

# Turnitin artikel dr. Chamim

*by Dr, Chamim*

---

**Submission date:** 08-Apr-2023 11:00AM (UTC+0700)

**Submission ID:** 2058830901

**File name:** PUBLIKASI\_IQRA\_JURNAL.docx (58.79K)

**Word count:** 2476

**Character count:** 15484

## READINESS OF INTERPROFESSIONAL EDUCATION IN COMMUNITY MEDICINE: MEDICAL AND DENTISTRY STUDENTS

Chamim Faizin<sup>1</sup>

1) Department of Public Health, University Muhammadiyah of Semarang  
chamim@unimus.ac.id

### Abstract

The condition of public health is a reflection of the level of complexity of health problems. Many health care systems have innovated but failed in the practice of collaboration, teamwork, and communication. Family-based care will ease the workload of doctors and improve the level of health for patients in the community. Interprofessional education program was designed to increase of collaborative practice and teamwork among health team. This review aims to analyze the readiness of interprofessional education (IPE) in medical and dentistry students in collaborative field practice community medicine with a family approach. Quantitative methods using cross sectional with the readiness interprofessional learning scale (RIPLS). Total sampling with 142 medical students and 43 dental students carried out collaborative practice on 16 families to find priority health problems and carry out preventive interventions. The average readiness of interprofessional education descriptively for students is 65.36% (range 50%-76%). 100% student ready for interprofessional education. No difference among medical and dentistry student in readiness of interprofessional education with p value 0,810 (>0,05). That all student ready to interprofessional education community medicine with family approach.

**Key words** : readiness, interprofessional education, community medicine, medical students, dental students

### Abstrak

*Kedadaan kesehataan masyarakat tercemin dari kompleksitas masalah kesehatan. Berbagai sistem pelayanan kesehatan telah berinovasi, tetapi gagal dalam praktik kolaborasi, kerjasama tim dan komunikasi. Pelayanan berbasis pada keluarga akan meringankan beban kerja dokter dan meningkatkan derajat kesehatan pasien di masyarakat. Program Interprofesional education dirancang untuk meningkatkan praktik kolaborasi dan kerjasama antar tim kesehatan. Penelitian ini bertujuan untuk menganalisis kesiapan pembelajaran interprofesional (IPE) pada mahasiswa kedokteran dan mahasiswa kedokteran gigi. Metode kuantitatif dengan potong lintang dengan pengukuran kesiapan pembelajaran interprofesional (RIPLS). Total sampling dengan 142 mahasiswa kedokteran dan 43 mahasiswa kedokteran gigi dalam praktik kolaborasi pada 16 keluarga untuk menentukan prioritas masalah kesehatan dan memberikan intervensi berupa pencegahan. Rata-rata kesiapan pembelajaran interprofesional secara deskriptif pada mahasiswa sebesar 65,36% (rentang 50-76%). 100% mahasiswa siap dalam mengikuti pembelajaran interprofesional. Tidak ada perbedaan antara mahasiswa kedokteran dan mahasiswa kedokteran gigi dalam kesiapan pembelajaran interprofesional dengan p value 0,810 (>0,05). Bahwa semua mahasiswa siap dalam mengikuti pembelajaran interprofesional kedokteran komunitas dengan pendekatan keluarga.*

**Kata kunci** : Kesiapan, interprofesional education, kedokteran komunitas, mahasiswa kedokteran, mahasiswa kedokteran gigi

## INTRODUCTION

Currently, the health care system was increasing pressure on global health issues and the need for health professions<sup>1</sup>. The global health issue this period is the Covid-19 pandemic has a very big effect on medical education. Medical education institutions must be able to design the learning programs, quality, achieve competencies and remain focused on keeping the academic community safe during pandemic<sup>2</sup>.

Health care systems want to innovative, effective and patient- and family-centered care<sup>3</sup>. Many healthcare systems try to innovate health care but fail in the practice of collaboration, teamwork, communication, patient outcomes<sup>4</sup>. The patient belongs to the whole part of one family, by doing care to the family will ease the workload of the doctor and improve the health outcomes in the patient<sup>5</sup>.

Interprofessional education (IPE) dismantles the isolated education that has been formed in the medical and health science education system<sup>6</sup>. IPE becomes an interdisciplinary collaborative promotion in overcoming barriers and misunderstandings between health care providers<sup>7</sup>. IPE also provides reinforcement between professional competencies that are collaborated to improve the quality of patient care and reduce patient safety incidents<sup>8-10</sup>. The health care providers in the future must to providing of clinical knowledge and experience high-quality patient care. Students should be provided with opportunities in substantial interprofessional learning.

The health conditions in the community was reflect the level of complexity of the health problems. Community patients demand that health care providers be able to work with teams and communicate effectively in problems solving in the community<sup>11,12</sup>. Field collaboration practices in the community allow students to learn on a small scale collaborative teams in patient health care<sup>13,14</sup>. IPE with collaborative practices

among students, patients, families and communities has been proven to provide the highest quality of patient care. Therefore, it must will be prepared<sup>7,14,15</sup>. This review aims to analyze the readiness of interprofessional education (IPE) in medical and dentistry students in collaborative field practice community medicine with a family approach.

## METHODS

The sample of this study used the total sampling method. 3<sup>rd</sup> year preclinic medical and dentistry students Muhammadiyah University of Semarang. In this period, students have gained basic and advanced clinical skills learning, cognitive material about various types of diseases and their treatments. A total of 185 students consisting of 142 medical students and 43 dental students. Students are divided into 16 groups, 1 group of 11-12 students consisting of 8-9 medical students and 2-3 dental students.

IPE learning with several methods such as lectures, small group discussions with problem-based learning, clinical skills, field collaboration practices. The IPE learning lasts for 1 month on January 2022. During the collaboration practice of field learning accompanied by supervisors from medicine and dentistry of each group. Collaborative practice in Sendangmulyo Village, where 1 group visits 1 family by assessing the health status of individuals and families for preventive interventions to improve the degree of health of individuals and families.

Data taken directly to students using the Readiness Interprofessional Learning Scale (RIPLS) questionnaire which has been analyzed and validated by the Indonesian version by Tyastuti *et al* (2014)<sup>16</sup> into 16 questions divided into 3 subscales, namely teamwork and collaboration; negative professional identity; and a positive professional identity. Answers options of questions on RIPLS using likert scale. A descriptive univariate analysis and a bivariate analysis

by comparing readiness between medical and dental students using Mann Whitney.

## RESULTS

Based on the results and data processing, the results of the research was presented as follows:

**Table 1.** Respondens distribution

Item	n	%
Study programs		
Medical student	142	76,8
Dentistry student	43	23,2
Gender		
Male	51	27,6
Female	134	72,4

Source: Primary data, 2022

Medical students dominate frequency than dental student 3 times. Male students dominate frequency than female students.

**Table 2.** Readiness interprofessional education

Item	n	%	p value
Quantity	185	100	
Quality		65,36	
Difference			0,810

Based quantity that all student (185 students) ready to join interprofessional education. But, based quality of readiness that only 65,36% from student. Readiness is called good if the score is 63-80 and not good if the score is 16-80. There was no difference between medical students and dental students regarding IPE readiness.

## DISCUSSION

Although IPE has never been heard of by medical and dental students at Muhammadiyah University of Semarang, but the result study show that students are ready for IPE learning process. The students ready to become professional workers to work in a collaborative environment. This was clearly indicated in their responses to the questionnaire. Students seem to value collaborative learning, respect for roles from other professions, excited to learn

communication and collaboration interprofessional. They demonstrated positive responses (aggrement) for all questionares with strongly agree and agree for her answers.

In this study, it was found that the quantitatively all medical students are ready to run the IPE program. These findings were consistent with medical students responses form UGM and UMY<sup>17,18</sup>. While for the qualitative that students of readiness was 65,36 with a maximum score of 80 indicating good criteria, this is the same as other study. Readiness of IPE with a good category for medical student at UGM was 92,8% with a maximum score of 100% which has been started in 2009. While medical students at UMY have a good readiness in the IPE program by 75% from 100%.

In this study, it was found that the quantitatively all dental students are ready to run the IPE program. These findings were consistent with responses of dental students from UMY and Udayana University. Readiness of IPE with a good category for dental student at UMY was 78,9% with a maximum score of 100%. While dental student at Udayana University have a good readiness in the IPE program by 44,1% from 100%<sup>17,19</sup>.

Readiness for IPE as an important element in creating collaborative teamwork in their programs. The early IPE in pre-clinic will enhance collaboration in management and patient care especially collaborative care and teamwork in community with approach patient-family center care. When students was ready for the IPE program, they will have multiple opportunities to involve them in integrated work, and develop their competencies for interprofessional practice, increasing students confidence and readiness for effective teamwork and joint decision in professional practice. Good preparedness will have an impact on positive outcomes in various aspect of health care, including increased competence of practitioners and

satisfaction of patients and families in the community.

The difference in the level of readiness between students is due to various factors. These factors include perception, self-efficacy, level of knowledge and personality type. All of these factors are internal factors of students.

There is a significant relationship between perceptions with student readiness in IPE. The better perception, the more prepared students are to run the IPE program<sup>20</sup>. Self-efficacy in a person is formed through four processes, namely cognitive, motivational, affective and selective. Self-efficacy is able to affect student readiness to run the IPE program<sup>21</sup>. Knowledge is one of the important things in determining action. Student knowledge about IPE will effect student attitudes towards IPE program readiness<sup>17</sup>. Personality type is related to readiness of IPE program. Extrovert personality types was more prepared than introverts because they are better at adjusting to the environment, realistic and communicative<sup>22</sup>.

External factor that can affect IPE readiness such as policies, learning system, facilities, infrastructure, lecturers, etc. So, to get the best readiness, it is necessary to suppress factors that can decrease readiness and increase factors that can improve the level of readiness of students to run the IPE program.

In this study, there was no significant difference in IPE readiness of medical students. This was different from Numa<sup>4</sup>'s study, 2021 in Japan which states that there is a significant difference in the readiness of medical and dental students. The difference is based on the statement that dental students rarely felt the need for interprofessional collaborations, dentists often worked without the need for interprofessional collaborations dan dental students believed their contribution was insufficient<sup>23</sup>. Likewise, study at the National University of Singapore started that the readiness of dental students was lower than medical students<sup>24</sup>. So it is

necessary to increase the explanation of their professional roles in collaborative practice and the benefit of IPE.

But, in this study readiness of dental students was good, which meant that students were ready to collaborate, understand roles interprofesional, and ready to teamwork with other professions. This is a positive result because both groups of students was ready to run the IPE program. If only one of them is ready, it will be difficult to practice collaboration, teamwork, and understand roles between professions.

## CONCLUSION

Medical and dental students, both of whom are well prepared to join the IPE program. There was no difference of IPE readiness between medical students and dental students.

## REFERENCES

1. Herath C, *et.al.* comparative study of interprofessional education in global health care: A systematic review. *Med (United States)*. 2017;96(38).
2. Khalili H. Online interprofessional education during and post the COVID-19 pandemic: a commentary. *J Interprof Care [Internet]*. 2020;34(5):687–90. Available from: <https://doi.org/10.1080/13561820.2020.1792424>
3. Homeyer S., *et.al.* Effects of interprofessional education for medical and nursing students: Enablers, barriers and expectations for optimizing future interprofessional collaboration - a qualitative study. *BMC Nurs*. 2018;17(1):1–10.
4. Alzamil H, Meo SA. Medical students' readiness and perceptions about interprofessional education: A cross sectional study. *Pakistan J Med Sci*. 2020;36(4):693–8.
5. Davidson JE. Guidelines for Family-Centered Care in the Neonatal, Pediatric, and Adult ICU. *Crit Care*

- Med. 2017;45(8):1352–8.
6. Meleis AI. Interprofessional Education: A Summary of Reports and Barriers to Recommendations. *J Nurs Scholarsh.* 2016;48(1):106–12.
  7. Yousuf Guraya S, Barr H. The effectiveness of interprofessional education in healthcare: A systematic review and meta-analysis ScienceDirect. *Kaohsiung J Med Sci [Internet].* 2018;34:160–5. Available from: <http://creativecommons.org/licenses/by-nc-nd/4.0/>
  8. Sulaiman N, et al. A mixed methods approach to determine the climate of interprofessional education among medical and health sciences students. *BMC Med Educ.* 2021;21(1):1–13.
  9. Zanotti R, Sartor G, Canova C. Effectiveness of interprofessional education by on-field training for medical students, with a pre-post design. *BMC Med Educ.* 2015;15(1):1–8.
  10. Danielson J, Willgerodt M. Building a theoretically grounded curricular framework for successful interprofessional education. *Am J Pharm Educ.* 2018;82(10):1133–9.
  11. Bodenheimer T, Sinsky C. From triple to Quadruple Aim: Care of the patient requires care of the provider. *Ann Fam Med.* 2014;12(6):573–6.
  12. Eggenberger T, Millender E, Drowos J, France NEM. Interprofessional education and practice guide: Developing interprofessional community-based clinical experiences. *Cogent Med [Internet].* 2019;6(1):1676582. Available from: <https://doi.org/10.1080/2331205X.2019.1676582>
  13. Morris D, Matthews J. Communication, respect, and leadership: Interprofessional collaboration in hospitals of rural Ontario. *Can J Diet Pract Res.* 2014;75(4):173–9.
  14. Spencer J, Woodroffe J, Cross M, Allen P. “a golden opportunity”: Exploring interprofessional learning and practice in rural clinical settings. *J Interprof Care.* 2015;29(4):389–91.
  15. Thompson S, Metcalfe K, Boncey K, Merriman C, Flynn LC, Alg GS, et al. Interprofessional education in geriatric medicine: Towards best practice. A controlled before-after study of medical and nursing students. *BMJ Open.* 2020;10(1):1–14.
  16. Tyastuti D, Onishi H, Ekayanti F, Kitamura K. Psychometric item analysis and validation of the Indonesian version of the Readiness for Interprofessional Learning Scale (RIPLS). *J Interprof Care.* 2014;28(5):426–32.
  17. Susanti E. HUBUNGAN TINGKAT PENGETAHUAN DENGAN KESIAPAN MAHASISWA FKIK UNIVERSITAS MUHAMMADIYAH YOGYAKARTA MENGHADAPI INTERPROFESIONAL EDUCATION (IPE). *Repos UMY [Internet].* 2015;151:10–7. Available from: <http://etd.umy.ac.id/id/eprint/28024/>
  18. A’la, Muhammad Zulfatul; et al. PERSEPSI DAN KESIAPAN MAHASISWA TAHAP AKADEMIK TERHADAP INTERPROFESIONAL EDUCATION DI FAKULTAS KEDOKTERAN UNIVERSITAS GAJAH MADA. *Indones J Heal Sci.* 2012;2(2):184–97.
  19. Rahmadayani E, Wardani NP, Sudira PG. Pengaruh Jumlah Pembekalan terhadap Persepsi dan Kesiapan Mahasiswa Mengenai Interprofessional Education di Universitas Udayana. *J Med Udayana [Internet].* 2020;9(11):80–4. Available from: <https://ojs.unud.ac.id/index.php/eum/article/view/71024/38658>
  20. Hadira. Persepsi dengan Kesiapan

- Mahasiswa Menghadapi Interprofesional Education (IPE) di Fakultas Kedokteran dan Ilmu Kesehatan UIN Alauddin Makassar. Repos UIN Alaudin Makasar [Internet]. 2021; Available from: <http://repositori.uin-alauddin.ac.id/id/eprint/20020>
21. Akhmad VS. Hubungan Efikasi Diri dengan Kesiapan Interprofesional Education (IPE) pada Mahasiswa Fakultas Kedokteran dan Ilmu Kesehatan (FKIK) UIN Alauddin Makassar. Repos UIN Alaudin Makasar [Internet]. 2017;1–14. Available from: <http://repositori.uin-alauddin.ac.id/id/eprint/4160>
  22. Luh N, Widiawati A, Ketut N, Mirayati A. HUBUNGAN TIPE KEPERIBADIAN DENGAN KESIAPAN INTERPROFESIONAL EDUCATION ( IPE ) PADA MAHASISWA KESEHATAN DI STIKES WIRA MEDIKA BALI The Personality Types relations with Interprofessional Education ( IPE ) Readiness for Health Students at STIKes Wira Medika B. Repos Stikes Wira Med [Internet]. 2020;1–11. Available from: <http://repository.stikeswiramedika.ac.id/id/eprint/55>
  23. Numasawa Id M, et al. A mixed methods study on the readiness of dental, medical, and nursing students for interprofessional learning. 2021; Available from: <https://doi.org/10.1371/journal.pone.0255086>
  24. Ahmad MI, et.al. Are first-year healthcare undergraduates at an Asian university ready for interprofessional education? J Interprof Care. 2013;27(4):341–3.

# Turnitin artikel dr. Chamim

## ORIGINALITY REPORT

16%

SIMILARITY INDEX

14%

INTERNET SOURCES

9%

PUBLICATIONS

6%

STUDENT PAPERS

## PRIMARY SOURCES

1	<a href="http://www.researchgate.net">www.researchgate.net</a> Internet Source	4%
2	Submitted to State Islamic University of Alauddin Makassar Student Paper	4%
3	Dragana Milutinović, Robert Lovrić, Dragana Simin. "Interprofessional education and collaborative practice: Psychometric analysis of the Readiness for Interprofessional Learning Scale in undergraduate Serbian healthcare student context", Nurse Education Today, 2018 Publication	1%
4	<a href="http://journal.ugm.ac.id">journal.ugm.ac.id</a> Internet Source	1%
5	<a href="http://jurnalfpk.uinsby.ac.id">jurnalfpk.uinsby.ac.id</a> Internet Source	1%
6	<a href="http://onlinelibrary.wiley.com">onlinelibrary.wiley.com</a> Internet Source	1%



7	Lorraine E. Walker, Merylin Cross, Tony Barnett. "Students' experiences and perceptions of interprofessional education during rural placement: A mixed methods study", Nurse Education Today, 2019 Publication	1 %
8	<a href="http://ejournal.uin-malang.ac.id">ejournal.uin-malang.ac.id</a> Internet Source	1 %
9	<a href="http://www.mdpi.com">www.mdpi.com</a> Internet Source	1 %
10	"Abstracts from the 2016 Society of General Internal Medicine Annual Meeting", Journal of General Internal Medicine, 2016 Publication	<1 %
11	<a href="http://core.ac.uk">core.ac.uk</a> Internet Source	<1 %
12	<a href="http://www.science.gov">www.science.gov</a> Internet Source	<1 %
13	<a href="http://www.scuhs.edu">www.scuhs.edu</a> Internet Source	<1 %

Exclude quotes Off

Exclude matches Off

Exclude bibliography On