

Fulltext **PROCEEDING**

**2nd INTERNATIONAL CONFERENCE OF TRANSLATIONAL MEDICINE
AND HEALTH SCIENCES (ICTMHS)**

in conjunction with

4th JAVA INTERNATIONAL NURSING CONFERENCE 2018



**“Creating A Better Future of Health Care:
Partnership in Research, Education and Clinical Care”**

Semarang, Indonesia

September 14th - 15th 2018



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SCIENCES *in conjunction with* 4th JAVA INTERNATIONAL NURSING CONFERENCE 2018

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Collaboration or partnership is a term which is often used in the fields of research, clinical practice and health professional education. Collaboration occurs when two or more people work together to achieve common goals and shared outcomes. Collaboration includes a commitment to reciprocal relationships to achieve certain goals and is developed in conjunction with mutually supportive resources. Research, education and clinical practice are interrelated; research informs education, which in turn will affect the provision of care to patients.

In the area of health, it is believed that collaboration leads to better health services and improves patient satisfaction. Science is the foundation for providing quality service to patients and research is one of the means of doing so. The complexity of patient problems nowadays requires inter-professional collaborations among the health professions since the problems may not be solved when a profession is working alone. Collaboration in research occurs when researchers from more than one profession or disciplines work together to achieve common goals in generating new scientific findings.

Collaboration in the health services occurs when two or more people from multidisciplinary areas work together to solve the problems of the patients comprehensively. This collaboration may occur when each individual mutually respects and contributes according to his/her position to create a conducive environment to optimize the patient's health. WHO states that the health workers who perform collaborations in caring for patients will gain more success in resolving complex patient problems. Collaborations in health services are useful for improving the skills to provide comprehensive care, developing innovations and creativity, and focusing more on patient-centered care.

Collaboration in education or known as inter-professional education (IPE) occurs when two or more students from multidisciplinary studies learn together on a particular topic and jointly solve the case. Collaborations in education does not only occur in the university contexts but also in the clinical practice areas. These collaborations are closely related. IPE is part of the professional practice before the health workers implement it in the healthcare services.

The international conference which focuses on “Creating a Better Future of Healthcare: Partnership in Research, Education, and Clinical Care” is a way to create successful collaborations among the health workers. The conference also aims to introduce the public that the Faculty of Medicine Diponegoro University is committed to creating harmonious collaboration between health workers, including doctors, nurses, nutritionists, pharmacists, and dentists.

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Attachment

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The Experience of Interprofessional Education (IPE) on Students of Nursing Science Program

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ABSTRACT

Background: Interprofessional Education (IPE) was a program designed to support educational systems that trained the students to collaborate with other professions. The bad IPE implementation process would impact on the health of the patients because the management of the patients could not be conducted comprehensively and might endanger the health of the fostered family.

Purpose: The purpose of this study was to describe the experiences of the implementation of Interprofessional Education (IPE) applied on the students of Nursing Science Program academic year 2013.

Methods: This was a quantitative research using descriptive survey design. The sampling technique used was total sampling involving 129 respondents. The data were collected using questionnaires and analyzed using descriptive statistics.

Results: The results of this research were the implementation of IPE in the preparation stage was in good category (69.8%), the implementation stage was also in good category (50.4%), and the result stage was in good category (51.2%).

Conclusion: It could be concluded that the implementation of IPE in the Faculty of Medicine of Diponegoro University was generally well. The implementation of IPE should be improved by organizing clear and appropriate IPE guidelines according to its operational procedures for the students' better understanding.

Keywords: interprofessional education (IPE); nursing sciences students

BACKGROUND

The collaboration of health workers occurs when the health care providers work together with colleagues, another colleagues with different professions, patients, and their families. In Indonesia, the role of health professions has not been applied optimally, therefore; the number of human error in health services environment is still high (Niswah, 2016). This might happen because the less of interprofessional communication.

The communication and collaboration between health professionals could increase the value of professionalism of each profession and bring positive impact to patients. Therefore, the duties and authority of each profession should be taught early to instill the spirit of professionalism in working environment by applying the Interprofessional Education (IPE) program.

IPE is a learning implementation followed by two or more different professions to improve collaboration and quality of service. The implementation can be conducted in all learning, both undergraduate and clinical education stages to create professional healthcare workers (Lee, 2009). The implementation of IPE in several overseas universities such as Rosalind Franklin

University of Medicine and Science, University of Florida and University of Washington applies collaborative curriculum model and interprofessional education (Bridges, 2011). Interprofessional education (IPE) learning process is generally divided into 3 main stages; preparation, implementation and results (Director General of Higher Education, 2011). The implementation of the Interprofessional Education program in the Faculty of Medicine of Diponegoro University has experienced several obstacles both from the students, the Rowosari Health Center, the lecturers of Medicine Faculty of Diponegoro University and from the family side.

Based on the preliminary study, the students are difficult to arrange family visit schedule and presentation with field supervisor, the guidance system with field supervisor is not effective, the home visit of supervisors of fostered family is not running well, the management system of IPE program arrangement does not run well, the IPE guidebook is not in line with the field application, not all of the study programs play an active role in the implementation of the IPE, the scoring system of each study program has a different value proportion, the percentage value of each study program is different, and the location of the IPE implementation is difficult to access.

Based on those descriptions, the researchers are interested to examine the experience overview of Interprofessional Education (IPE) implementation to students of Nursing Science Program year 2013 Diponegoro University with three main stages in Interprofessional Education (IPE) learning process that are preparation, implementation and result.

METHODS

The research method was descriptive quantitative with survey approach. The research population was students of Nursing Science Year 2013 of Medicine Faculty of Diponegoro University. The sampling technique was total sampling. The samples were 129 students. The data were collected by using 51 questionnaires made by the researcher, then the content validity, face validity and construct validity were tested which had valid results with r count 0.314-0.721 with a value coefficient of Kuder-Richardson-20 $0.87 > 0,60$. The data collection was conducted in July 2017.

RESULTS

1. The Experience Overview of Interprofessional Education (IPE) Implementation in the Preparation Stage in Nursing Science Program, Faculty of Medicine, Diponegoro University

Table 1. Frequency distribution of Interprofessional Education (IPE) implementation in the preparation phase

Preparation Stage	Frequency (F)	Percentage (%)
Good	90	69.8
Poor	39	30.2
Total	129	100.0

Table 1 showed that the preparation stage of Interprofessional Education program of Nursing Science Program students year 2013 in 2016 from 129 respondents was in good category 69.8% and poor category was 30.2%.

Table 2. Distribution of statement intensity on the experience overview of Interprofessional Education (IPE) implementation in the preparation stage

N o	Statement	Yes		No	
		F	%	F	%
1	Learning with other professions will make me become more effective health workers	127	98.4	2	1.6
2	Patients take benefit from collaborative professional health workers	128	99.2	1	0.8
3	Learning with other students/health professionals will improve my ability to understand clinical and public health problems	128	99.2	1	0.8
4	Communication skills must be learned with other health profession students	122	94.6	7	5.4
5	Team work skills are very important to all health students to learn collaboration	128	99.2	1	0.8
6	Learning together help me to understand the limitations of my own profession	122	94.6	7	5.4
7	Learning together help me to respect other health professions	124	96.1	5	3.9
8	Learning among health students before collaborative practice improves the working relationships	122	94.6	7	5.4
9	Learning together helps me to think positively about other health professions	123	95.3	6	4.7
10	Working together in students group has to respect and trust each other	126	97.7	3	2.3
11	I use this opportunity to work together in managing patients with small group consisting of other health professions	125	96.9	4	3.1
12	I use this opportunity to share some general materials, tutorials or workshops with other professions	118	91.5	11	8.5
13	Learning together by practice helps me to identify the patients' problem	122	94.6	7	5.4
14	Learning together before collaboration helps me to be better in team work	122	94.6	7	5.4
15	I have to get more knowledge and skills from other health professions	124	96.1	5	3.9
16	Socialization provides me with knowledge to manage patients in the field	107	82.9	22	17.1
17	The syllabus of IPE implementation is arranged well	32	24.8	97	75.2
18	The syllabus of IPE implementation is easy to understand	33	25.6	96	74.4

Table 2 showed that the students' assessment of the preparation of Interprofessional Education program was good, 16 favorable statements indicated that more than 82% of each statement showing the students' answers which stated the preparation of Interprofessional Education program was good. As many as 75.2% stated that the syllabus of IPE implementation was not arranged well enough, and 74.4% of students stated that the syllabus of IPE was difficult to understand.

2. The Experience Overview of Interprofessional Education (IPE) Implementation in the Implementation Stage of Nursing Science Program Students, Faculty of Medicine, Diponegoro University

Table 3. Frequency distribution of the Interprofessional Education (IPE) implementation in the implementation stage

Implementation Stage	Frequency (F)	Percentage (%)
Good	65	50.4
Poor	64	49.6
Total	129	100.0

Table 3 showed that 50.4 % of students gave good assessment toward the implementation of Interprofessional Education program and 49.6 % of students considered that the implementation of Interprofessional Education program was poor.

Table 4. Distribution of statement intensity on the experience overview of Interprofessional Education (IPE) implementation in the implementation stage

N o	Statement	Yes		No	
		F	%	F	%
1	I think the location of IPE implementation is difficult to access	60	46.5	69	53.5
2	It is difficult to arrange the schedule of presentation with the different study program lecturer	113	87.6	16	12.4
3	I feel the guidance system with Field Supervisor is not effective	99	76.7	30	23.3
4	I have trouble to contact the Field Supervisor	65	50.4	64	49.6
5	I think the implementation of IPE is not in line with the given syllabus	92	71.3	37	28.7
6	IPE guidebook is in line with the field implementation	42	32.6	87	67.4
7	Not all of the professions participate in making the reports	83	64.3	46	35.7
8	I am able to coordinate with the team during IPE implementation	117	90.7	12	9.3
9	Team work is in accordance with its function	81	62.8	48	37.2
10	The reports type of IPE implementation in each program is not the same	115	89.1	14	10.9

11	The intervention plan is always discussed and agreed with the Field Supervisor	89	69.0	40	31.0
12	In implementing IPE, my team-mates and I discuss the intervention plan that will be conducted by each study program	118	91.5	11	8.5
13	The evaluation of care provision to IPE clients is conducted with the Field Supervisor	66	51.2	63	48.8
14	The role of faculty in funding the IPE intervention is very adequate	33	25.6	96	74.4

Table 4 indicated that several statements about the continuity of the IPE implementation in the field in providing services to the community. There were 90.7% of students who were able to coordinate with the team during the IPE implementation and 91.5% of students discussed the intervention plan that would be conducted. In addition, 87.6% of students stated that it was difficult to arrange the presentation time with the lecturer because he/she came from different study program. There were 76.7% of students stated that the guidance system with the Field Supervisor was not effective and 71.3% of students considered that the IPE implementation was not in line with the given syllabus. While 64.3% of students stated that not all of professions participated in making the reports. At last, there were 89.1% of students stated that the report type of IPE implementation in each program was not the same.

3. The Experience Overview of Interprofessional Education (IPE) Implementation in the Result Stage of Nursing Science Program, Faculty of Medicine, Diponegoro University.

Table 5. Frequency distribution of Interprofessional Education (IPE) implementation in the result stage

Result Stage	Frequency (F)	Percentage (%)
Good	66	51.2
Poor	63	48.8
Total	129	100.0

Table 5 showed that 51.2% of students achieved good result in the IPE implementation and 48.8% of students were in poor category.

Table 6. Distribution of statement intensity on the experience overview of Interprofessional Education (IPE) in the result stage

N	Statement	Yes		No	
		F	%	F	%
1	I do not know yet how to communicate and manage clients after the IPE implementation	23	17.8	106	82.2
2	My team-work skills with other programs students is improved after the implementation of IPE program	109	84.5	20	15.5
3	Team work skills in managing the clients improved after the implementation of IPE program	108	83.7	21	16.3

4	My skill to coordinate with other professions improved after the implementation of IPE program	114	88.4	15	11.6
5	After conducting the IPE program, my understanding of patients management by collaborating with other professions is improved	116	89.9	13	10.1
6	My competence in managing pregnant mothers is improved since I am able to do <i>anamnesa</i> , analyze problems, intervene, and evaluate problems	125	96.9	4	3.1
7	IPE program does not need to be implemented in Medicine Faculty of Diponegoro University	17	13.3	112	86.8
8	I think all of my team members are able to collaborate	97	75.2	32	24.8
9	During the implementation of IPE program, my attitude and behavior in managing clients and teammates are changed	97	75.2	32	24.8
10	My team is able to respect and trust each other	120	93.0	9	7.0
11	After the implementation of IPE program, I understand the limitation of my professional rights and obligations in managing clients	115	89.1	14	10.9
12	My skill is improved in managing clients after IPE program	106	82.2	23	17.8
13	I take benefit in communication during IPE learning program	116	89.9	13	10.1
14	My teammates and I are able to share tasks and assess the situation in the IPE implementation	110	85.3	19	14.7
15	After the IPE program, I know the character of each profession in managing clients	126	97.7	3	2.3
16	I think my my teammates are not responsible in any task given in IPE program	47	36.4	82	63.6
17	During the IPE program, my teammates always give support	102	79.1	27	20.9
18	I am able to solve conflicts happened in IPE program	113	87.6	16	12.4
19	My teammates from other profession and I are able to exchange information well	118	91.5	11	8.5

From the table 6 it could be concluded that 24.8% of students said that all of the team members had not been able to collaborate. There were 10.9% of students did not know yet the limitations of rights and obligations of their profession in managing clients. There were 17.8% of students

were not skilled in managing clients after the implementation of IPE. In addition, there were 36.4% of students stated that their teammates were not responsible in any task given during the IPE program, and 20.9% of students claimed that the teammates did not support during the IPE program. Each of these statements generally indicated the percentage of 75.2-97.7% and illustrated that the students achieved good results therefore; they were able to accomplish the competencies during the implementation of IPE program.

DISCUSSION

Interprofessional Education (IPE) occurs when two or more health professions are learning together from other health professions, and learning the role of each health professions to improve the ability of collaboration and service quality (CAIPE, 2007). The implementation of IPE program is divided into three stages; Interprofessional Education (IPE) preparation stage, Interprofessional Education (IPE) implementation stage and Interprofessional Education (IPE) result stage.

1. Preparation Stage of Interprofessional Education (IPE)

The preparation stage of IPE implementation consists of some aspects such as teamwork and collaboration, professional identity, roles and professional responsibilities (Director General of Higher Education, 2011). Result of the research taken from 90 respondents proved that 69.8% of Nursing Science program students year 2013 had good category of preparation level in implementing Interprofessional Education (IPE). This research was in accordance with the previous study entitled The Development of Interprofessional Education Model (IPE) at Faculty of Health Sciences UIN Alauddin Makassar, where the preparation stage in implementing Interprofessional Education (IPE) is one of the studied sub variables. The study uses the Readiness Interprofessional Learning Scale (RIPLS) questionnaire with 92.3% results in good category (Yusuf, 2015).

In the preparation stage of IPE, some aspects such as teamwork and collaboration where the students are able to cooperate, learn together, and collaborate with other professions in managing clients and give benefit to their self and other people were running well. In addition, a study conducted by Liaskos explains that in the IPE implementation, both of students and lectures between professions must have ability to collaborate therefore; there can develop a mutual respect between professions (Liaskos, 2008).

Another aspect in good category was the identity of profession where 94.6%-97.7% of students stated that learning together could develop the feeling of appreciation to other health professions, understand the limitations of the profession itself, think positively to other health professions, and have a mutual respect and trust to each other. The duties and authorities of each profession must be understood by every profession before collaborating with other professions because the overlapping of interprofessional role can be happened and the management of patients will not be conducted comprehensively and can endanger them.

The aspect of professional roles and responsibilities in the preparation stage of IPE were in good category, where the students proved that by implementing IPE program, the students will improve their ability in clinical and public health issues, understand their role in managing clients, and are able to improve the responsibility of each profession. As Gilbert puts forward an understanding of the roles and responsibilities of each profession to make health professionals understand what each profession will do in its work (Gilbert, 2007).

However, the result showed a poor category of the syllabus of IPE implementation. There were 74.4%-75.2% of students stated that the syllabus of IPE implementation had not been well developed moreover; the syllabus was not easy to understand. The syllabus of IPE implementation is one of the important components because it becomes a reference in the IPE implementation. Therefore, the unprepared syllabus of IPE implementation will impact on students and lectures, as it can create misunderstanding in the process of guidance, IPE implementation, assignments and reports writing technique.

2. The Implementation Stage of Interprofessional Education (IPE)

The implementation stage is the second stage of IPE program. In this stage, the results showed that there were 50.4% of 65 respondents from Nursing Science students year 2013 had good category of the IPE implementation. In addition, there were 53.5%-90.7% of students were able to coordinate with their teammates when the IPE implementation, discuss in preparing an intervention plan which is agreed by the field supervisors and the location of IPE implementation is easy to reach. It indicated that the implementation stage of IPE program was going well.

However, the implementation stage of IPE was in poor category in which 76.7% -87.6% of students were difficult to arrange the presentation time with lecturer from different programs, and the guidance system with Field Supervisor was not effective. The ideal characteristics of lecturers in facilitating IPE learning are understanding the concept of IPE and the competence of each health profession, besides; they have collaborative, innovative, leadership, and communicative experiences (Director General of Higher Education, 2011). The result also proved that there were 71.3% of students claimed that the IPE implementation was not in line with the given syllabus. As many as 67.4% of students stated that the IPE guidebooks were not in accordance with the implementation, there were not appropriate report writing format, then the assessment system and managing patients were not appropriate also. Therefore, it could make misunderstanding between students and lecturers. Then, there were 64.3%-89.1% of students said that not all of professions participating in preparing the reports during the IPE implementation and the reports type of IPE implementation were not the same in each program. By knowing it, it could be said that these statements were categorized poor.

3. The Result Stage of Interprofessional Education (IPE)

The final stage in IPE learning process is the result stage. The research resulted that there were 66 students (51.2%) in this stage were in good category. The result stage of IPE is influenced by four competencies that must be achieved such as knowledge competence, skill competence, attitude competence, and team capability competence (ACCP, 2009). The good result in IPE result stage was knowledge competence where students stated that the knowledge in managing clients was improved and they understand the limits of rights and obligations of the profession after IPE implementation. Hence, it is in line with the main purpose of IPE implementation to know limits of rights and obligations of each profession (WHO, 2010). The result of skill competence of IPE implementation was in good category where the students' skill of managing the client was improved, especially in managing pregnant mother. Furthermore, the attitude competence was also in good category because after IPE implementation, the students' attitude and behavior were changed to be better and they understand the characters of each profession when managing the clients.

After the IPE implementation, the result stage of team's competence was in good category. The competence of team's ability was improved such as cooperation, information exchange, team priorities, collaboration and trust development. The result stage indicated that 75.2-97,7% of students achieved good result as they were able to have competence in IPE program, however there was still non significant deficiency in the result.

In addition, the result stage of IPE indicated poor result such as the students who did not know how to communicate and manage patient after IPE implementation, IPE program did not need to be implemented in Medicine Faculty of Diponegoro University, all of team members had not been able to collaborate, did not know about the rights and obligations of their profession, did not skilled yet in managing clients after IPE program, and there were irresponsible team-mates for any tasks assigned during IPE program, and another teammates did not provide support during the IPE program. Although it did not show a significant percentage, it was needed to be highlighted for a better sustainability of IPE implementation so that each individual achieves an optimal result. It can also affect the students in the IPE implementation because it can make the students have low motivation so that they get not only their duties but also the real benefits of the IPE implementation.

CONCLUSIONS

The IPE implementation of Nursing Science students year 2013 in all of three stages; preparation, implementation and result stage was mostly in good category. The educational institutes are expected to organize socialization for field supervisors, develop a good syllabus of IPE implementation, and adjust the IPE implementation schedule. In addition, the students are expected to be able to establish an effective communication with the field supervisors and play an active role in IPE program.

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