Child protection policies are imperative as it establishes guidelines for organisations and their staff to ensure safe settings for children. It is a means by which children and staff are both protected. This is to be expected as these guidelines clearly describe what action is required to keep children safe.<sup>16</sup> Policies guarantee uniformity of behaviour so that all abide by those standards because a child protection policy proves an organisation's commitment to children and ensures public confidence in its safe practices.<sup>16</sup> However, because of the participants' ignorance of the laws of Ghana which mandate reporting to the Social Welfare Department<sup>2</sup> they never complied. Thus their professional commitment to act to protect these children by reporting their suspicions was negatively affected. Radiographers come into contact with physically abused children during imaging and are well positioned to identify suspicious injuries on the patient. Imaging reports provide legal proof of abuse or otherwise and as such, health professionals in Ghana are generally, legally obliged to report to the Social Welfare Department or to the police. By this, it was anticipated that radiographers interviewed would demonstrate greater commitment to this rule. Elsewhere, it is mandatory for health professionals including radiographers to report suspicion of abuse, and failure to do so in some jurisdictions attracts either a fine or imprisonment<sup>17</sup> indicating the seriousness attached to refusal to report such cases in order not to compromise child protection efforts.

Appropriate legislation that mandates reporting by professionals would also provide protection for those reporters who could be vulnerable to attacks from the embattled perpetrator/s of the suspected physical. This was a concern from a few of the participants per the perilous cultural assertiveness in some settings in Ghana where the radiographer works.

When an emergency arises, having a perfectly documented set of policies and procedures would advance the process of reporting abuse thus helping to lessen the concerns and the reluctance of staff to professionally act to protect the vulnerable children.<sup>18</sup> Mutual beliefs and attitudes towards managing physical child abuse among the radiographers were identified against the acceptable strategies that ensure child safety. To have an entirely efficient child protection structure, there is an urgent need for a tough legal and regulatory framework, as well as specific policies related to child protection<sup>19</sup> which professionals who handle children must adhere to. Operative governance systems in child protection are imperative in Ghana to support the UNICEF<sup>19</sup> position on child protection. Pro-social behaviours are those intended to help other people. These actions are characterised by a concern for the rights, feelings, and welfare of other people.

The relationship of radiographers as in the current study would require the training of doctors and other healthcare professionals using a harmonising model of professional exchanges to advance professional communications, and also renew the professional identity of the health professionals as a suitable answer to increasing motivation to show professional competence the independence of these professionals and teamwork.<sup>20</sup> The acceptance and prominence of interprofessional care (IPC) is progressing which emphasises the creation of a patient centred partnership between the diverse healthcare players which take the advantage of their mutual knowledge and abilities for patient care development<sup>21</sup> as enshrined in World Health Organisation Document.<sup>22</sup>

### Limitations of the study

There could have been coding bias which was reduced by using all authors to code independently and agreeing on a common coding list.

### Conclusion

The required prosocial attitude of radiographers studied was seen to be absent due to poor implementation of policies and regulations and the lack of education of these professionals on related issues of child safety and protection. The child's wellbeing must be held supreme against any apparent risks to the status of the establishment or those involved. Thus in the Ghanaian context, as reported by radiographers interviewed, the situation was different, leading to their poor commitment to mandatory reporting of suspected child physical abuse.

The radiographer's attention should focus on leads of physical abuse when suspicious cases of children are presented to them. By reporting any suspicions a chain of suffering among these children could be prevented.

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There is no conflict of interest.

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