

Behind the scenes: teachers collaboration to facilitate interprofessional education between medical and pharmacy students in Indonesia

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1. Introduction

Interprofessional education (IPE) is essential to prepare health professionals to collaborate in future practice [1,2]. The implementation of IPE frequently faces obstacles related to the logistics, for example related to the scheduling [3]. Institutions sometimes have hardship to conduct IPE because it takes a lot of efforts to manage and coordinate among faculties [4]. While implementing IPE among groups of students from the same academic year is ideal, it is not always easy to achieve [3]. Therefore, IPE between students with different academic years can be an alternative. Considering the potential hierarchy between the students, the roles of teachers as facilitators are very important to ensure adequate learning and manage potential conflicts. Whilst the perspective and attributable factors of the teachers for successful IPE implementation have been documented, there is limited knowledge about approaches to initiate IPE and address conflicts among students during the program [5,6].

2. Context

We reflected on our experience in conducting a pilot of IPE between medical and pharmacy students in our institution, focusing on the roles of teachers as facilitators behind the scenes. Our university has two faculties of health, i.e., faculty of medicine and pharmacy; therefore, we decided to pilot the IPE among students from both faculties. Specifically, the pilot IPE program was conducted between sixth-year medical students and fourth-year pharmacy students in a community health center. For sixth-year medical students, this program is a part of the clinical rotation required in the curriculum of the faculty of medicine, while for pharmacy students, the program is an elective program. The assignment for the students was to plan, implement, and evaluate a mini-health promotion project using an interprofessional approach within eight weeks. There were 10 medical students and four pharmacy students joined the pilot, divided into two groups.

Based on a needs assessment, students in one of the

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groups identified a high incidence of scabies in a village. They planned and implemented an education session with the local community to provide information on the scabies. The medical students were in charge of the explanation of the disease, while pharmacy students were responsible for delivering education on the adequate administration of scabies cream. Students in the other group worked on the immunization topic, which was not elaborated in this article.

The authors of this article are teachers from the faculty of medicine and the faculty of pharmacy who supervised the project. Prior to the study, we had experience working on collaborative projects, which established our professional relationships. Behind the scenes, teachers discussed with each other on how to facilitate students' learning and manage potential conflicts. In our university, a structured faculty development program to equip the teachers to facilitate IPE was not yet available. Moreover, there were barely minimum meetings between teachers from the faculty of medicine and pharmacy to plan the attachment of IPE to the formal curriculum of both faculties. Nevertheless, teachers involved in this pilot have previous experience researching IPE and therefore are familiar with the educational principles.

3. Reflection

This IPE program was the collaborative effort of teachers who had identified a concern to improve health-professional collaboration. Initially, we faced challenges in scheduling activities that were markedly different between the two faculties. However, an opportunity arose when the faculty of pharmacy gained the chance to implement the "freedom to learning program" from the Ministry of Education, Culture, Research and Technology. We seized this valuable opportunity, even though the students were in different academic years. We embedded IPE into the existing education program. Before

the program started, students from each faculty had a briefing in which the teachers encouraged them to interact with each other.

We used the four core-competences of interprofessional collaboration: (1) values and ethics, (2) roles and responsibilities, (3) interprofessional communication, and (4) teamwork [7]. As examples, we reflected on how teachers can facilitate in two domains: the roles and responsibilities and the teamwork.

To facilitate the awareness of the roles and responsibilities, teachers introduced that students were going to work with their fellows from other professions in different years and asked the students how they planned the role division among them. At first, students brought their own stereotypes of other professions. For example, medical students perceived that a pharmacy was mainly responsible for dispensing medicine. After the discussion with the teachers, they decided to ask their pharmacy fellows what they could contribute to the projects. This attitude of "asking," especially when there was a potential hierarchy related to the different academic years, has opened an interprofessional conversation between the professions. This conversation helped students deconstruct the stereotypes and reshape their perceptions toward other professions. Although medical students were "older" than the pharmacy students, they were respectful of the expertise of pharmacy students, for example in the appropriate use of scabies cream.

To nurture the teamwork, teachers discussed potential challenges that occurred during the project. Students disagreed on the project budgets but felt reluctant to express their concerns to each other. In a setting with a relatively strong hierarchical culture, as found in Indonesia, respect for seniors and new partners is strongly encouraged which might cause hesitation in discussing sensitive issues such as the budget [8]. Nevertheless, they shared their concerns with the teachers from the same

faculties. Trusting home-based teachers reflects a communal culture as another typical culture in Indonesia. Without open communication with the counterpart partners, such an unresolved disagreement in a setting with strong communal culture could potentially create a silent conflict between student group, which might jeopardize the implementation of IPE [9]. In separate groups, we explored students' concerns. Students were asked to reflect on the importance of experience in resolving conflict. Teachers proposed alternatives on how to discuss their concerns with their fellow. Those alternatives have been first discussed between teachers behind the scenes to ensure feasibility. Then, students collaborated in deciding the problem-solving.

Both examples illustrated that behind the scenes, teachers' collaboration was essential in ensuring adequate learning and managing potential conflicts. The literature showed that stereotypes are strong among professionals, teachers need to underline the importance of being aware of the stereotypes and to open for new information [10]. Furthermore, Indonesia is a high-context culture; therefore, expressing direct disagreement may not be culturally appropriate [7]. Teachers can bridge the potential gaps, but should not take over the decision. Students should have ample opportunities to develop problem-solving skills.

This article aimed to serve as a reflection; therefore, the findings we presented here should be interpreted with caution. First, teachers involved as supervisors of the projects had a considerable opportunity to collaborate in some projects, not limited to the IPE program. Past experiences of working together would influence, to some extent, the approach to managing the conflict during the implementation of the IPE program. Second, owing to the relatively short duration of the program, the long-term impact of our IPE program, particularly on how to handle disagreements or conflict, is yet to be identified. Further research on faculty development to facilitate students to

manage conflict in IPE is necessary, especially in communal cultural contexts with high values on harmony [8].

4. Conclusion

We argued that teachers' roles behind the scenes served as an essential factor influencing the IPE. Teachers can observe the potential gaps in the collaboration and facilitate students to obtain adequate learning through the IPE process. In addition, in the institutions where IPE has not been attached to the formal curriculum, teachers from different faculties have a crucial role to break the silo and to seek the opportunity to pioneer the IPE program.

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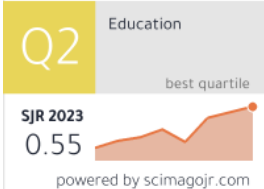
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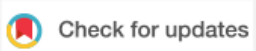
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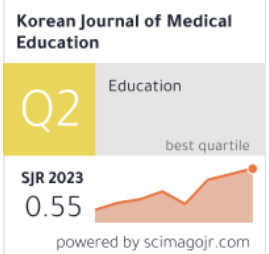
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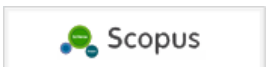
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Behind the scenes: teachers collaboration to facilitate interprofessional education between medical and pharmacy students in Indonesia

Astrid Pratidina Susilo¹, Eko Setiawan² and Ika Mulyono Putri Wibowo²

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1. Introduction

Interprofessional education (IPE) is essential to prepare health professionals to collaborate in future practice [1,2]. The implementation of IPE frequently faces obstacles related to the logistics, for example related to the scheduling [3]. Institutions sometimes have hardship to conduct IPE because it takes a lot of efforts to manage and coordinate among faculties [4]. While implementing IPE among groups of students from the same academic year is ideal, it is not always easy to achieve [3]. Therefore, IPE between students with different academic years can be an alternative. Considering the potential hierarchy between the students, the roles of teachers as facilitators are very important to ensure adequate learning and manage potential conflicts. Whilst the perspective and attributable factors of the teachers for successful IPE implementation have been documented, there is limited knowledge about approaches to initiate IPE and address conflicts among students during the program [5,6].

2. Context

We reflected on our experience in conducting a pilot of IPE between medical and pharmacy students in our institution, focusing on the roles of teachers as facilitators behind the scenes. Our university has two faculties of health, i.e., faculty of medicine and pharmacy; therefore, we decided to pilot the IPE among students from both faculties. Specifically, the pilot IPE program was conducted between sixth-year medical students and fourth-year pharmacy students in a community health center. For sixth-year medical students, this program is a part of the clinical rotation required in the curriculum of the faculty of medicine, while for pharmacy students, the program is an elective program. The assignment for the students was to plan, implement, and evaluate a mini-health promotion project using an interprofessional approach within eight weeks. There were 10 medical students and four pharmacy students joined the pilot, divided into two groups.

Based on a needs assessment, students in one of the

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groups identified a high incidence of scabies in a village. They planned and implemented an education session with the local community to provide information on the scabies. The medical students were in charge of the explanation of the disease, while pharmacy students were responsible for delivering education on the adequate administration of scabies cream. Students in the other group worked on the immunization topic, which was not elaborated in this article.

The authors of this article are teachers from the faculty of medicine and the faculty of pharmacy who supervised the project. Prior to the study, we had experience working on collaborative projects, which established our professional relationships. Behind the scenes, teachers discussed with each other on how to facilitate students' learning and manage potential conflicts. In our university, a structured faculty development program to equip the teachers to facilitate IPE was not yet available. Moreover, there were barely minimum meetings between teachers from the faculty of medicine and pharmacy to plan the attachment of IPE to the formal curriculum of both faculties. Nevertheless, teachers involved in this pilot have previous experience researching IPE and therefore are familiar with the educational principles.

3. Reflection

This IPE program was the collaborative effort of teachers who had identified a concern to improve health-professional collaboration. Initially, we faced challenges in scheduling activities that were markedly different between the two faculties. However, an opportunity arose when the faculty of pharmacy gained the chance to implement the "freedom to learning program" from the Ministry of Education, Culture, Research and Technology. We seized this valuable opportunity, even though the students were in different academic years. We embedded IPE into the existing education program. Before

the program started, students from each faculty had a briefing in which the teachers encouraged them to interact with each other.

We used the four core-competences of interprofessional collaboration: (1) values and ethics, (2) roles and responsibilities, (3) interprofessional communication, and (4) teamwork [7]. As examples, we reflected on how teachers can facilitate in two domains: the roles and responsibilities and the teamwork.

To facilitate the awareness of the roles and responsibilities, teachers introduced that students were going to work with their fellows from other professions in different years and asked the students how they planned the role division among them. At first, students brought their own stereotypes of other professions. For example, medical students perceived that a pharmacy was mainly responsible for dispensing medicine. After the discussion with the teachers, they decided to ask their pharmacy fellows what they could contribute to the projects. This attitude of "asking," especially when there was a potential hierarchy related to the different academic years, has opened an interprofessional conversation between the professions. This conversation helped students deconstruct the stereotypes and reshape their perceptions toward other professions. Although medical students were "older" than the pharmacy students, they were respectful of the expertise of pharmacy students, for example in the appropriate use of scabies cream.

To nurture the teamwork, teachers discussed potential challenges that occurred during the project. Students disagreed on the project budgets but felt reluctant to express their concerns to each other. In a setting with a relatively strong hierarchical culture, as found in Indonesia, respect for seniors and new partners is strongly encouraged which might cause hesitation in discussing sensitive issues such as the budget [8]. Nevertheless, they shared their concerns with the teachers from the same

faculties. Trusting home-based teachers reflects a communal culture as another typical culture in Indonesia. Without open communication with the counterpart partners, such an unresolved disagreement in a setting with strong communal culture could potentially create a silent conflict between student group, which might jeopardize the implementation of IPE [9]. In separate groups, we explored students' concerns. Students were asked to reflect on the importance of experience in resolving conflict. Teachers proposed alternatives on how to discuss their concerns with their fellow. Those alternatives have been first discussed between teachers behind the scenes to ensure feasibility. Then, students collaborated in deciding the problem-solving.

Both examples illustrated that behind the scenes, teachers' collaboration was essential in ensuring adequate learning and managing potential conflicts. The literature showed that stereotypes are strong among professionals, teachers need to underline the importance of being aware of the stereotypes and to open for new information [10]. Furthermore, Indonesia is a high-context culture; therefore, expressing direct disagreement may not be culturally appropriate [7]. Teachers can bridge the potential gaps, but should not take over the decision. Students should have ample opportunities to develop problem-solving skills.

This article aimed to serve as a reflection; therefore, the findings we presented here should be interpreted with caution. First, teachers involved as supervisors of the projects had a considerable opportunity to collaborate in some projects, not limited to the IPE program. Past experiences of working together would influence, to some extent, the approach to managing the conflict during the implementation of the IPE program. Second, owing to the relatively short duration of the program, the long-term impact of our IPE program, particularly on how to handle disagreements or conflict, is yet to be identified. Further research on faculty development to facilitate students to

manage conflict in IPE is necessary, especially in communal cultural contexts with high values on harmony [8].

4. Conclusion

We argued that teachers' roles behind the scenes served as an essential factor influencing the IPE. Teachers can observe the potential gaps in the collaboration and facilitate students to obtain adequate learning through the IPE process. In addition, in the institutions where IPE has not been attached to the formal curriculum, teachers from different faculties have a crucial role to break the silo and to seek the opportunity to pioneer the IPE program.

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