The aim of this research was to develop a practice model for interprofessional teaching-learning of anatomy at a higher education institution in South Africa to facilitate deep-holistic lifelong learning. The main aim of this research was to develop a practice model for interprofessional teaching-learning of anatomy at a higher education institution in South Africa to facilitate deep-holistic lifelong learning. The main aim of this research was to develop a practice model for interprofessional teaching-learning of anatomy at a higher education institution in South Africa to facilitate deep-holistic lifelong learning. The main aim of this research was to develop a practice model for interprofessional teaching-learning of anatomy at a higher education institution in South Africa to facilitate deep-holistic lifelong learning.

The study was conducted in two phases with two steps under each phase, including three objectives. Phase one consisted of the identification to classification process (Scrooby, 2012). The educator and student work towards the same goal, namely deep-holistic lifelong learning. The educator, the person who facilitates an anatomy module to students registered at a higher education institution in South Africa, without a medical school/faculty, is characterised by self-directness, accumulated experiences, learning readiness, active learning, curiosity, participation, interaction, philosophy of learning, assessment, presentation, collaboration, and reflective practice. The educator’s and student’s approach towards teaching-learning is aimed at pursuing deep-holistic lifelong learning. Deep-holistic lifelong learning will be implemented by the competent educational and student-practitioner/ in clinical practice.

What we learn is ultimately shown in what we do, and thus deep-holistic lifelong learning will be implemented by the competent educational and student-practitioner/ in clinical practice. The educator should constantly be in an active role in order to be a reflective practitioner. The student should also be willing to learn greater extent be involved with the educator and student-practitioner/ in clinical practice.

A related outline follows to articulate how this was conducted on the concepts identified from the empirical data and triangulation, deductive and inductive reasoning strategies were used to describe the conceptual framework and ultimately the practice model. The practice model will also be introduced as early as possible into the curriculum of health professionals. This collaboration will lead to better collaboration between health professionals in the clinical setting and ultimately improve/facilitate patient outcomes (Scrooby, 2012).

For interaction to take place between the educators, students and competent clinical practitioners, collaboration must be introduced as early as possible into the curriculum of health professionals. This collaboration will lead to better collaboration between health professionals in the clinical setting and ultimately improve/facilitate patient outcomes (Scrooby, 2012).