



Original Article

Interprofessional Learning Development In Indonesia Health Study Program

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ABSTRACT

Background: Interprofessional education (IPE) is a joint learning process between two or more students from the health profession to develop collaboration skills and improve the quality of health services. With IPE, students develop a deeper understanding of various health professions' roles and responsibilities, enhancing their ability to communicate and collaborate effectively. This study aims to develop IPE learning involving five health professions at the Faculty of Medicine and Health Sciences Universitas Jambi.

Methods: This study uses a research and development design. This study utilized a qualitative approach, specifically through Focus Group Discussions (FGDs) at the research and information gathering (define) stage. A total of ten lecturers and five heads of study programs from medical, nursing, pharmacies, psychology, and public health programs were involved in this study.

Results: Three themes were derived from the results: Curriculum, Faculty Development, and Institutional Support. Community-based IPE allows students from various health study programs at FKIK UNJA to be involved in these activities. To ensure effective implementation of IPE learning, it is crucial to conduct training for faculty facilitators and field instructors related to IPE learning and to form a team responsible for developing, delivering, and managing the IPE program. Institutional support for interprofessional education (IPE), namely facilities, infrastructure, and a partnership with primary health centers, is critical for implementing and sustaining community-based IPE.

Conclusion: The IPE learning that will be implemented at FKIK UNJA is community-based IPE. Three crucial elements must be prepared to implement IPE: curriculum, faculty development, and institutional support.

INTRODUCTION

Interprofessional education (IPE) is a learning approach that promotes collaborative learning among students from various health professions. It involves a process in which multiple professions learn from one another

and gain insights about each other to enhance teamwork and improve the quality of care.¹⁻³ World Health Organization (WHO) initiated interprofessional education to improve health workers' ability to provide health services collaboratively and in coordination with joint

decision-making related to patient health problems.⁴

Through IPE, it is hoped that health workers can work together to manage complex and systematic healthcare practices to improve patient care outcomes and reduce the risk of patient complications, conflicts between professions, and clinical errors.⁴ One of the primary advantages of IPE is the improvement in professional practice and healthcare outcomes. According to a systematic review, interprofessional collaboration is associated with enhanced professional practice, leading to better patient healthcare outcomes.⁵ Research indicates that when healthcare professionals are educated about the roles and responsibilities of their peers, it improves team functioning and ultimately benefits patient care and family support.⁶

The significance of IPE lies in its ability to break down traditional professional silos, fostering a culture of collaboration that is vital in modern healthcare settings. By engaging in IPE, students develop a deeper understanding of various health professions' roles and responsibilities, enhancing their ability to communicate and collaborate effectively.^{2,7}

The implementation of IPE is undoubtedly different in each institution. The variation can be seen in terms of the curriculum approaches, learning methods, implementation schedules, health professions involved, and supporting factors and barriers each institution faces.⁸⁻¹⁰ Considering the importance of the implementation of IPE by medical education institutions, the Indonesian Accreditation Agency for Higher Education in Health (LAM-PTKes) has determined the implementation of IPE as one of the assessment criteria in the accreditation of medical study programs in Indonesia.¹¹

It is necessary to develop an IPE learning that involves five health study programs at the Faculty of Medicine and Health Sciences Universitas Jambi (FKIK UNJA), namely medicine, nursing, public health, pharmacy, and psychology. This study

aims to develop IPE learning involving five health professions at FKIK UNJA.

METHOD

This study uses a research and development design. The study utilized a qualitative approach, specifically through Focus Group Discussions (FGDs) at the research and information gathering (define) stage. The FGD stage is used to gather information about IPE learning design that follows the needs and characteristics of FKIK UNJA. A total of ten lecturers and five heads of study programs from medical, nursing, pharmacy, psychology, and public health programs participated. A skilled facilitator guided the discussions, which were recorded using audio and visual methods. The analysis of the results was qualitative, identifying key themes and keywords that emerged from the conversations.

RESULT AND DISCUSSION

Three themes were derived from the results: Curriculum, Faculty Development, and Institutional Support. Each theme consisted of several categories. Table 1 describes the result.

The first theme is the curriculum, which consists of methods, learning objectives, subjects, implementation, learning methods, and assessments. IPE learning in the community allows students from various health study programs at FKIK UNJA to be involved in these activities. The literature indicates community-based learning (CBL) significantly improves students' motivation and engagement in healthcare practices. For instance, Okayama and Kajii highlight that CBL allows students to apply their knowledge in real-world settings, increasing their motivation to practice community health care.¹² Moreover, integrating interprofessional education (IPE) within CBL frameworks has enhanced student teamwork and communication skills. Mansuri et al. report that 90% of students in their study improved their teamwork abilities through community-focused training.¹³

Table 1. Themes, Categories, and Keywords

Theme	Category	Keywords
Curriculum	Method	The community-based IPE method will be implemented.
	Learning Objectives	All health study programs at FKIK UNJA can participate in community-based IPE.
		Students learn to work together in teams with students from other health professions.
		Students learn to communicate with other health professional students on the team.
	Subjects	Students know the roles and responsibilities of each health profession.
		IPE learning integrates with existing subjects by using the same topic across each Health Study Program.
		The current topic of IPE learning is Tuberculosis disease.
		Indonesia has the second most cases of Tuberculosis in the world
	Implementation	Implementation of IPE at the pre-clinical / undergraduate level.
		The program will be implemented 14-15 weeks.
IPE participants are 7th-semester or 5th-semester students from the medical, nursing, psychology, pharmacy, and public health programs		
Learning methods	Lectures	
	Project based learning	
Assessments	Feedback is given to students during learning activities	
	Achievement of learning objectives	
Faculty Development	Facilitator	Each student group is facilitated by one faculty facilitator
	Learning management	Field instructors from the public health centre are in charge of assisting student groups to the community
		Training for faculty and field instructors
Institutional Support	Facilities/infrastructure	IPE learning team
	Partnership	There are rooms and online communication platforms for discussion
		There is a partnership between FKIK UNJA and all community health centers in Jambi City.

The learning objectives of community-based IPE at FKIK UNJA refer to the core competency of IPE by Interprofessional Education Collaboration (IPEC).¹⁴ The learning objectives are to enable students to learn to collaborate, work together in teams,

and communicate with other health professional students in identifying health problems in the community. With this learning, Students will know the roles and responsibilities of each health profession. IPE is a learning approach that is implemented by

integrating this learning approach into existing subjects in each health study program at FKIK UNJA. In its implementation, the same topic was chosen: health problems in the community. The topic chosen at the moment is Tuberculosis disease. Tuberculosis is one of the diseases that still has a relatively high mortality and morbidity rate in Indonesia. Indonesia is also the country with the second most cases of Tuberculosis in the world.¹⁵

Interprofessional learning will be held at the pre-clinical or undergraduate level. Participants are the seventh and fifth-semester students from all health study programs at FKIK UNJA. Learning will last for 14-15 weeks in one semester of the academic year. Based on research conducted in several countries, IPE is carried out in two stages, the undergraduate and the clinical stages, with different time variations at each stage.¹⁶⁻¹⁸ The implementation of IPE becomes more effective if it is integrated at the beginning of the undergraduate curriculum. The early introduction of IPE to students aims to enable students to understand the role of their profession and appreciate the role of other health professions.^{16, 19, 20}

The learning methods used are lectures and project-based learning (PjBL). Lectures on IPE learning aim to provide students with the knowledge related to IPE learning. Lectures are still often used in IPE learning in several health education institutions worldwide.^{10, 17} In Project-based learning, students are divided into small groups whose members consist of students from each health profession. The goal of PjBL is for students to learn to collaborate and work together to identify health problems in the community directly. Research shows that IPE is more effective when implemented using adult learning principles such as problem-based learning and action learning sets and using learning strategies that reflect the actual practical experience of students and cause interaction between students.²¹

There are two assessments on community-based IPE learning. The first assessment is carried out by giving feedback

to students individually or in groups. The second assessment was carried out to assess the achievement of IPE competencies and IPE learning objectives. Assessment plays a crucial role in the educational process as a foundational component for teaching and learning. The fundamental principles underlying assessment remain consistent across various contexts, including evaluating interprofessional education and practice. In this regard, it is essential to integrate formative assessments, designed to enhance and support the learning journey, with summative assessments that aim to measure and evaluate the overall learning outcomes.²² A thorough assessment plan for interprofessional education (IPE) ensures that the IPE program's mission, goals, and educational objectives are achieved.²³

The second theme of the results was faculty development, which consisted of two categories, namely facilitators and learning management. The role of an IPE facilitator is crucial, as they guide the educational process and ensure that the principles of interprofessional collaboration are effectively integrated into the learning experience. In community-based IPE learning, each student group will be guided by one faculty facilitator and one field instructor. The task of faculty facilitators and field instructors is to supervise learning activities, provide feedback, and provide assessments to students. One of the primary roles of an IPE facilitator is to ensure that the educational content aligns with the core competencies of interprofessional education. Therefore, it is necessary to conduct training for faculty facilitators and field instructors related to IPE learning. According to Ratka et al., facilitators must have a solid understanding of interprofessional principles, which can be achieved through structured faculty development programs.²⁴ To ensure effective implementation of IPE learning, forming a team responsible for developing, delivering, and managing the IPE program is essential.^{25, 26}

The third theme of the results is institutional support, which consists of two

categories: facilities/infrastructure and partnership. Institutional support for interprofessional education (IPE) is critical for the successful implementation and sustainability of collaborative learning initiatives in healthcare education. Currently, FKIK UNJA facilitates IPE activities by providing a discussion room and an online communication platform that students can use. The partnership related to learning between faculties and primary health centers in Jambi City supports the implementation of community-based IPE that will be held in the health center's work area. Bridges et al. identify several critical resources, including adequate physical space, technology, and community relationships, which are necessary for effective IPE. Institutions should invest in creating collaborative spaces where students

from different health professions can learn together and participate in team-based activities. This physical infrastructure enhances the learning experience and promotes a culture of collaboration among students and faculty.²⁶.

CONCLUSION

The IPE learning that will be implemented at FKIK UNJA is community-based IPE. Community-based IPE provides students from five health study programs of FKIK UNJA with the opportunity to learn to collaborate and implement the knowledge gained during education according to their professional roles in the community. Three important elements must be prepared in the implementation of IPE, namely curriculum, faculty development and institutional support.

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