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## **THE EFFECTIVENESS OF IMPLEMENTING COLLABORATIVE ONLINE LEARNING BETWEEN PROFESSIONS IN A PANDEMIC PERIOD**

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### **Abstract**

Interprofessional Collaboration (IPE/C) is a form of developing health services for all health workers. In the Jakarta I Poltekkes environment since 2018, IPE/C-based learning has been developed to provide opportunities for nursing, midwifery, orthotic prosthetics and dental students to have direct experience in collaborating between professions (IPE/C) in public health services. Implementation of collaborative practice models in acute, primary, and community care. However, over time IPE/C activities were able to improve the quality of health services by using 4 domains; Roles, Communication, Norms/Values, Ethics, and Inter-Professional Communication. Courses with a "people-centered care" approach have strategies/methods: Demonstration, roleplay, discussion, and PBC, Tutorial, PBD/Independent, online media (zoom) and Library Studies on the documentation system. And during the Pandemic period, learning is carried out through online media with a maximum meeting time of 90 minutes and alternate breaks to anticipate device malfunctions with the link provided from Pusbangdik, namely Join Zoom Meetings. During 2 weeks of online learning, the students' achievements were obtained with an average score of 87.06, an increase of 56.7%, and 98% of students/lecturers stated that they were very satisfied with the joint learning.

**Keywords:** Inter-Professional Collaboration, Learning, Online, Domain IPE

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### **INTRODUCTION**

Interprofessional Collaborative Learning is a form of community-based health service as a pilot model to advance interprofessional education and collaborative practice in Indonesia. According to (Wagner, 2012) At the Jakarta I Ministry of Health Polytechnic since 2018, we have developed it by providing opportunities for nursing, midwifery, orthotic prosthetics and dental health students to gain hands-on experience of Interprofessional Collaborative Profession (IPE) in the community .

Interprofessional collaborative education and practice (IPE) is an academic

activity in the form of interprofessional collaborative educational learning (IPE). IPE has long been introduced by health organizations / WHO since the 1970s. And one of the earliest reports to highlight the concept of collaboration and team-based healthcare practice was the 1972 report from the Institute of Medicine (IO M, now National Academy of Science, Engineering, and Medicine), Educating for the Health Team. The aim of the 1972 release was to improve the overall quality of healthcare delivery and success to Clients through the development and implementation of a coordinated healthcare team. Implementation of the

collaborative practice model in acute, primary, and community care, was initially less effective and tended to provide individualized services. However, over time, IPE/C activities were able to improve the quality of health services by using 4 domains; Roles, Communication, Norms/Values, Ethics, and Inter-Professional Communication. (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011).

This course describes a more comprehensive health care system, consisting of promotive, preventive curative and rehabilitative aspects through a "people-centered care" approach. Client-centered services, in this case not only in the form of services that focus on the recipients of health services, as individuals, families and communities, but in the end will be centered on health workers as health service providers in order to provide quality, safe, effective services. and efficient. The practice of IPE/C is a short service that can improve the effectiveness and efficiency of health services and focuses on the client/family and community. In order to carry out collaborative practice between professions in the health care team, collaboration competencies between professions are needed so that the team can be ready and provide services according to the level of education known as Interprofessional Education (IPE)(Westberg, 2009).

The aims of this course are:

1. Mastering the concept of health.
2. Able to collect data rights, analyze and formulate problems, plan, implement, and evaluate, document, present information about health care.
3. Prepare reports on results and work processes accurately and validly, communicate effectively to other parties in need.
4. Document, store, secure, and retrieve data to ensure validity and prevent plagiarism.

## METHOD

Laboratory learning is carried out through strategies/methods, including; demonstrations, roleplays, discussions, and lectures, tutorials, independent assignments, online media (zoom) and literature studies on the documentation system. And during the COVID-19 pandemic, the Team carried out through online learning media with a maximum of 90 minutes of meetings and interspersed breaks to anticipate electronic device malfunctions, as well as network links provided from the PolkesJasa Education Development Center, namely Join with Zoom Meetings and Google Meet and occasionally via WhatsApp.

The tasks that students are obliged to give to academics are; Students must be present at least 80% during lectures, and laboratory practice activities must be 100% active. If the student is not present, the student replaces the hours left by completing the task according to the material when the student does not enter, where the report will be directly evaluated by the lecturer who is the tutor.

## RESULTS AND DISCUSSION

The results of the assessment of learning activities found that all students from 4 groups (departments);

1. Attended 100%, totaling 209 people (77 Nursing students, 37 Dental Health students, 78 Midwifery students, 19 Prosthetic Orthotic students).
2. Achievement of student scores on average 87.06
3. The obstacles encountered during the implementation of learning, are;
  - a. Signal interference is still encountered at the location of students/supervisors during learning and guidance.
  - b. There are still supervisors who cannot take PBM overall, because he got another assignment.
  - c. Due to the increase in COVID-19 cases, the planned offline/offline

IPE/C practice is abolished. However, Deputy Director II has planned to facilitate the examination of SWAB antigens.

The learning process is facilitated through the Google Class Room and attendance is made using a google form. Learning activities are carried out with lecture theory activities, discussions, and independent assignments. However, two weeks later, it was followed up with seminars, and practices from 24 to 28 May 2021. The

study materials were: basic concepts of inter-professional education, benefits of inter-professional education, principles of inter-professional education, core competencies of inter-professional education, factors that influence inter-professional education, Professional Competence: Nurses, Midwives, Dental Health, and Prosthetic Orthotics, and Ministry of Health's Institutional Competencies, namely Healthy and Independent Indonesia.

**Table 1**  
**Evaluation result**

| <i>Variable</i>           | <i>Score</i> |
|---------------------------|--------------|
| <i>Pre Test</i>           | 52.91        |
| <i>Laboratory</i>         | 88.09        |
| <i>Test Post</i>          | 93.17        |
| <i>Average P increase</i> | 56.79%       |

Table 1. It was found that there was an increase in cognitive, behavioral, and psychomotor abilities in the entire series of inter-professional collaborative learning, showing an increase in the average score in the four major groups

During the learning process, students are divided into 8 groups and have 4 mentors. Every day after classical lectures, students/supervisors enter the breakoutroom in a zoom meeting. Similarly, during discussions, laboratory practices, role playing, making leaflets, including when practicing with the assisted families who are the family of one of the student members. (Tyastuti, Onishi, Ekayanti, & Kitamura, 2013).

Student evaluation of the implementation of IPE/C learning, found an average of 2% said they were satisfied and 98% said they were very satisfied with learning together, making them understand the differences in health professions, the duties of each profession, codes of ethics that need to be respected by fellow professions, improving communication between members, and able to play roles including being a leader according to cognitive abilities, educational background, personal strengths (Setiawan, 2015).

## CONCLUSION

Collaborative Learning between professions that has 2 credits of learning with learning outcomes that improve the implementation of health services with four pillars, namely Norms, Codes of Ethics/Value, Roles, and Interpersonal Communication. Therefore, the ability to learn interdisciplinary professions from the beginning needs to be applied in a collaborative way to students with other professional friends, including lecturers or supervisors. The implementation of Inter-Professional Collaboration learning does not have a conflict of interest, but is the development of learning competencies and is based on the Decree of the Director of Poltekkes Jakarta I, number DL.02.02/I/2689/2021.

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