

The background of the slide features a light gray background with several stylized, semi-transparent hands in various shades of gray reaching upwards. Interspersed among the hands are several interlocking gears. Some of the gears are a vibrant red, while others are a muted gray. The overall composition suggests themes of teamwork, industry, and progress.

INTERPROFESSIONAL EDUCATION AND COLLABORATION

INDONESIAN CASE

Kusrini S. Kadar, SKp. MN. PhD

Education:

- **S1 Keperawatan FIK UI (1999)**
- **S2 Keperawatan SoNM Monash University (ADS 2002-2003)**
- **S3 Keperawatan SoNM Monash University (ADS 2009-2014)**

Work Experience:

- **Dosen PSIK/PSMIK FKep UNHAS (2000 – sekarang)**

Research Interest:

- **CHN, Nursing Education, Health Promotion, Health Literacy, Health Coaching**

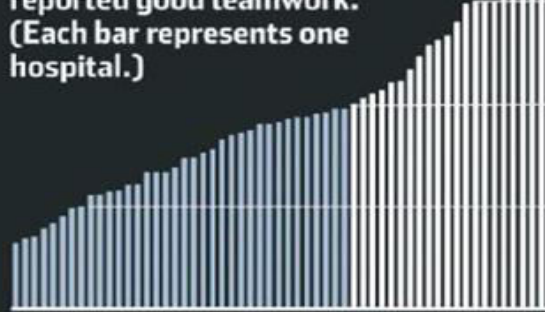


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Interprofessionality

Teamwork in the Operating Room

At a majority of 65 U.S. hospitals surveyed, less than half the staff reported good teamwork. (Each bar represents one hospital.)



Source: J. Bryan Sexton, Marty Makary, et al.

sumber: healthydebate.ca

sumber: healthsciences.curtin.edu.au

Health Care Deja vu



UNIVERSITAS
INDONESIA

Veritas, Probitas, Iustitia
— EST. 1849 —

“It is no longer enough for health workers to be professional. In the current global climate, health workers also need to be interprofessional”

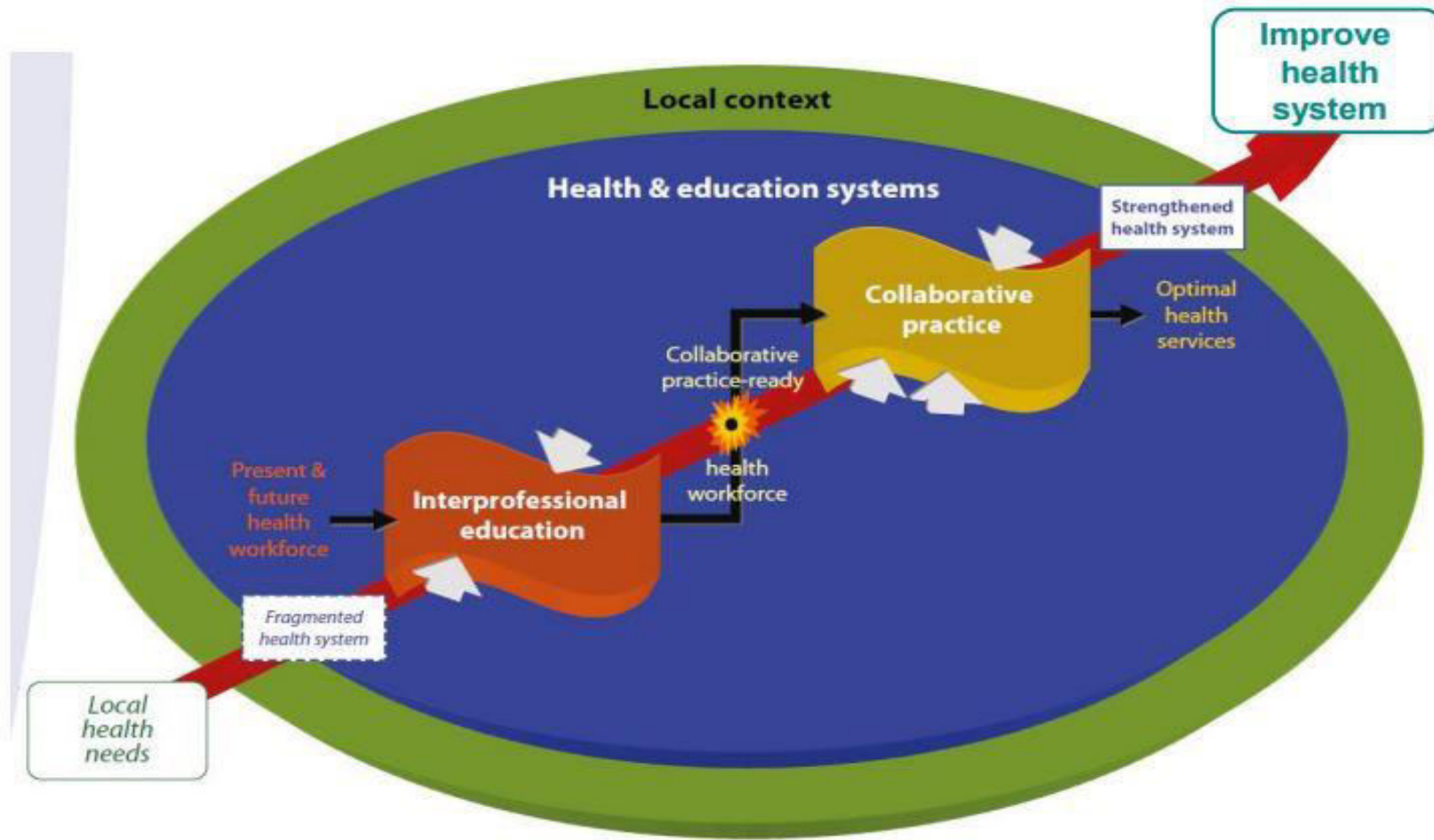
Does *INTERPROFESSIONALITY* value (D'Amour & Ondasan, 2005) exist?

(WHO, 2010, p.36)



How can they work together
if they don't learn together?

Health and Education System



Interprofessional Education (WHO, 2010)

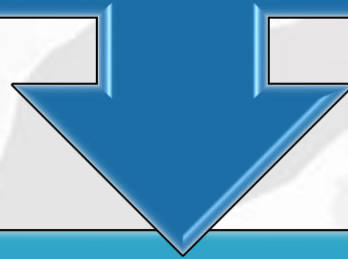
When students from two or more
professions learn about, from and
with each other

enable effective
collaboration

improve health
outcomes

Interprofessional Collaboration (WHO, 2010)

When multiple health workers from different professional backgrounds work together with patients, families, carers, and communities



deliver the highest quality of care

Enablers of Interprofessional Collaborative Practice (WHO, 2010)

- Institutional support → clear governance model, structured protocols and shared operating procedures
- Working culture support → structured information system and process, effective communication strategies, strong conflict resolution policies and regular dialogue among team (clinical governance)
- Professional support → Improved and open-minded for interprofessional collaboration
- Policy support → curriculum in pre service (IPE) and professional regulation

Interprofessional Education (IPE) in Indonesia



HPEQ Project (2011)



LAM-PTKes



12 Universities in Indonesia

IPE in Indonesia (3 Examples)



Collaborative Learning



Community & Family Health Care



Health Profession
Community Work
Subject (KKN Profesi)

IPE Implementation in Universitas Hasanuddin



KKN Profesi Kesehatan



IPEC in Universitas Hasanuddin

- Re-new IPEC activities
- Gathered more health professionals staff
- Set new goals
 - Academic stage (developing IPE curriculum in academic stage)
 - Professional stage (developing professional stage module)
 - Research activities (conducting IPEC research)

IPEC in UNHAS (Research Team - Simulation)



Learning case together



Reflection using FGD

Nov-Dec 2017

Research Findings IPE

- Literatures show positive response from health profession students towards interprofessional education (Lestari,et.al, 2016; Orbaniyah&Utami, 2015; Sundari&Sembodo, 2013; Yolanda&Soemantri, 2013; Fauziah, 2010).
- Unpublished research also shown similar results (Israbiyah, 2016; Suyatno, Kadar,& Nurdin, 2016; Ulung, 2013).



Reason for IPE

Mengapa perlu sebuah program khusus untuk 'mengajarkan' profesi kesehatan bekerja sama demi tercapainya IPC?



Tiga kondisi untuk mengurangi prasangka/*prejudice* (Allport, 1979 – contact theory)

- Equality of status between the groups
- Group members working towards common goals
- Cooperation during the contact

“Whole is more than sum of their parts”

“Group” → “Team”

Soemantri (2014)

Research Findings IPC

- Few information regarding Interprofessional Collaboration Practice in Indonesia
- One study was conducted in two hospitals in South Sulawesi revealed the collaboration practice have not implemented well yet → domination of one health professional still occur in collaboration practice (Hardi & Kadar, 2015)
- Similar condition was found in WHO Case Studies (2013) about Interprofessional Collaborative Practice in Primary Health Care: Nursing and Midwifery Perspectives



Research Findings IPC

- Collaborative practices in Indonesian health centres are directly affected by: health professional interactions (personnel level); health centre's environment (organisational level) and the Government legislation/policy (health system).
- The health centre's environment included organisation's culture, team management, physical space, as well as communication and coordination mechanisms (Setiadi, et.al, 2017)



Study Example

- Some study findings from Suyatno, Kadar & Nurdin in 2016 about the effect of IPE towards collaborative attitude among health profession students in clinical stage

METHODS

**Quantitative
Descriptive Design**

**ATHTC
questionnaire
(21 Questions)**

91 Clinical Students
From 4 Study Programs

Medicine

Nursing

Pharmacist

Physiotherapy

Attitude towards collaboration

Distribution of respondents Collaboration Attitude by Study Programs (n = 91)

Study Programs	Collaboration Attitude						Total
	Good	%	Good Enough	%	Less Good	%	
Nursing	1	1.1%	10	11%	0	0%	11
Physiotherapy	2	2.2%	4	4.4%	0	0%	6
Pharmacy	7	7.7%	21	23.1%	0	0%	28
Medicine	0	0%	46	50.5%	0	0%	46
Total	10	11%	81	89%	0	0%	91

Attitude towards team

Distribution of Attitude to the Team by Study Programs(n=91)							
Study Programs	Attitude to the Team						Total
	Good	%	Good Enough	%	Less Good	%	
Nursing	7	7.7%	4	4.4%	0	0%	11
Physipterapy	6	6.6%	0	0%	0	0%	6
Pharmacy	21	23.1%	7	7.7%	0	0%	28
Medicine	28	30.8%	18	19.8%	0	0%	46
Total	62	68.1%	29	31.9%	0	0%	91

Team Efficiency

Distribution of Efficiency of the Team by Study Programs (n=91)							
Study Programs	Efficiency of the Team						Total
	Good	%	Good Enough	%	Less Good	%	
Nursing	1	1.1%	8	8.8%	2	2.2%	11
Physiaterapy	0	0%	4	4.4%	2	2.2%	6
Pharmacy	2	2.2%	20	22%	6	6.6%	28
Medicine	1	1.1%	32	35.2%	13	14.3%	46
Total	4	4.4%	64	70.3%	23	25.3%	91

Role in a team

Distribution of the Role of Collaboration by Study Programs (n=91)							
Study Programs	Role of Collaboration						Total
	Good	%	Good Enough	%	Less Good	%	
Nursing	3	3.3%	7	7.7%	1	1.1%	11
Physiotherapy	1	1.1%	3	3.3%	2	2.2%	6
Pharmacy	4	4.4%	18	19.8%	6	6.6%	28
Medicine	0	0%	8	8.8%	38	41.8%	46
Total	8	8.8%	36	39.6%	47	51.6%	91

Different Perception

		Agree				Disagree			
13	Dokter tidak harus selalu menjadi pengambil keputusan akhir dalam keputusan yang dibuat oleh tim	10	90.9	0	0	1	9.1	0	0
16	Dokter memiliki tanggung jawab tertinggi untuk keputusan yang dibuat oleh tim	1	9.1	5	45.5	5	45.5	0	0

Nursing

		Agree				Disagree			
13	Dokter tidak harus selalu menjadi pengambil keputusan akhir dalam keputusan yang dibuat oleh tim	25	89.3	2	7.1	1	3.6	0	0
16	Dokter memiliki tanggung jawab tertinggi untuk keputusan yang dibuat oleh tim	5	17.9	15	53.6	8	28.6	0	0

Pharmacy

		Agree				Disagree			
13	Dokter tidak harus selalu menjadi pengambil keputusan akhir dalam keputusan yang dibuat oleh tim	6	100	0	0	0	0	0	0
16	Dokter memiliki tanggung jawab tertinggi untuk keputusan yang dibuat oleh tim	1	16.7	2	33.3	3	50	0	0

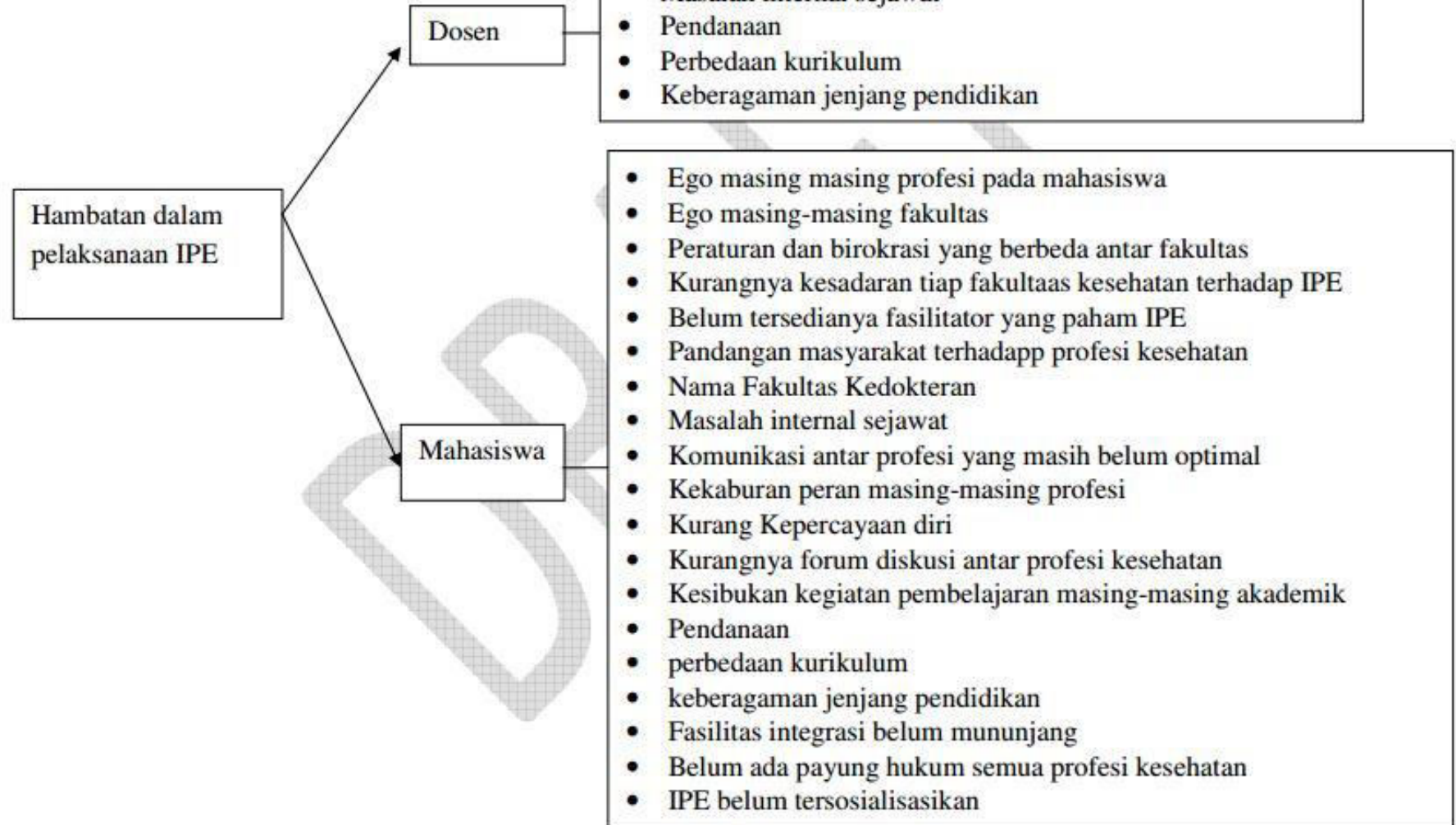
Physiotherapy

		Agree				Disagree			
13	Dokter tidak harus selalu menjadi pengambil keputusan akhir dalam keputusan yang dibuat oleh tim	17	37	19	41.3	10	21.7	0	0
16	Dokter memiliki tanggung jawab tertinggi untuk keputusan yang dibuat oleh tim	36	78.3	10	21.7	0	0	0	0

Medical

Barriers

I. Hambatan dalam pelaksanaan IPE



Barriers (WHO, 2013)



Professional Cultures and Stereotype

Inconsistent use and different understandings of language

Accreditation and curricula

Knowledge of the roles and scope of other health professions

Barriers (Rumpun Ilmu Kesehatan UI, 2014)

Differences in

- Personal values and expectations
- Personality
- Culture and ethnicity
- Language and jargons
- Schedule and professional routines
- Regulations and norms of professional education
- Accountability and rewards

Historical
interprofessional
and intra
professional
rivalries

Fears of
diluted
professional
identity



“It is only by working together, in a spirit of mutual respect and collaboration, that we can start to build an integrative model of care, which may be our best hope for changing the trajectory of the health of our people and our planet.”

Tieraona Low Dog, MD

AIHM INTERPROFESSIONAL FELLOWSHIP





Lets collaborate interprofessionally to improve
the quality of care

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