
COMMUNICATION IN THE CURRICULUM INTERPROFESSIONAL EDUCATION

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1. Introduction

Communication will run effectively if the message conveyed by the communicator is received and can be understood well by the communicant. It is in with their feedback on the message. Communication is very necessary to support a collaboration. Collaboration that occurs between health professions is a must. It is impossible for a patient to be handled by only one profession. The ability to communicate effectively is a basic skill that every health profession must have. Kusumaningrum research and Anggorowati entitled *Interprofessionalism Educations Nurse Capacity Building Efforts in Collaboration with Other Health Workers*, [1] that it is necessary to encourage the development of inter-professional communication to prepare candidates for the nurse to be able to communicate in a team.

Sost major health professional students still considers that the communication within the healthcare team during the educational process is easy to do, but in reality it is not. Professional educational background is one of the special factors that influence the implementation of interprofessional communication in addition to general factors such as gender, age, social status and economic status. Anggorowati's research on *Effective Communication in Interprofessional Collaboration Practices as an Effort to Improve Service Quality* [2] found that effective communication is communication that can provide positive energy for the communicant or those who listen. This condition will be able to download copyrighted kan Umpa n forth constructive marked their sense of mutual patchwork yes in between a profession that can have an impact on improving the quality of care and the health status of the patient.

Research Sulistiyowati, Kristina and Santoso [3] are entitled *Effectiveness of Application of Bedside interprofessional Rounds (Beer) For Enhancing Interpersonal Nurses and Doctors men emukan that there is an increase in interpersonal relations between nurses d ith doctors in the group given training Bedside Interprofesional Round (BIR)*. Implementation of the BIR in the field requires communication, coordination and support are comprehensive of leadership . The results of other studies that are in line with Hakiman, Dewi, Sayusman and Wahyudi [4] about *Padjadjaran University Health Profession Students' Perceptions of Interprofessionalism Education. The Journal of Health Systems* states that students' understanding of other health professionals is good, but professional teamwork is still perceived as insufficient. Sulistiyiwati and Sayusman's research

Research Isna on picture *Cooperation Interprofesi Students FK UNDIP Exposed interprofessional Education interprofessional Education* [3] found that kuran gnya understanding and comprehension s atu profession against prof esi others will give birth to a lack of good cooperation in between a team of health be some f actor who download yebab right collaboration in between a health profession in Indonesia is still far from ideal. S ne of the effort that can be done to realize the good collaboration between professions kesehata n is through education interprofessional Education. IPE can be implemented at the academic education program stage as well as at the professional education stage.

Implementing IPE in the field is as difficult as implementing communication in a collaboration. A standard curriculum that is able to accommodate every profession needs to be designed. Several health professions in several educational institutions have included IPE in their curricula as a compulsory study, whether it is implied or integrated in other courses or expressly as an independent IPE course. However, its technical implementation is still based on the perceptions of each profession and the learning process is still fragmented in each profession or is still carried out independently without involving other different professions.

2. Implementation of Communication in Interprofessional Education

Curran with her research entitled *The Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP)* [4] states that IPE is a learning process that is carried out jointly which aims to promote collaboration. *Meanwhile, the American College of Clinical Pharmacy (ACCP)* [5] states that IPE is a method of learning carried out by two or more people with different professions in collaborating with the aim of conveying understanding or opinions about individuals, groups, organizations in order to improve collaboration and quality of service. can be

fulfilled in all learning, both undergraduate stage, clinical education to create a personnel case ehatan professional.

Interprofessional Collaboration (IPC) or interprofessional collaboration is a collaboration that occurs between two or more health professions. IPC usually occurs in clinical *settings*, both in real situations when working in the field and in situations where students undergo the professional education stage. IPC ideally will run well if students have previously been exposed to IPE at the academic education stage which integrates shared learning between professions. As was explained in the introduction that some healthcare professionals at some health education institutions have entered the IPE in the curriculum, but still fragmented.

Based on the results of interviews and observations during the 2019-2020 research in several health-related faculties at the University of North Sumatra, they have accommodated IPE in the curriculum both implicitly and explicitly. However, the learning carried out still involves only one profession. This shows that the current IPE is still theoretical, because communication and interaction have not occurred between students with different professions. Even though IPE is the forerunner to the formation of IPC, therefore IPE implementation should have involved many professions since the academic education stage. This is intended so that students can begin to get to know each other's different professional characters, thus it is hoped that a sense of mutual respect and need will be created among different professions. Isna's research results also [3] found that IPE can change students' attitudes to respect each other's professions and learn to maintain team cohesiveness.

Team cohesiveness can occur when there is communication in groups. This condition must be built since the academic education stage. Many problems arise due to poor communication which has an impact on patient satisfaction and safety, starting from the occurrence of *miss communication* among the health team. The results of the study of literature Reader, et al on Patient Com plaints in Healthcare [6] found that patient safety often terja in due to lack of effective communication in the health personnel. Medical students are expected to develop the ability or skill to communicate proven to increase health services.

Research Berridge , et al on Supporting Patient Safety: Examining Communication within the Delivery Suite Teams Through Contrasting Approaches to Research Observation [7] an action that determine the health status of patients. Communication will be able to reduce the occurrence of errors in patient handling due to differences of opinion within the team. The purpose of interprofessional communication is so that the messages we convey can be understood by others. Each profession has a different role and is expected to convey messages clearly, completely and politely so that other professions can understand the purpose of the communication carried out to help achieve optimal patient recovery.

The integrated implementation of IPE will be a bridge to reduce interprofessional communication barriers. Teach students to be able to understand the opinion of other professions for the purpose of communication is acceptable and stir another profession to do something in accordance with the goal the others to want to do well as expected activities of the team. *Nursing and Midwifery Council* (MNC) [8] revealed that students are aware of difficulties in developing communication skills. These difficulties range from conveying information, communicating with other professional students, ensuring whether the information we have conveyed can be understood by listeners, how to convey new thoughts or ideas related to good practice and influence change to other professional students. All conditions aim to increase good collaboration in order to provide quality health services to patients.

In general, the implementation of interprofessional communication in Indonesia has not been carried out properly so that it can cause negative effects, namely detrimental to patients and families and even health services. Collaboration between the health care team is required to give each note clear and accurate information related to the patient's health status to other professions in order to prevent errors in medication or other treatment. Marti with her research entitled Phenomenology Study of the Application of the Principles of Patient Centered Care during the Resuscitation Process [9] explained that if there is no cohesiveness with other professions, the impact that occurs can result in patients experiencing delays in handling which of course affects safety. Nurhadi and Kurniawan [10] emphasized the success of the communication program when the indicator message delivered communicators can change knowledge, attitudes, or behavior of communicants.

Here is responsibilities of the profession of health by (American Association of Collages of Nursing [11] among others: (1) Communicate clearly, so easily understood by patients and well as other professions, (2) Shortage of other professions both in the skills, knowledge and abilities. (3) in collaboration with other professionals to complement their expertise with the aim of patient's health status, (4) mutual understanding of roles and responsibilities of each profession in team to provide

optimal care needs to patients (5) Use the full scope of knowledge, professional skills with the aim of providing safe, timely, optimal and efficient care to patients. (6) Communicating with other professions to remind the role and responsibilities of each profession in carrying out the patient treatment plan.

The communication process is not separated from the elements of communication. Each element can be a supporting or inhibiting factor that helps determine a communication will be good and meaningful or vice versa. Components are: (1) number of communication can be a book, people, documents, institutions. Source is the first person to initiate communication where the determinant of the success of a communication process so that certain tips are needed in conveying information. Sources are very important to determine or judge the quality of communication, even someone who is fanatical will depend heavily on existing communication sources and he will receive a message if it comes from a source he believes in, (2) Message is everything that is conveyed from the sender to the recipient of the message. The message conveyed is the essence of things to be conveyed in the form of knowledge, ideas, ideas, opinions or advice with other professions (3) Communicators are people or groups who convey messages or stimuli to other people or parties, and are expected to receive messages can provide responses and answers so that the communication process can run well so that communicators can act as communicants, and communicants can act as communicators.

The third element of communication can be a factors supporters and factors inhibiting. Communication inhibiting factor else it can be caused by the language used in the communicator thoughts and feelings to the communicant. The language used as a means of communication often experiences different meanings and perceptions. Moreover, Indonesia which consists of thousands of islands has a variety of cultures and languages. In general barriers that often occur is because use communication resources appropriately, planning to communicate, attitudes and skills of natural communication that is less precise, lack of knowledge, the differences in perceptions and expectations, physical and mentally less good, unclear messages, lack of trust, and differences in status.

The results of the research by Nurhidayah, Dewi and Siburian [12] entitled Influence of Team Effectiveness, Interpersonal Communication, and Emotional Quotient on the Satisfaction of Nursing Education Preceptors found that the effect of interpersonal communication on nurse satisfaction was very small, namely around 29%. The results of other studies that show low interprofessional relationships are from Sundari and Sembodo [11] who conducted a study on Differences in Perceptions of Professional Stage Students at FKIK UMY regarding Inter Professional Education at Asri Medical Center Yogyakarta. The results of his research found that understanding of other professions had the lowest average due to the lack of interaction and communication between professions.

Conclusion (s)

Based on the descriptions that have been presented, it can be concluded that IPE is indeed needed as the origin of the IPC. A good IPC is characterized by the existence of effective communication that exists between different health professions. In addition, the health services provided to patients are also getting better. The implementation of IPE as a subject should be carried out in an integrated manner by involving several students from different health professions. This aims to foster mutual respect and need for each other as a solid team. Thus it is hoped that the ego of the profession that sometimes appears in the field can be reduced.

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