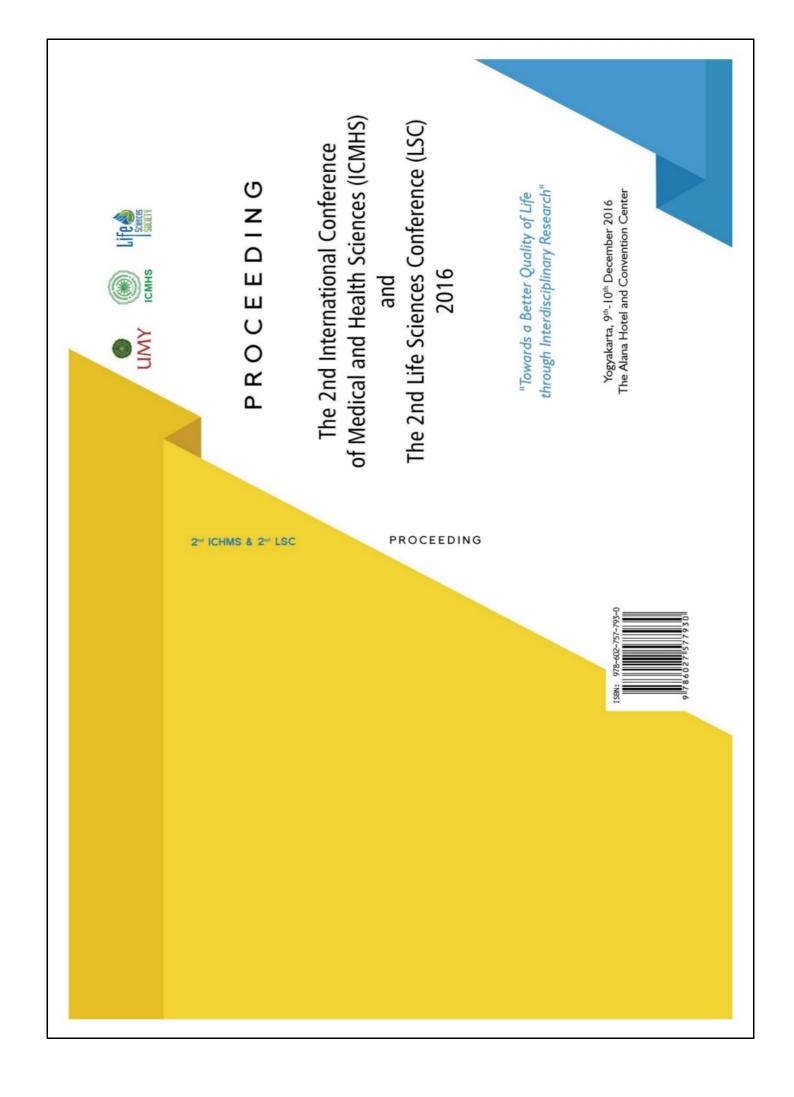
# The 2nd International Conference of Medical & Health Sciences and The 2nd Life Sciences Conference 2016

by Kusumawati Wiwik

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# PROCEEDING

# The 2nd International Conference of Medical and Health Sciences (ICMHS) and The 2nd Life Sciences Conference (LSC) 2016

"Towards a Better Quality of Life through Interdisciplinary Research"

Yogyakarta, 9<sup>th</sup>-10<sup>th</sup> December 2016 The Alana Hotel and Convention Center

# 1 The 2<sup>nd</sup> International Conference of Medical & Health Sciences and 1 The 2<sup>nd</sup> Life Sciences Conference 2016

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# Committee of ICMHS & LSC 2016

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## Chair person of The 2<sup>nd</sup> International Conference of Medical and Health Sciences and The 2<sup>nd</sup> Life Sciences Conference 2016



#### Welcome to Jogja, sugeng rawuh!

For the second time, the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta is going to conduct the 2nd International Conference of Medical and Health Sciences (ICMHS) this December in vibrant Yogyakarta, Indonesia. This year we are going to collaborate with the Life Sciences Society of Pakistan for their 2<sup>nd</sup> Life Sciences Conference (LSC) with Dr. Zahid Iqbal as the general secretary.

This year's conference theme "Towards a better quality of life through interdisciplinary research" will be celebrating an era of seamless interdisciplinary integration and collaboration in scientific innovations with the involvement of more extensive topics and disciplines in the conference. We aim to exhibit the products of that kind of approach in solving challenges, improving the quality of life, and creating sustainable developments. We are happy to announce that our conference is filled with Invited speakers from Pakistan, United States of America, Uni Emirates Arab, Malaysia and Indonesia. Presentations will be conducted in oral as well as poster that covers topics from medicine, public health, dentistry, pharmacy, biomedical to agriculture. To put more credibility to the conference we are collaborating with Isra Medical Journal and the Asian Journal of Agriculture and Biology to publish selected papers from the event. Other paper will be published in the ISBN Proceeding book.

The last but not least, enjoy the conference, start networking and sharing ideas, and let immerse yourself to the heritage cultural ambient of Jogja, sumonggo!

Yogyakarta, 1<sup>st</sup> December 2016

dr. Iman Permana, M.Kes, Ph.D.

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## Dean of Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta



Assalamu'alaikum Wr. Wb.

Science, especially in the areas of health and life growing more rapidly. We need to work together in the research of various disciplines to the advancement of science and to provide benefits to human life.

After successfully organized international scientific meeting last year, the Faculty of Medical and Health Sciences Universitas Muhammadiyah Yogyakarta, held the second scientific meeting ICMHS along with "2nd Life Sciences Conference". In this second scientific meeting, FKIK UMY collaborates with various researchers, among others from Pakistan, Malaysia, and the United States. Taking the theme "Towards a better quality of life through interdisciplinary research" we hope to establish cooperation with various parties to be able to contribute ideas to the civilization of human life.

Finally, we congratulate the scientific meeting in the city of Yogyakarta Indonesia. Enjoy the beautiful city of Yogyakarta with priceless historical relics. We hope that this meeting can run smoothly and provide benefits to the advancement of knowledge.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, 1st December 2016

dr. Ardi Pramono, M.Kes, Sp.An.

X December 9<sup>th</sup>-10<sup>th</sup>, 2016

# Rector of Universitas Muhammadiyah Yogyakarta



#### Assalaamu'alaikum Wr. Wb.

#### Ladies and Gentlemen,

Welcome to the 2nd International Conference on Medical and Health Science in conjunction with the 2<sup>nd</sup> Life Sciences Conference 2016

#### Welcome to Yogyakarta City of Tolerance

Our Faculty of Medicine and Health Sciences has been doing such international conference almost every year for the last ten years. This and other previous conferences are the things that supporting our vision as an excellence and Islamic university, a young and global university. We will always try to keep monitoring the development of science through sending more lecturers to do the sabbatical leave overseas, doing international research collaborations and also the international conference. Each department should do this strategy of internationalization so that each department has its own network. Faculty of medicine and health science is one of the most progressive units in implementing this strategy by inviting international experts on a regular basis. This program will certainly strengthen our vision.

International conference on medicine and health sciences is a smart choice to offer our lecturers access to the most recent development of the subjects. The participants will also gain the same knowledge and latest information on medicine and health sciences. As everyone knows that the development of science and technology are faster today compared to the previous period. Information technology, computer, and other development havefastened the transformation of medicine and health science into the different and more complex stage.

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Cellular technology, for instance, can be used for several functions including those that directly impacts our daily life. There is no long distance call anymore today because cellular phone can do everything we need to contact other people far from where we stand anytime anywhere. People will finally innovate cellular phone for the sake of personal health services. We will in the future using our simple cellular phone to detect our body temperature, blood pressure, even how much fat we have in our body and how much it is supposed to be. We may also be able to check the health of our body without leaving our house and order medicine without going into the drug store. Everything is almost possible as long as we think hard for the better of people in the future. Enjoy the conference and don't forget to visit our rich tourist destinations, mountains, beaches or caves (underground waterways).

Thank you

Wassalaamu'alaikum Wr. Wb.

Prof. Dr. Bambang Cipto, MA

## Keynote Speech

## by Head of Provincial Health Office Special Region of Yogyakarta in International Conference of Medical and Health Sciences and Life Sciences Conference

The Alana Hotel and Convention Center, Yogyakarta, December 9-10, 2016

#### The honorable:

- Rector of Muhammadiyah University of Yogyakarta,
- The Dean of Medical and Health Sciences Muhammadiyah University of Yogyakarta,
- The chairman of organizing committee of the international conference of medical and health,
- Distinguished guests and colleagues.

#### Assalamu'alaikum Warahmatullahi Wabarakatuh,

First of all, we thank God for His blessings that today we may attend the International Conference of Medical Health Towards a Better Quality of Life Through Interdisciplinary Research in Yogyakarta.

#### My distinguished colleagues,

In Indonesia National Long Term Development Plan (2005-2024), the Indonesian Ministry of Health have determined a paradigm shift that have governed health services in health development plan. There has been a shift from Curative Health Services to Preventive and Promotive Health Services.

Recently, Indonesia suffers from a triple burden of diseases as health development challenges. The triple burden of diseases are: 1) the backlog of common infections, undernutrition, and maternal mortality; 2) the emerging challenges of non-communicable diseases (NCDs), such as cancer, diabetes, heart disease; and 3) mental illness, and the problems directly related to globalization, like pandemics and the health consequences of climate change.

#### Dear colleagues,

Here are some data that show several health problems in Indonesia:

- Maternal mortility rate in 2015 is 4,809 cases, infant mortality rate in 2015 is 22,267 cases;
- Regarding to children under the age of five, the national stunting rate is 37.2% which consists of 18% for very short dan 19.2% for short (Riskesdas 2013);

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- 3. HIV testing coverage is 14% dan antiretroviral (ARV) therapy coverage is 65.58% (Directorate General of Disease Control and Prevention Ministry of Health, 2015);
- Tuberculosis (TB) notification rate in 2015 is 73.5% and tuberculosis treatment success rate is 72% (Directorate General of Disease Control and Prevention Ministry of Health, 2015).

#### Distinguished guests,

Indonesia Health Development Program in 2015-2019 strengths in improving human quality life through Health Indonesia Program with family approach. The Indonesian Ministry of Health issued The Minister of Health Regulation (Permenkes) No. 39 Year 2016 as a Guideline of Implementation of Health Indonesia Program with Family Approach. This program has 12 main indicators as markers of a family health status.

Currently, many health programs have been implemented by Indonesian Ministry of Health, Provincial Health Offices, and District Health Offices. However, many health problems, some as mentioned above, still become health burdens. We may ask a question whether the programs that we conducted have answered the health problems we have in Indonesia.

It would be better if all health programs that we implement based on scientific health research, especially interdisciplinary research. The research should be related to detection, prevention, and treatment of diseases or problem solving for better health. My dear colleagues,

Being a province with speciality, Special Region of Yogyakarta placed Traditional Medicine as one of the priority programs in Provincial Medium Term Development Plan (2017-2022). We still encounter many challenges in developing Traditional Medicine, especially in providing services which are based on scientific evidence.

Distinguished colleagues,

We look forward to results of interdisciplinary research which would support health problem solving, especially by developing traditional medicine in Yogyakarta. We believe that collaboration in interdisciplinary research would improve quality of human life. Finally,

Thank you for your attention. We wish you a successful conference.

Wassalamu'alaikum Warahmatullahi Wabarakatuh,

On behalf of the Head of Provincial Health Office Special Region of Yogyakarta

#### Drg. Pembajun Setyaningastutie, M.Kes

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## SPEAKER OF INTERNATIONAL CONFERENCE

#### Zahid Iqbal

Al-Nafees Medical College Isra University Islamabad Campus Islamabad, Pakistan "One Health Program for Public Health Benefit"

#### Prof. Dr. Abdul Khaliq

Professor, Department of Agronomy, University of Agriculture, Faisalabad "Role of Agriculture in Poverty Alleviation of Rural Areas"

#### Fitri Arofati

Universitas Muhammadiyah Yogyakarta, Indonesia "Continuing Professional Development of Practicing Nurses in Indonesia"

#### Tri Wahyuliati

Universitas Muhammadiyah Yogyakarta, Indonesia "Diabetic Neuropathy - A Chance Towards A Better Treatment"

#### Mohammad Khalid Ashfaq

University of Mississippi, USA "Natural Products –Use or Misuse"

#### Muhammad Mukhtar

American University of Ras Al Khaimah, United Arab Emirates "Emerging Biotechnologies and Genomic Medicines in Human Health and Well-Being"

#### Muhammad Sasmito Djati

#### Brawijaya University Malang, Indonesia

"Herbal Medicine a Holistic Approach: in case of food supplement formulation of Sauropusandrogynus and Elephantopusscaberto modulate immune and hormonal system in pregnant Salmonella typhi infected mice"

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# REVIEWER

- 1. Dr. Zahid Iqbal, Ph.D (Isra University, Islamabad, Pakistan)
- 2. Prof. Dr. Abdul Khaliq (University of Agriculture, Faisalabad)
- Dr. Mohammad Khalid Ashfaq, DVM, DTVM, MS, Ph.D (University of Mississippi, USA)
- Dr. Muhammad Mukhtar, Ph.D (American University of Ras Al Khaimah, United Arab Emirates)
- 5. Dr. Ir. Muhammad Sasmito Djati, MS. (Brawijaya University Malang, Indonesia)
- Fitri Arofiati, S.Kep., Ns., MAN., Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
- Dr. SN Nurul Makiyah, S.Si., M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 8. dr. Iman Permana, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
- Dr. dr. Ikhlas M. Jenie, M.Med, Sc (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 10. Dr. dr. Arlina Dewi, M.Kes, AAK (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 11. dr. Oryzati Hilman, M.Sc, CMFM (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 12. Dr. Dra. Yoni Astuti, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 13. Dr. drg. Tita Ratya Utari, Sp. Ort (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 14. Dr. dr. Tri Wahyuliati, Sp.S, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 15. Dr. Elsye Maria Rosa, M.Kep (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 16. Dr. dr. Titiek Hidayati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 17. Dr. Shanti Wardaningsih, M.Kep., Ns., Sp.Kep.J., Ph.D. (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 18. Dr. dr. Sri Sundari, M.Ke (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 19. Dra. Lilis Suryani, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 20. Drh. Tri Wulandari K, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 21. Dr. dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
- 22. Sabtanti Harimurti, S.Si., M.Sc., Ph.D., Apt. (Universitas Muhammadiyah Yogyakarta, Indonesia)

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# SPEAKER OF INTERNATIONAL CONFERENCE

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#### ICMHS-0-1-42

## Inter Professional Education and Collaborative Practice: Reflection from Health students

Wiwik Kusumawati\*, Ika Setyawati, Romdzati, Likky Tiara Alphianti

Faculty of Medicine and Health Sciences UniversitasMuhammadiyah Yogyakarta, Indonesia \*Email: wiwik fk umy@yahoo.com.sg

#### Abstract

Implementation of interprofessional education and collaborative practice (IPECP) in Faculty of medicine and Health Sciences UniversitasMuhammadiyah Yogyakarta (UMY) at Asri Medical Centered has been moved to PKU Gamping Hospital since early 2016. This implementation consists of several learning activities that involve real patients in hospital. The aim of this study is to know the reflection of health students after finished experience in IPECP rotation. Qualitative data from students reflection were code by authors independently. Participants were 20 medical students, 20 nursing students and 10 dentistry students. Constant comparative method used to analyze the qualitative result. There were 7 final theme i.e.1)feeling,2)role/responsibility, 3) inter professional communication, 4) collaborative practice, 5) teaching learning process, 6) patient safety, and 7) respect. Collaborative practice during clinical stage was valuable experience to improve understanding in team work, inter professional communication, and role of health profession in managing the patient problems. The students are happy, interested and enthusiastic during this collaborative experience even though there were some students who feel confuse and less confidence in the early process. This study indicates 7 final themes on students reflection of IPECP. IPECP as an innovative learning model was very important and useful to prepare students to work collaboratively in the future in order to get better patient outcome, assure patient safety and build respect to each other. This program should be implemented in enough time and initiate as early as possible, even from academic phase.

Keywords: Implementation of interprofessional education and collaborative practice, reflection, health students

#### INTRODUCTION

Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta (FMHS-UMY) Indonesia, has implemented inter professional education and collaborative practice (IPECP) formally since 2013. Implementation of this program involves clinical stage students from medicine, nursing, and dentistry. Third year pharmacy students also participate in some activities of this programme. IPECP was conducted as one week rotation since it was still in Asri Medical Center (AMC). In the early of 2016 IPECP programme moved from AMC to PKU Muhammadiyah Gamping Hospital. Patients who were involved in both places were different. In the former place, IPECP was conducted by inviting the patients to come to the clinic, whereas in the newer, it was held by involving real patients as a learning trigger.

Learning activities consist of didactic lectures, bedside teaching (BST), small group discussion, case presentation and reflection. Lectures are conducted in the first day. It gives the students understanding on IPECP, communication among health professions, role of each health profession, technical activities and assessment of IPECP. On the end of week, the students take examination and case reflection using multiple choice questions (MCQ) and Gibbs form, respectively. This form enables the students to be back to the experience and re-evaluate learning experience against collaborative practice with other health professionals. The students' reflection will be discussed with the supervisor so that they will get feedback from him or her. Through this research, we want to identify how the students feel and think about IPECP program from their reflection after getting experience in collaborative practice.

The aim of this study was to know the reflection of health students after finished experience in IPECP program.

#### MATERIALS AND METHODS

This study was qualitative approach using constant comparative method to analyze the qualitative result. The sample (n = 50) was chosen purposively from medical, nursing and dentistry students. Pharmacy students were not involved in this study because they only joined in bed site teaching and small group discussion. Twenty medical students, 20 nursing students and 10 dentistry students made reflection based on their collaborative practice experiences at the end of rotation by fulfilling Gibbs reflection form. This form consists of description, feeling, evaluation, analyze, and conclusion.

Qualitative data from students' reflection were initially coded by 4 authors (WK, IS, RZ, LTA) independently and the frequency of occurrence was counted. The authors identified the categories and emerging themes. The findings were reviewed by author (WK). The areas of divergence as well as consensus among authors were also

considered as the data that were further interpreted. Four authors discussed together to make same perception of the emerging themes. Emerging themes were categorized into some categorizes (constant comparative method) until were found the final categories.

#### RESULTS

Seven final themes emerging from the data are shown below.

#### 1) Feeling

The students showed various feeling expressions such as happy, interested, enthusiasm, even confuse in the early program implementation.

Feeling happy was shown by students from all of health profession.

"After following the IPECP, I felt happy." (Nursing student 22)

"I felt happy, it was a valuable experience." (Nursing student 34)

"During inter professional education and collaborative practice (IPECP), I felt happy because we can view a case from multi aspect so the better patient care..... (Medical student 1 & 7)

Feeling interested was showed by students from all of health profession. "When conducting tutorial process, it was very interesting since there were many professions." (Nursing student 24)

Feeling enthusiastic was shown by students from all of health profession "...I felt very happy and enthusiastic because we could share our mind..." (Nursing student 21)

Motivated was shown by students from all of health profession "I was very motivated with IPE." (Nursing student 24)

Confuse and less confidence were showed by some students from nursing "...I worried and confused about learning process." (Nursing student 39)

"...in the beginning, I felt less confident..." (Nursing student 28)

#### 2) Role/responsibility

"...we understood more and more about the role of each health profession." (Nursing student 40)

"... all participants showed their role." (Nursing student 37)

"Education to the patient is responsibility of all health profession according to each competence. Education can improve the effectiveness of healing and patient may be more satisfied with care provided by professionals" (Medical student 4)

#### 3) Inter professional communication

"We could share our mind when took care the patient." (Nursing student 23)

"...could discuss with other professions when we have the same patient." (Nursing student 24)

"...we also learned how to communicate with other professions effectively." (Nursing student 35)

#### 4) Collaborative practice

"...we got experiences, especially on the collaboration and responsibility..." (Nursing student 40)

"We understood the process of collaboration." (Nursing student 23)

"...so, we learn more about collaboration with other health professions." (Nursing student 26)

"The IPECP program improved teamwork. Inter health professionals communication including doctor, nurse, pharmacist, and dentist will reduce medical error and improve the patient safety" (Medical student 2)

"Patient management using IPECP include communication, core competence, role, and negotiation in order to solve the problem" (Medical student 5)

"IPECP is an interaction process of health profession that have the goal to collaborate in promotion, prevention, rehabilitation and other services" (Medical student 1)

#### **Teaching learning process**

"We did BST together and took turn for conducting assessment ...when doing tutorial, we also solved the problem together." (Nursing student 23)

#### 6) Patient safety

"...and we were able to find the best practice for our patient." (Nursing student 40)

"...and patients got many advantages as each profession collaborated to improve patient's health status comprehensively." (Nursing student 39)

"...because we put effort to take care the patient based on our profession." (Nursing student 37)

"..... Before conducting patient examination, we have to hands wash to prevent the spreading of infection" (Medical student 4)

"During examination, we have to facilitate patient comfortable, safe, and careful......" (Medical student 3)

#### 7) Respect

"IPE made us respect with other profession." (Nursing student 28)

"...to improve professional relationship by putting respect on each role." (Nursing student 29)

"Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of health profession" (Medical student 4)

#### DISCUSSION

There were seven final themes i.e. 1) feeling, 2) role/responsibility, 3) inter professional communication, 4) collaborative practice, 5) teaching learning process, 6) patient safety, and 7) respect.

The students from all profession showed happy, interested, motivated and enthusiastic feeling. They felt such feeling because IPECP program gave them valuable learning experience in which they could share the knowledge to perform better patient

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care. Some nursing students felt confuse and less confidence in the beginning of IPECP. This fact suitable with the evidence of barrier in implementing inter professional collaborative that is sub ordinate from certain profession.

The students also learned how to communicate inter professionally and the process of collaboration with other health profession. They said that by improving teamwork and communication among health care professional would reduce medication error and improve patient safety. The students discussed patient problem not only about clinical aspect and collaboration but also patient safety. In examining the patients, they practiced principle of patient safety including hands washing to prevent the spreading of infection. Moreover, the students had to make patient comfortable, safe, and careful.

IPECP as an innovative learning model for health students is able to train communication and collaboration. In a clinical rotation stage, bed side teaching (BST) is a learning trigger as well as small group discussion. The students have more understanding on the importance of collaboration, communication, and the role of each profession in managing the patients. Patient problems will be solved together by health professionals effectively. By practicing effective collaboration and building good culture in communication among health care professional will improve patient safety and prevent medication error.

Inter Professional Education (IPE) occurs when students from two or more professions learn from one to the others for enabling an effective collaboration and improving health outcomes<sup>1</sup>. Another definition of IPE is any conditions when two or more professionals learn from and about each other in order to cultivate collaboration and professional insights<sup>2</sup>. Inter professional collaboration is the process of developing and maintaining effective inter professional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes<sup>3</sup>. Based on the definition above, two important keywords in IPE are collaboration and improving health outcomes or improving service quality.

There are six competencies need to be developed in a collaborative practice: 1) communication; 2) strength in one's professional role; 3) knowledge of professional role of the others; 4) leadership; 5) team function; and 6) negotiation for conflict resolution<sup>4</sup>. According to panel expert report<sup>5</sup>, collaborative competency comprises of 4 domains, namely: 1) value/ethics for professional role; 2) role/responsibility; 3) inter professional communication; 4) teams and teamwork.

Competencies required in a teamwork includes: 1) team cohession, the collective forces that influence members to remain become a part a group; an attraction to the team concept as a strategy for improving efficiency; 2) mutual trust, positive attitude that team members have for one another; the feeling, mood, or climate of the team's internal environment; 3) collective orientation, the common belief that a team approach

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is more conducive for problem solving than an individual approach; and 4) importance of teamwork, the positive attitude that team members exhibit with reference to their work as a team. Effective collaboration can promote positive interaction, trust, reduce stress, and increase quality of patient care<sup>6</sup>.

Related with role and responsibility of health professional, in managing the patients, it will be explained below. Nurses provide a care from a holistic framework: seeing the client as a whole person. The primary goal of nurse-client relationship is to achieve therapeutic outcomes. Nurses perform a diversity of role and function when helping clients to fulfill their needs. These roles are caregiver, counselor, teacher, client advocate, change agent, team member, and resource person. Meanwhile, the functions of nurses are dependent, independent, and interdependent role. In term of providing nursing care, nurses have a framework namely nursing process<sup>7</sup>. It consists of assessment, nursing diagnostic, nursing care plan, implementation, and evaluation. During conducting this process, nurses also collaborate with other health professions<sup>8</sup>.

Doctor has role as five stars doctor i.e. care provider, community leader, communicator, manager, and decision maker<sup>9</sup>. In collaborative context there was share of role among health care provider. Role of doctor will focus on clinical care consists of how to make proper diagnosis and treatment, as well as giving clinical advocacy.

Dentist is often the first line to defense in the prevention, early detection, and treatment of both oral and systemic diseases. Therefore, the dentist must involve in assessing and ensuring the overall health of the patients through screening, diagnosis, and referral. A collaborative network among dentists and other health professionals would be more beneficial for both patient and healthcare professionals. Dentistry is a critical component of the primary care system and the practitioners must be able to communicate effectively with other primary care providers. Management of chronic health condition, such as diabetes, has consequences for patients' oral health and is affected by their oral health. Such patients require coordination between dentistry and other health professions. Efficient and quality oral health care for both prevention and treatment of oral disease can be best achieved when members of oral health care team work together management of a with members of other health professions<sup>10,11,12</sup>.

Being student on an inter-professional clinical ward seems to provide unique experiences for future team activities in healthcare. The students stressed that every member of the team contributed with their own knowledge and that good communication between the team mentions was needed for both patient safety and for feeling secure within the team. The structure, interaction, and insight into one's own and other's professional tasks were important aspects that facilitate team collaboration.

Related to the teaching learning process, the limitation of IPECP implementation including the duration of teaching learning was very short. The students visited the

patient only one time, so they didn't follow up the patient condition. All health professions (doctor, dentist, nurse and pharmacist) do not always join together caused by technical factor. Technical factor in scheduling is the first problem for health institutions in implementing IPECP. It needs strong coordination and good will among coordinators or person in charge to manage this program in order to overcome the difficulty in arranging schedule (to meet various profession in the same time)<sup>13</sup>.

The students said that it will be better if the collaborative practice involving psychologist, nutritionist, and other health professional. The large number of students in group some time made real patients in wards uncomfortable during BST. The number of cases was still limited (only 2 cases). In general, students' preparation was not so well. Schedule and discussion room were still often changeable.

IPECP program made the students more confidence in managing the patients. The students suggested the importance of inter professional collaboration in managing patients. The duration of teaching learning should be longer and implemented in all teaching hospitals. Health institutions have responsibility to facilitate training in communication and collaboration inter professionally. Education can play a part in preparing students for collaborative practice. Teacher as facilitator is an important factor that must be prepared by institution. Teacher in practice or classroom, planning, commitment enthusiasm and the modeling of collaborative practice with other educational colleagues are all essential elements of successful initiative<sup>14</sup>.

#### CONCLUSION

This study indicated 7 final themes on students reflection of IPECP those are 1) feeling, 2) role/responsibility, 3) inter professional communication, 4) collaborative practice, 5) teaching learning process, 6) patient safety, and 7) respect. Collaborative practice during clinical stage was valuable experience to improve understanding in team work, inter professional communication, and role of health profession in managing the patient problems. The students were happy, interested and enthusiastic during this collaborative experience. IPECP as an innovative learning model was very important and useful to prepare students to work collaboratively in the future in order to get better patient outcome, assure patient safety and build respect to each other. This program should be implemented in enough time and initiate as early as possible, even from academic phase.

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