

PRESENTED BY:



**CALL FOR PAPER**

## THE THIRD BI-ANNUAL SCIENTIFIC MEETING OF IAAHEH 2022

**"Challenges of Best Practices in External Quality Assurance during Disrupting Era of Pandemic and Industrial Revolution 4.0"**

### INVITED SPEAKERS:



### AREA OF INTEREST

Class 1: Current trends in Implementation of Internal Quality Assurance during the pandemic

Class 2: Best Practices of Education in Health Studies in achieving competencies of practicum and clinical practices during the pandemic

Class 3: Trends and Issues in hospital care services during the pandemic



### REGISTRATION FEE

Indonesian Participants  
Rp 200.000/User

Foreign Participants  
US \$20/User

Special Rate Only  
Rp 100.000/User (for Student)  
US \$10.00/User (for Student)

### EARLY BIRD

22 November - 15 December 2021  
Indonesian Participant Regular  
Foreign Participant Regular

: Rp. 150.000/User  
: US \$15/User

### VIRTUAL EVENT

LIVE ON ZOOM  
22-23 February 2022  
Jakarta, Indonesia (GMT +7)

### WHAT YOU GET?

Presentation Materials  
e-Certificate  
Article Publication (for selected paper)  
Reward for the Best Article

### IMPORTANT DATE

22 November 2021 - 8 February 2022  
Deadline of Payment  
(Participants)

22 November - 31 December 2021  
Abstract Submission and Revision

31 December 2021  
Deadline for Abstract Submission

7 January 2022  
Abstract Acceptance (Final) & Submit  
Manuscript

15 January 2022  
Deadline of Manuscript Submission

16 January 2022  
Manuscript send to Reviewer

31 January 2022  
Deadline Reviewer Finish  
to Review

22-23 February 2022  
Conference Date

### SUPPORTED BY:



### CONTACT INFORMATION

Promotion  
Amel (62838-9727-8422) Scientific  
Hesty (62857-8175-2580)

Registration  
Disti (62857-1767-5032) \*Whatsapp Chat Only  
Ana (62822-9975-6597)

Please Visit Our Website  
<https://biannual2022.lamptkes.org/>





Perkumpulan Lembaga Akreditasi Mandiri Pendidikan Tinggi Kesehatan Indonesia  
(Perkumpulan LAM-PTKes)

Indonesian Accreditation Agency For Higher Education In Health (IAAHEH)

Keputusan Menkumham : AHU - 30.AH.01.07.Tahun 2014

Keputusan Mendikbud: 291/P/2014

Office: Jalan Sekolah Duta 1 No. 62, RT 003, RW 014, Kelurahan Pondok Pinang,

Kecamatan Kebayoran Lama, Jakarta Selatan 12310

Phone: +62 217690913; +62 21 2765 3495/96

Website: [www.lamptkes.org](http://www.lamptkes.org) E-mail: [sekretariat@lamptkes.org](mailto:sekretariat@lamptkes.org)

**SCHEDULE OF 2022 AQAN WEBINAR AND THE THIRD BI-ANNUAL SCIENTIFIC MEETING OF IAAHEH, IN COLLABORATION BETWEEN NAAHE AND IAAHEH**

No	Time	Topics	Presenter	Moderator/PiC
<b>Day 1 Seminar (GMT+7)</b>				
	08.00 - 09.00	Opening Video: Company Profile, Webinar Rules, etc		
1	09.00 - 09.05	Introduction		MC
2.	09.05 - 09.10	Opening Prayer	IAAHEH/LAM-PTKes: Rohman Azzam/Budi Setiawan	
3.	09.10 - 09.15	National Anthem: Indonesia Raya		MC
4.	09.15 - 09.30	Welcome Speech	Chairman of IAAHEH/LAM-PTKes: Usman Chatib Warsa	
5.	09.30 - 09.45	Opening Remark	President of AQAN: Dato' Mohammad Shatar bin Sabran	
6.	09.45 - 10.00	Programs of AQAN to improve quality awareness to higher education system in ASEAN countries	President of AQAN: Dato' Mohammad Shatar bin Sabran	Moderator: T. Basarudin (NAAHE/BAN-PT)
7.	10.00 - 10.15	Keynote Speech: Policy of Ministry of Education and Culture on International Accreditation of Higher Education in Health	Minister of Education Culture, Research and Technology: Nadiem Anwar Makarim	
8.	10.15 - 10.30	Improvement Program for Quality Assurance Agencies in ASEAN	SHARE: Mr. Sebastian Gries	
9.	10.30 - 10.45	Strategic move of APQN to improve quality of Higher Education institution during pandemic	President of APQN: Jianxin Zhang	
10.	10.45 - 11.00	Strategic Policy of BAN-PT in improving Institutional quality assurance in the era of Industrial Revolution 4.0	Accreditation Council of NAAHE/BAN-PT: Imam Buchori	
11.	11.00 -11.15	Panel Discussion		



**Perkumpulan Lembaga Akreditasi Mandiri Pendidikan Tinggi Kesehatan Indonesia  
(Perkumpulan LAM-PTKes)**

**Indonesian Accreditation Agency For Higher Education In Health (IAAHEH)**

Keputusan Menkumham : AHU - 30.AH.01.07.Tahun 2014

Keputusan Mendikbud: 291/P/2014

Office: Jalan Sekolah Duta 1 No. 62, RT 003, RW 014, Kelurahan Pondok Pinang,

Kecamatan Kebayoran Lama, Jakarta Selatan 12310

Phone: +62 217690913; +62 21 2765 3495/96

Website: [www.lamptkes.org](http://www.lamptkes.org) E-mail: [sekretariat@lamptkes.org](mailto:sekretariat@lamptkes.org)

No	Time	Topics	Presenter	Moderator/PiC
	11.15 - 11.20	Video Pesona Indonesia		
12.	11.20 - 11.35	Lesson Learned/Sharing Experience on Best Practices of External Quality Assurance during pandemic from Executive Board Director Badan Akreditasi Nasional Perguruan Tinggi (BAN-PT)	Executive Board Director NAAHE/BAN-PT: Ari Purbayanto	Moderator: Dewi Irawati (IAAHEH/LAM-PTKes)
13.	11.35 - 11.50	Lesson Learned/Sharing Experience on Best Practices of External Quality Assurance during pandemic from PAASCU Philippines	PAASCU Philippines: Ricardo R. Palo	
14.	11.50 - 12.05	Impact of Pandemic Covid 19 to the quality of education and its implication to accreditation process	ANMAC: Fiona Stoker	
15.	12.05 - 12.20	Lesson Learned/Sharing Experience on Best Practices of External Quality Assurance during pandemic from SEARAME	President SEARAME: Titi Savitri	
16.	12.20 - 12.40	Panel Discussion		
17.	12.40 - 12.50	Wrap Up	IAAHEH/LAM-PTKes: Zulvi Wiyanti	
18.	12.50 - 13.00	- Picture Taken - Closing	MC: Amel and Indri	



Perkumpulan Lembaga Akreditasi Mandiri Pendidikan Tinggi Kesehatan Indonesia  
(Perkumpulan LAM-PTKes)

Indonesian Accreditation Agency For Higher Education In Health (IAAHEH)

Keputusan Menkumham : AHU - 30.AH.01.07.Tahun 2014

Keputusan Mendikbud: 291/P/2014

Office: Jalan Sekolah Duta 1 No. 62, RT 003, RW 014, Kelurahan Pondok Pinang,

Kecamatan Kebayoran Lama, Jakarta Selatan 12310

Phone: +62 217690913; +62 21 2765 3495/96

Website: [www.lamptkes.org](http://www.lamptkes.org) E-mail: [sekretariat@lamptkes.org](mailto:sekretariat@lamptkes.org)

No	Time	Topics	Presenter	Moderator/PiC
<b>Day 2 Plenary and Parallel Session</b>				
1.	10.00 - 10.05	Introduction		MC
2.	10.05 - 10.20	Welcome Speech	Board of Founders IAAHEH/LAM-PTKes: Errol U Hutagalung	
3.	10.20 - 10.40	Keynote speech: Interprofessional collaboration to achieve better community health	Minister of Health: Budi Gunadi Sadikin	
4.	10.40 - 11.00	Breakout room		
5.	11.00 - 12.00	<b>Parallel session</b>		
		<b>Class 1:</b> Current Trends in Implementation of Internal Quality Assurance during the pandemic	Participants	Moderator: Nils & Besral Secretary: Gita
		<b>Class 2:</b> Best Practices of Education in Health Studies in Achieving Competencies of Practicum and Clinical Practices During the Pandemic	Participants	Moderator: Mia & Rohman Secretary: Gebby
		<b>Class 3:</b> Trends and Issues in Hospital Care Services During the Pandemic	Participants	Moderator: Insan & Titiek Secretary: Indah Ayu
6.	12.00 - 13.00	Lunch Time		
7.	13.00 - 14.00	Parallel session (continued)		
		<b>Class 1</b>		
		<b>Class 2</b>		
		<b>Class 3</b>		
8.	14.00 - 14.30	<b>Plenary Session</b>		
		Impact of Covid 19 on the Quality of Education in Developing Countries	WHO Representatives Indonesia: Ms. Ryoko Takahashi, Technical Officer Health System Strengthening	Moderator/Facilitator: Titi Savitri
9.	14.30 - 15.00	Policy on keeping standards of Quality Medical Education during disruptive era	President of WFME: Prof. David Gordon	



**Perkumpulan Lembaga Akreditasi Mandiri Pendidikan Tinggi Kesehatan Indonesia  
(Perkumpulan LAM-PTKes)**

**Indonesian Accreditation Agency For Higher Education In Health (IAAHEH)**

Keputusan Menkumham : AHU - 30.AH.01.07.Tahun 2014

Keputusan Mendikbud: 291/P/2014

Office: Jalan Sekolah Duta 1 No. 62, RT 003, RW 014, Kelurahan Pondok Pinang,

Kecamatan Kebayoran Lama, Jakarta Selatan 12310

Phone: +62 217690913; +62 21 2765 3495/96

Website: [www.lamptkes.org](http://www.lamptkes.org) E-mail: [sekretariat@lamptkes.org](mailto:sekretariat@lamptkes.org)

---

No	Time	Topics	Presenter	Moderator/PiC
10.	15.00 - 15.30	Panel Discussion		
11.	15.30 - 16.00	The Quality of Medical and Health Professional Education and Quality Assessment Methods during pandemic: Interactive Discussion	FAIMER: Janet Grant	
12.	16.00 - 16.30	Announcement for the Best Manuscripts	Executive Coordinator Biannual International Conference of IAAHEH: Elly Nurachmah	
13.	16.30	Picture Taken Closing Ceremony	MC	

**2022 AQAN WEBINAR AND THE THIRD BI-ANNUAL SCIENTIFIC MEETING OF IAAHEH  
IN COLLABORATION BETWEEN NAAHE AND IAAHEH  
RUNDOWN OF MANUSCRIPT PRESENTATION**

No	Time	Scene	Topics	Presenter	Moderator/PiC
1.	11.00 - 12.00	<b>Parallel session:</b> <b>Class 1:</b> Current Trends in Implementation of Internal Quality Assurance during the pandemic		1. Dr. Besral, SKM, MSc 2. Ayu Nurdiyan 3. Galih Widagdo 4. Siti Sunya Kumala	Moderator: Nils & Besral Secretary: Gita
		<b>Class 2:</b> Best Practices of Education in Health Studies in Achieving Competencies of Practicum and Clinical Practices During the Pandemic		1. Akhir Fahrudin 2. Bringiwatty Batbual 3. Sidik Awaludin 4. Rusmimpong	Moderator: Mia & Rohman Secretary: Gebby
		<b>Class 3:</b> Trends and Issues in Hospital Care Services During the Pandemic		1. Windu Santoso 2. Erika 3. Runjati 4. Dewa Ayu Putu Mariana kencanawati	Moderator: Insan & Titiek Secretary: Indah Ayu
	12.00 - 13.00	Lunch Time			
2.	13.00 - 14.00	<b>Parallel session:</b> <b>Class 1:</b> Current Trends in Implementation of Internal Quality Assurance during the pandemic		5. Arum Atmawikarta 6. Putu Dian Prima Kusuma Dewi 7. Nur Intan Hayati Husnul Khotimah	Moderator: Nils & Besral Secretary: Gita

No	Time	Scene	Topics	Presenter	Moderator/PiC
				8. Nur Fitriyani Sahamony	
		<b>Class 2:</b> Best Practices of Education in Health Studies in Achieving Competencies of Practicum and Clinical Practices During the Pandemic		5. syaifoel hardy 6. <b>Oeke Yunita</b> 7. Umi Hani 8. Nurul Maziyyah	Moderator: Mia & Rohman Secretary: Gebby
		<b>Class 3:</b> Trends and Issues in Hospital Care Services During the Pandemic		5. Aulia Ramadhani Putri Setyabudi 6. Noor Rahma Safira 7. Basuki Rachmat 8. roxsana devi tumanggor	Moderator: Insan & Titiek Secretary: Indah Ayu

PRESENTED



# CERTIFICATE

This certificate is awarded to

**Oeke Yunita**

has attended as Oral Presenter

**2022 AQAN Webinar and The 3rd Biannual Scientific Meeting of IAAHEH  
in Collaboration between NAAHE and IAAHEH**

**“Challenges of Best Practices in External Quality Assurance during Disrupting Era of Pandemic  
and Industrial Revolution 4.0”**

Organized by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) and Collaborating with  
National Accreditation Agency for Higher Education (NAAHE)  
On 22-23 February 2022 live on zoom

Chairman,

**Prof. Usman Chatib Warsa, MD., PhD**



Please scan this QR code to Check  
your Certificate in our Website



**Implementation of Interprofessional Education (IPE)  
in Phytotherapy Class by Students of University of Surabaya**

Oeke Yunita<sup>1</sup>, Risma Ikawaty<sup>2</sup>, Jefman Efendi Marzuki H.Y.<sup>2</sup>

<sup>1</sup>Faculty of Pharmacy, University of Surabaya

<sup>2</sup>Faculty of Medicine, University of Surabaya

Corresponding author: Oeke Yunita, Raya Kalirungkut Surabaya, +622981112, +622981111,

oeke@staff.ubaya.ac.id

**ABSTRACT**

**Introduction:** Many developed countries have been teaching interprofessional education (IPE) for more than 53 years. Those countries including Canada, UK, US, and Australia. The use of IPE in the healthcare education curriculum has been shown to improve communication and teamwork skills of healthcare professional. Aim of this study is to see how IPE approach can be implemented at the Faculty of Pharmacy and Medicine, particularly in the Phytotherapy class.

**Method:** This was a preliminary study for the development of Model IPE, specifically for Competency Domain Ethics and Shared Values and Interprofessional Communication. The research was carried out at the University of Surabaya and involved two study programs, namely Pharmacy and Medicine. Observational research method applied on 108 students from both faculties who took Phytotherapy class for two weeks. The survey method was used to conduct the assessment, which was based on the Interdisciplinary Education Perception Scale and the Communication Rubric.

**Results:** This study found that the application of IPE at Phytotherapy class could help students to get insight into the characteristics and values of various healthcare professions. This approach also helped student to practice and improve soft-skills on communication and teamwork as a first step toward collaborative practice among healthcare practitioners.

**Conclusions:** IPE teaching methods can be used in pharmacy and medicine curriculum and can be developed into another courses and extracurricular activities.

**Keywords:** collaborative learning, health professions education, interprofessional education, phytotherapy

## **INTRODUCTION**

Public health problems are very complex and varied so that it requires comprehensive management. Most of the health problems in society is trying to be overcome by government, Ministry of Health, with various national health programs. Even so the result is still not satisfying and many health problems still a concern, for example maternal health and children, tropical diseases, consequent diseases environment, adolescent reproductive health, and elderly (1). Furthermore, public health care is extremely vital and should be handled with care by incorporating a variety of health-related professions in its administration. It is therefore necessary for students from health professions to gain hands-on experience in interprofessional teamwork in order to foster mutual understanding and respect for each other's positions (2).

Interprofessional education (IPE) is being implemented by an increasing number of institutions nowadays. IPE can be characterized as a teaching and learning process that encourages collaboration between two or more health care professions in its broadest sense. Even though interprofessional education is a well-established and helpful strategy to collaborative learning that tackles the issues of fragmentation in health care delivery and separation among health care providers, it is widely promoted but not always applied (3). The benefits of implementing IPE include such as quality improvement in treatment delivery, continuity of care, and patient safety, while it was discovered that IPE boosted knowledge and collaborative abilities (4,5).

Therefore, Faculty of Pharmacy and Faculty of Medicine, University of Surabaya conducted an initial study on the implementation of IPE in 2021 which aims to see how the IPE approach can be implemented at the Faculty of Pharmacy and Medicine, particularly in the Phytotherapy class.

## **METHOD**

### **Study Design**

The research design is quantitative with an observational method, and it will be carried out sequentially in the Phytotherapy online class at the Faculty of Pharmacy and the Faculty of Medicine from August to November 2021. The IPE module content was adapted from The National Health Professional Education Foundation, Thailand's 2018 Interprofessional Education Module, specifically for Competency Domain Ethics & Shared Values and Interprofessional Communication.

### **Population, Samples, and Sampling**

The research sample consisted of third-semester students from the Faculty of Pharmacy (N=57) and the Faculty of Medicine (N=57), with inclusion criteria being students who took Phytotherapy classes as part of their curriculum in each faculty. Students who did not attend the Phytotherapy lecture, particularly on the topic of IPE, were excluded.

### **Instruments**

The Interdisciplinary Education Perception Scale (IEPS) and the Communication Rubric (CR) are two types of questionnaires used in this study, and they are both used to gather data. The IEPS questionnaire was constructed to include three sections. The first section consists of 7

questions about the characteristics of the respondents according to their respective professions. The second section asked eight questions about the capability and willingness of respondents in their respective professions to cooperate and collaborate with other health professions. The third section asked three questions related to the responses and views of other professions towards the profession of each respondent.

The CR questionnaire was constructed to include two sections, namely (1) Respectful Communication with 3 assessment tools and (2) Communication Strategies with 4 assessment tools. The assessment level is described as *Occasional* if the learner demonstrates the desired behavior once in a while (< 50%); *Frequently* if the learner demonstrates the desired behavior most of the time (50-84%); and *Consistently* if the learner always demonstrates the desired behavior (85-100%). The questions consist of closed questions of the questionnaire, in form of multiple-choices.

## **Procedure**

The implementation of IPE is carried out under the supervision of one pharmacist lecturer and two doctor lecturers, which begins with the preparation of IPE materials in the form of lesson plans, delivery methods, case study materials and types of assessments. The flow of IPE implementation is divided into four main activities as shown in Figure 1 which consists of activities (1) **Brief Course** on the objectives and benefits of IPE based on WHO guidelines, (2) **Class meetings** related to Ethics & Shared Values aimed at identifying and explaining the characteristics of each health profession and the views of other health professions towards their profession, as well as being able to explain the actions taken by each health profession in order to cooperate effectively with other health professions, (3) **Independent group discussions** to discuss case

studies that aim to demonstrate communication between health professions in a study group and analyze cases with an approach and authority according to the realm of their respective professions. In this activity, student activities are recorded so that their activities can be monitored by lecturers, (4) **Interprofessional Communication related meetings** with presentations on the results of independent group discussions that have been carried out previously.

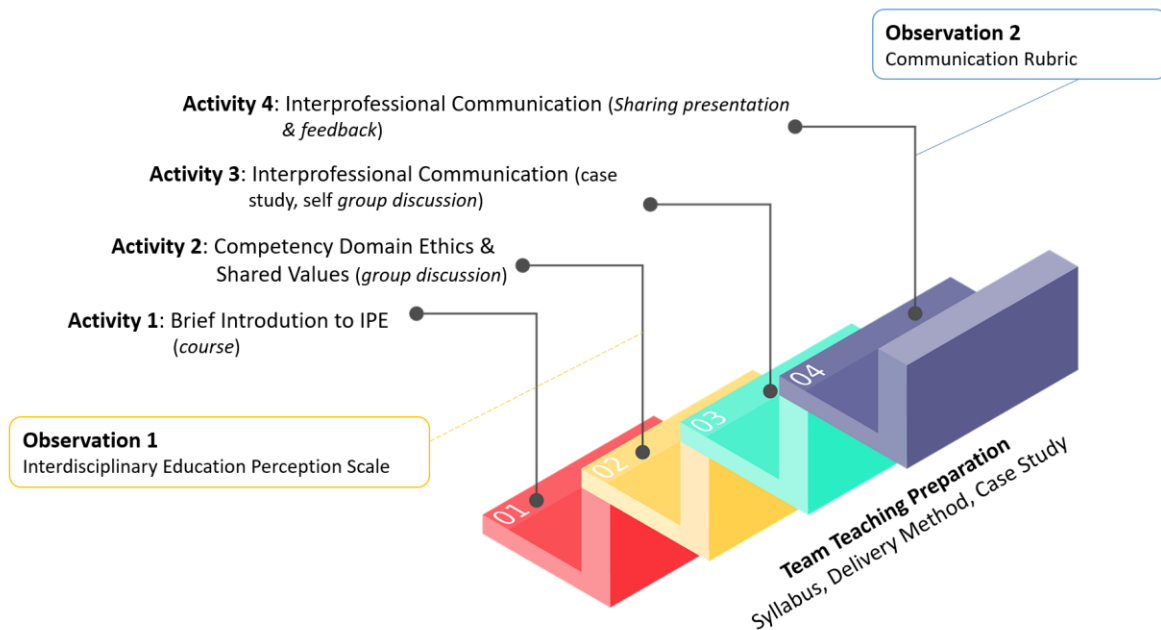


Figure 1. Research Flowchart

During the IPE implementation, the delivery methods used varied widely, ranging from short lectures, sharing movies, small group discussions - synchronous & asynchronous, interactive discussions and presentations about the results of case study discussions. Case studies describe clinical cases of patients with the final target of students being able to explain how to make a diagnosis for the case, along with the sources of information used and can explain how to provide herbal recommendations that can be a therapy support in this case along with the types of herbs, from reliable sources information. In the discussion process, students were divided evenly into 8

groups with a balanced ratio between students from the Faculty of Pharmacy and students from the Faculty of Medicine.

### **Data Analysis**

The result obtained from respondents' data was analyzed with the aid of Microsoft Excel 2016. Descriptive statistics were used to summarize the data for the entire sample and for each group of respondents identified.

### **RESULTS**

The results of observations using the IEPS questionnaire have shown various perceptions of the profession which can be classified into three types of questions, namely (1) perception about my own profession, (2) perception about relationships with another profession and (3) perception of another profession about my profession. Each question can be seen clearly in Table 1. Based on the results of observations on the perception about my profession, it was found that more than half of respondents chose to agree and strongly agree that individuals in my profession are well-trained (68.27%), individuals in my profession demonstrate a great deal of autonomy (57.69%), individuals in my profession are very positive about their goals and objectives (77.88%), individuals in my profession are very positive about their contributions and accomplishments (75.96%), individuals in my profession are extremely competent (75.96%) and individuals in my profession think highly of other related professions (72.12%). Only a few of respondents (19.23%) chose to agree and strongly agree that individuals in my profession have a higher status than individuals in other professions.

Table 1. List Questions about Interdisciplinary Education Perception Scale

<b>(a)</b>	<b>Perception about my profession</b>
1	Individuals in my profession are well-trained.
2	Individuals in my profession demonstrate a great deal of autonomy
3	Individuals in my profession are very positive about their goals and objectives
4	Individuals in my profession are very positive about their contributions and accomplishments
5	Individuals in my profession have a higher status than individuals in other professions
6	Individuals in my profession are extremely competent
7	Individuals in my profession think highly of other related professions
<b>(b)</b>	<b>Perception about relationship with another profession</b>
1	Individuals in my profession are able to work closely with individuals in other professions.
2	Individuals in my profession need to cooperate with other professions
3	Individuals in my profession must depend upon the work of people in other professions
4	Individuals in my profession trust each other's professional judgment
5	Individuals in my profession make every effort to understand the capabilities and contributions of other professions
6	Individuals in my profession are willing to share information and resources with other professionals.
7	Individuals in my profession have good relations with people in other professions
8	Individuals in my profession work well with each other
<b>(c)</b>	<b>Perception of another profession about my profession</b>
1	Individuals in other professions respect the work done by my profession
2	Individuals in other professions think highly of my profession
3	Individuals in other professions often seek the advice of people in my profession

Based on the results of observations on the perception about relationship with another profession, it was found that more than half of respondents chose to agree and strongly agree that individuals in my profession are able to work closely with individuals in other professions (80.77%), individuals in my profession need to cooperate with other professions (87.50%), individuals in my profession trust each other's professional judgment (70.19%), individuals in my

profession make every effort to understand the capabilities and contributions of other professions (68.27%), individuals in my profession are willing to share information and resources with other professionals (85.58%), individuals in my profession have good relations with people in other professions (82.69%), and individuals in my profession work well with each other (80.77%).

Based on the results of observations on the perception of another profession about my profession, it was found that most (80.77%) respondents chose to agree and strongly agree that individuals in other professions respect the work done by my profession, some (60.58%) respondents agree and strongly agree that individuals in other professions think highly of my profession, some (59.62%) respondents chose agree and strongly agree that individuals in other professions often seek the advice of people in my profession. Only less than half of respondents (45.19%) chose to agree and strongly agree that individuals in my profession must depend upon the work of people in other professions.

A more in-depth analysis in Figure 2 (a) about perception about my own profession shows that the answers that are negatively correlated (strongly disagree -SDa, moderately disagree - MDa and somewhat disagree -SmDa) are chosen by the majority (60.58%) of respondents on statement that 'individuals in my profession have a higher status than individuals in other professions'. Around 7.69% of respondents chose the Mda and SmDa answers for the statement that 'individuals in my profession think highly of other related professions'. In other statements, namely 'individuals in my profession are well-trained', 'individuals in my profession demonstrate a great deal of autonomy', 'individuals in my profession are very positive about their goals and objectives', 'individuals in my profession are very positive about their contributions and accomplishments', and 'individuals in my profession are extremely competent', there are respondents who chose somewhat disagree, respectively, namely 3.85%, 7.69%, 1.92%, 2.88%, and 1.92%.



Figure 2 (b) regarding perception about relationship with another profession shows that all respondents gave a positive response to the statement 'individuals in my profession are willing to share information and resources with other professionals' and 'individuals in my profession have good relations with people in other professions'. About 1.92% of medical school students chose strongly disagree and 6.73% of pharmacy and medical students chose somewhat disagree for the statement 'individuals in my profession trust each other's professional judgment' and about 6.73% of pharmacy students chose moderately and somewhat disagree for the statement 'individuals in my profession make every effort to understand the capabilities and contributions of other professions'.

In Figure 2 (c) about the perception of another profession about my profession shows that some of the respondents from the faculty of pharmacy (4.81%) chose the answer somewhat disagree while none of the respondents from the faculty of medicine chose the answer to disagree with the statement that 'individuals in other professions respect the work done by my profession'.

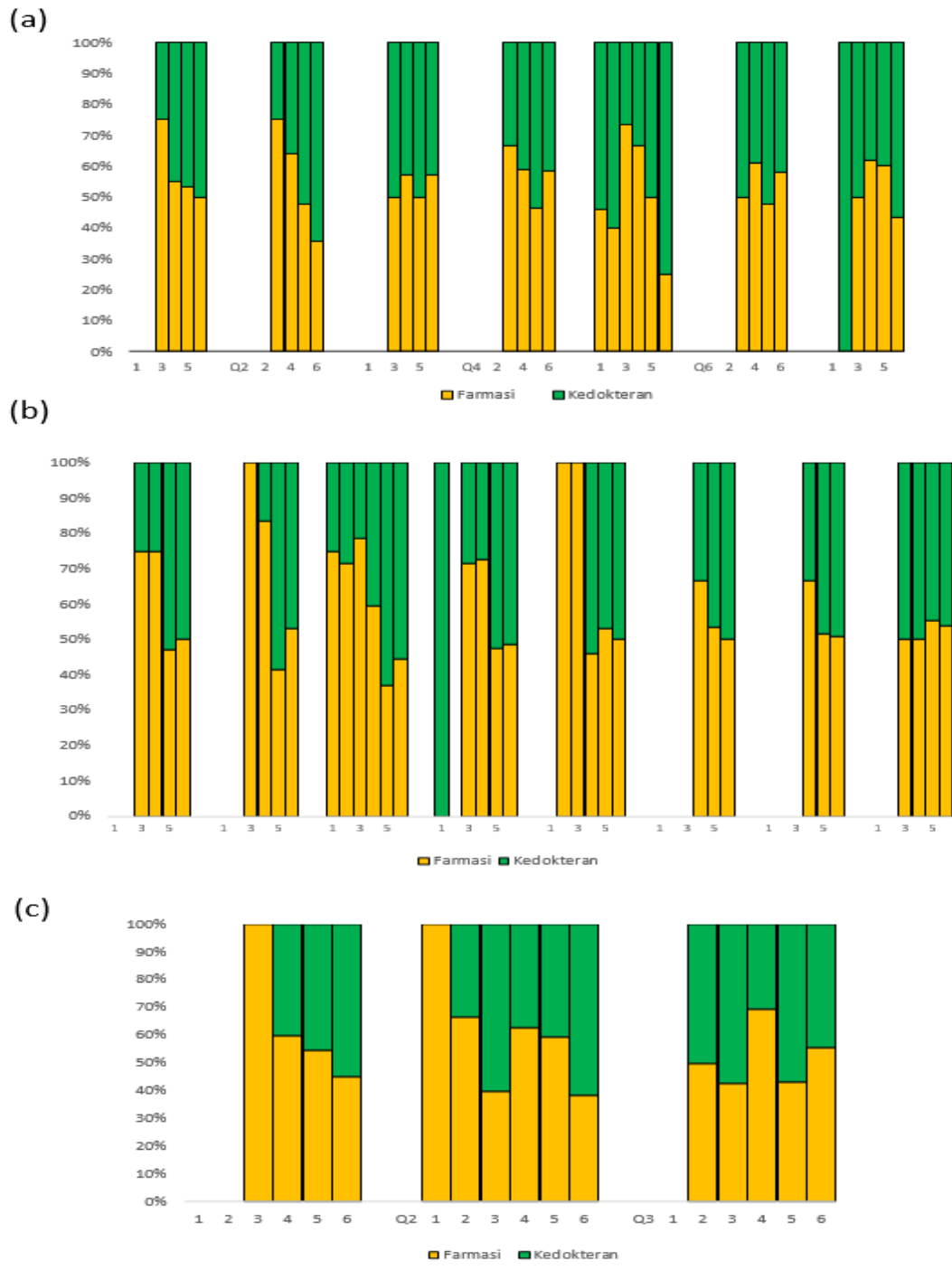


Figure 2. Interdisciplinary Education Perception Scale. Data collected from 104 respondents of Faculty of Pharmacy and Faculty of Medicine's students which joined at phytotherapy class  
 (a) Perception about my profession, (b) Perception about relationship with another profession, (c) Perception of another profession about my profession

Table 2. Communication Rubrics for Communication Assessment on IPE

Respectful Communication	a	Communicates with others in disrespectful manner	Occasionally communicates with others in a confident, assertive and respectful manner	Frequently communicates with others in a confident, assertive and respectful manner	Consistently communicates with others in a confident, assertive and respectful manner
	b	Does not communicate opinion or pertinent views on patient care with other	Occasionally communicate opinion or pertinent views on patient care with other	Frequently communicate opinion or pertinent views on patient care with other	Consistently communicate opinion or pertinent views on patient care with other
	c	Do not responds or reply to requests	Occasionally responds or reply to requests in a timely manner	Frequently responds or reply to requests in a timely manner	Consistently responds or reply to requests in a timely manner
Communication Strategies	a	Does not use communication strategies (verbal & non-verbal) appropriately with others	Occasionally communication strategies (verbal & non-verbal) appropriately	Frequently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations	Consistently uses communication strategies (verbal & non-verbal) appropriately in a variety of situations
	b	Communication is illogical and unstructured	Occasionally communicates in a logical and structured manner	Frequently communicates in a logical and structured manner	Consistently communicates in a logical and structured manner
	c	Does not explain discipline-specific terminology or jargon	Occasionally explains discipline-specific terminology or jargon	Frequently explains discipline-specific terminology or jargon	Consistently explains discipline-specific terminology or jargon
	d	Does not use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive)	Occasionally use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive)	Frequently use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive)	Consistently use strategies that are appropriate for communicating with individuals with impairments (e.g., hearing, cognitive)

The results of observations about communication on IPE have evaluate two types of assessment such as (1) Respectful communication and (2) Communication strategies.

Communication rubrics can be seen clearly in Table 2 dan the result of assessment on IPE implementation can be seen in Figure 3.

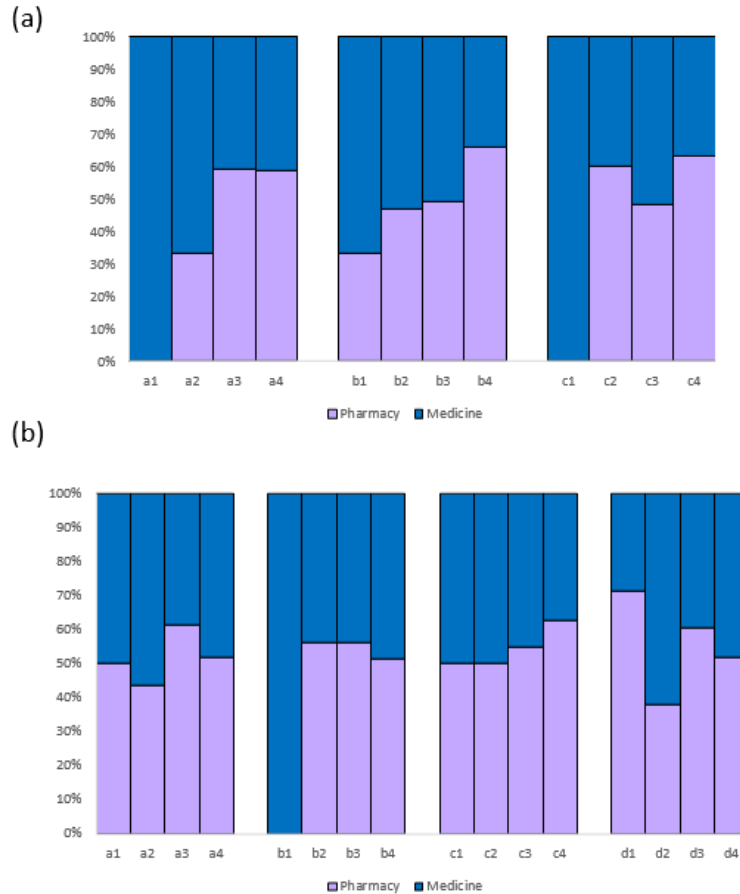


Figure 3. Communication Aspect of Interprofessional Education. Data collected from 104 respondents of Faculty of Pharmacy and Faculty of Medicine’s students which joined at phytotherapy class; Respectful communication, (b) Communication Strategies

On the results of the evaluation of communication aspects that have been carried out by respondents during the process in activities 3 and 4 (Figure 1.) with the assessment tool on the CR, there are dominant results in all assessments, namely the Frequently assessment which shows that the learner demonstrates the desired behavior most of the time. The balanced results between frequently (F) and consistently (C) are on 'communicate opinion or regular views on patient care

with other' (F: 45.19% and C: 36.54%) and on 'uses communication strategies (verbal & non-verbal) appropriately in a variety of situations' (F: 47.11% and C: 29.81%). A more in-depth analysis in Figure 3 shows that there are several assessments that were only answered by respondents from the Faculty of Medicine, both in the respectful manner and in communication strategies, namely 'communicates with others in disrespectful manner' (1.92%), 'do not respond or reply to requests' (0.96%), and 'communication is illogical and unstructured' (0.96%).

## **DISCUSSION**

It is essential for graduates of allied health care programs to have an interprofessional education (IPE) perspective in order to be valuable members or leaders of collaborative healthcare practices. Therefore, IPE is a critical component of allied health care education (6).

In the implementation of IPE at the Faculty of Pharmacy and the Faculty of Medicine, University of Surabaya, especially in the Phytotherapy class, in general, respondents agreed on the three types of perceptions related to (1) perception about my own profession, (2) perception about relationships with another profession and (3) perception of another profession about my profession. Several perception statements which were disagreed by a small number of respondents indicated the need for clear role models regarding perceptions about their respective professions and their relationship to other professions, so that some objections related to perception statements could also be overcome. Perception of a profession, especially public perception, is often one of the challenges and even obstacles in the implementation of IPE, therefore one of the goals of IPE is to defuse misconceptions and stereotyping of health care professions. To promote collaborative practice, IPE deconstructs these types of inaccurate images and rebuilds them using correct professional identities and associated knowledge and skill sets (3).

During the process of implementing IPE in the Phytotherapy class, all students are given the opportunity to interact with each other in groups both in class and independently, in addition to providing various perspectives from two different professions, as well as to learn from each other in communicating effectively. The case study material provided has become a spark for discussion for students to understand the main role of each profession and learn communication strategies that involve two different professions. Some of the assessment results that tend to be negative in the communication aspect are often caused by the lack of interpersonal understanding and introduction in a short time during IPE implementation. Reeves (7) stated that maintaining IPE can be just as difficult and requiring good communication among participants, enthusiasm for the work being done, and a shared vision and understanding of the benefits of introducing a new curriculum.

## **CONCLUSION**

The results of this study reinforce the importance of implementing IPE from an early age to health students, both pharmacy and medical, because students are educated to collaborate from the beginning of their educational programs to establish strategies with the other members of the healthcare team through the synthesis of their observations and field-specific expertise, and this is reinforced throughout their educational programs. Through IPE, healthcare professionals learn to appreciate the skills of each discipline as well as the strategies that can be used to optimize its utilization in order to improve clinical care, share case management strategies, and ultimately provide better health services to patients and the general public in a more coordinated manner.

In the future, IPE should be able to be done with various location settings that will be used to enrich the student experience while also bringing them closer to the actual situation when they pass later. The effective integration of interprofessional education into curricular and practice

settings can potentially result in optimal patient-centered outcomes as effective and highly integrated teams facilitate and optimize collaborative patient care and safety.

## **DECLARATION OF CONFLICTING INTERESTS**

All of the Authors declare that there is no conflict of interest.

## **REFERENCES**

1. Sistem Kesehatan Nasional. Peraturan Presiden Republik Indonesia Nomor 72. 2012.
2. Kristina TN, Sudaryanto, Asmara FY, Nuryanto, Wirakusumah F, Syukriani Y. Community-Based Health-Professions Interprofessional Education: A Collaborative and Sustainable Model. *The Indonesian Journal of Medical Education*. 2018; 7(1): 36-43.
3. Olenick M, Allen LR, Smego Jr RA. Interprofessional Education: A Concept Analysis. *Advances in Medical Education and Practice*. 2010; 1:75-84.
4. Paradis E, Reeves S. Key trends in interprofessional research: A macrosociological analysis from 1970 to 2010. *Journal of Interprofessional Care*. 2013;27(2):113–122.
5. Thistlethwaite J. Interprofessional education: A review of context, learning and the research agenda. *Medical Education*. 2012;46(1):58–70.
6. Shakhman LM, Omari OA, Arulappan J, Wynaden D. Interprofessional Education and Collaboration: Strategies for Implementation. *Oman Medical Journal*. 2020; 35(3): 1-6.
7. Reeves S. Why We Need Interprofessional Education to Improve the Delivery of Safe and Effective Care. *Comunicação Saúde Educação*. 2016; 20(56): 185-96.