Obstacle Analysis And Community Medicine Interprofessional Communication Solutions In Medical And Dental Students

Nina Anggraeni Noviasari[1]*, Rifka Widianingrum[2]

S1 Kedokteran Fakultas Kedokteran Universitas Muhammadiyah Semarang[1,2]

ARTICLE INFO	ABSTRACT
Keywords: Communication, Interprofessional, Community Medicine, Medical Students, Dental Students	Poor communication between doctors, patients and between health professionals, has a negative impact. The patient becomes disobedient to the doctor's intervention, the doctor becomes the target of violence due to the patient's ignorance. The World Health Organization (WHO) initiated Interprofessional Education (IPE) learning at the undergraduate level to improve communication and collaboration of health workers to improve patient health outcomes. This study aimed to analyze the barriers and solutions to community medicine interprofessional communication among medical and dental students. This study uses a qualitative method with a case study design. Observational data collection and focus group discussion (FGD). Students were divided into 16 groups, each consisting of 9 medical students and three dentistry students. Observation of IPE activities on collaborative practices in community residents in Sendangmulyo with five meetings for each group. FGD activities were carried out after collaborative approach with student representatives from each group. The results showed that the obstacles that occurred included: differences in competence and knowledge, lack of cooperation, lack of confidence, signal interference, differences in medical terms, miscommunication, and lack of response. Solutions: collaboration and complementarity, holding offline meetings, building closeness, gathering ideas, respecting each other's opinions, more accurate information, being open and trusting each other, being active listeners, giving others opportunities to express opinions, and using language that is easy to understand, repeating the explanation given
Email : ninaanggraeni@unimus.ac.id	

1. INTRODUCTION

Poor communication between doctors and patients causes patients to misunderstand medical interventions, non-compliance in treatment thereby worsening patient health outcomes [1]. Poor inter-professional communication is the main obstacle to creates the benefits of collaborative practice [2]. The inability of a doctor to communicate with patients has a negative impact on patient and family satisfaction. Even poor communication can result in extreme patient attitudes that lead to violence against doctors [3]. Communication is an interpersonal process that involves verbal and non-verbal changes of information and ideas, while interprofessional communication in health services is communication carried out by health workers who work together to heal patients [4].

Interprofessional competencies are community and population oriented and patient and family centered and together create learning continuums in the development of IPE and lifelong learning trajectories. Interprofessional communication is the ability to communicate with patients, families, communities, and health and other professionals in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease [5]. The Extroverted/Intuitive Type may try to explain too many theoretical aspects of the disease or how exercise benefits the patient, thus creating a barrier between the physical therapist and patient. Teaching a student belonging to this personality type using less theory and more layman terms will help in providing better communication with a patient (Smith et al., 2019). Interprofessional communication among all members of the health team including doctors and managers is necessary, as a result, interprofessional communication improves and Health Information

Obstacle Analysis And Community Medicine Interprofessional Communication Solutions In Medical And Dental Students. Nina Anggraeni Noviasari, et.al

1400

Technology Education is considered the main pillar of Medicine, Health Administration, and Public Health.

Communication strategies are necessary to enable team members to work together to make informed, collaborative, and responsive healthcare decisions and this module will explore the conceptual issues involved in strategic healthcare team communication (Morgan et al., 2015). The main obstacle to interprofessional communication is cultural differences and considering their focus area as the most important part than any other field. Interprofessional communication (IPC) can also be understood as the ability for effective communication between people, especially from different professions, in a collaborative way. The persistence of hierarchical and unequal practices between different professional categories within the health area, silos (groups of professionals working in isolation), power, workplace conflict, and difficulties in understanding the competing roles of others support the parallel professional performance, to the detriment of teamwork, influences the way in which interprofessional communication. Internal factors undermine interprofessional communication in the nicative process, with unit density being stressed, leading to first-come, first-served consultation instead of on a priority basis, with high demand for non-urgent care, causing work overload for professionals, and weakening communication between them. interprofessional communication thus tends to increase competence, and confidence to respond to emerging conflicts. Not all professions agree that doctors lack interprofessional communication and also lack understanding compared to other professions.

Interpersonal and interprofessional communication skills have a positive impact on the self-efficacy beliefs of medical, nursing, and pharmacy students in academic health science centers. Prior to taking the course, pharmacy students demonstrated less confidence than their medical and nursing counterparts in several interpersonal and interprofessional communication skills. Heuer and Williams suggest e-mail, brief telephone conversations, and teleconferencing as some concrete approaches to interprofessional communication. Networking and marketing were described by study participants as elements of interprofessional communication used to acquire clients and identify professionals to whom they could refer clients. Barriers identified fall into three main areas: 1) logistical (unspecified communication or collaboration mechanisms; privacy laws; failing to get client/parent to sign off on information release forms; time constraints and schedule issues; funding constraints and concerns billing; lack of "half of the heart"; and logistical concerns about communication); 2) roles and perspectives (eg, definition/identity of roles; lack of understanding of respective training and expertise; different perspectives; use of different discipline-specific language styles and reporting; issues of territory and/or power); and 3) lack of interprofessional communication training (Power et al., 2013). Interprofessional communication (IP) describes the sharing of information (via oral, written or other means) among different members of a healthcare professional to positively influence patient care. This includes communications that may be intentional or unintentional. In a busy, high-acuity, academic emergency department (ED), successful IP communication between resident and non-physician staff is critical for safe and effective collaboration of patient care (Olde Bekkink et al., 2018).

Developing skills to clarify roles, using democratic and horizontal models in decision-making, and interprofessional communication based on respect/trust, generate greater awareness as a result of the interactive and dialogical nature of didactics and by having an academia of communication (Inzunza et al., 2020). Interprofessional communication occurs by synchronous and asynchronous means. Synchronous genre refers to communication occurring in real time such as meetings, ward rounds, handoffs, or impromptu conversations. Communication also occurs asynchronously such as on a white board, through the medium of cation orders, or written progress notes (Foronda et al., 2016). Several studies have documented the difficulties nursing students exhibited in conducting simulated interprofessional communication (Foronda et al., 2016). Bays and colleagues use standard patient to teach interprofessional communication to physicians and nurse practitioners using CodeTalk. Student participation in the communication skills intervention is the only predictor of improved performance over time.

The World Health Organization (WHO) initiated interprofessional learning at the undergraduate level of health to address problems of collaboration and communication of health

workers so as to improve patient safety, and positive outcomes for the health of patients and families (WHO, 2010). IPE learning is prepared for interdisciplinary teamwork after becoming medical personnel and health workers (World Health Organization, 2013). IPE learning is prepared for interdisciplinary teamwork after becoming medical personnel and health workers (World Health Organization, 2013). Interprofessional communication includes four competencies in IPE including teamwork, responsibility and ethics [5].

Medical education institutions have incorporated communication skills into the curriculum in order to improve communication skills after becoming doctors later [3]. Interprofessional communication in interprofessional education (IPE) is an important competency which is an achievement for student learning. IPE learning results in a significant increase in student communication skills with patients, families, between professions as collaborative teams [6]. This year's IPE learning activities are still in a pandemic condition, so effective communication is an important strategy. During a pandemic, communication has a broader approach, not just exchanging messages but maintaining safe points [7]. Communication is done to build trust with patients, families and team members. Teamwork when communicating must be mutually respectful, transparent, honest in order to create a positive environment in making joint decisions [8]. During the pandemic, many people were affected psychologically, socio-economically, exhausted so teamwork must be able to play an important role in recognizing and overcoming interprofessional communication barriers [9].

Factors that influence the lack of effective communication are incompetent health workers, lack of skills and training on patient safety, and lack of coordination and performance of a team of health workers [10]. Patient- and family-centered care requires effective communication in order to understand the patient's perspective, pay attention to the patient's psychosocial needs, and involve the patient in collaborative practice [11]. Patient- and family-centered care is something that patients and families desire to improve family health outcomes [12]. However, the existence of a pandemic is threatened because it cannot carry out regular, structured care that meets all family members simultaneously [12] [13]. Interprofessional communication in IPE learning in communities with a family approach during a pandemic is very important to be thorough so as to minimize poor communication with medical personnel in the future. The purpose of this study was to analyze the barriers and solutions to community medicine interprofessional communication among medical and dental students.

Literature Review

Interprofessional communication is a process of exchanging information, ideas, and opinions between individuals from different professional backgrounds to improve patient outcomes. It involves effective communication and collaboration between healthcare professionals, such as doctors, nurses, pharmacists, and other healthcare providers, to provide comprehensive and coordinated patient care [14]. Interprofessional communication in the health sector involves several aspects that contribute to successful collaboration and effective patient care [14]. Some of these aspects include:

1. Clear and effective communication: Healthcare professionals need to communicate clearly and effectively with each other, as well as with patients and their families. This includes using plain language, active listening, and ensuring that information is conveyed accurately and completely.
2. Shared decision-making: Collaborative decision-making involves healthcare professionals working together to determine the best course of action for a patient's care. This requires open and respectful communication, as well as a willingness to consider multiple perspectives.
3. Mutual respect: Healthcare professionals must respect each other's expertise, roles, and contributions to patient care. This involves recognizing the unique skills and knowledge that each profession brings to the team, and valuing everyone's contributions equally.
4. Interprofessional education: Training in interprofessional communication and collaboration is essential for developing these skills in healthcare professionals. This can include both didactic education and experiential learning opportunities, such as team-based simulations and interprofessional clinical experiences.

Barriers to interprofessional communication can include: different communication styles and vocabularies between professions, lack of clarity around professional roles and responsibilities, time

constraints and busy schedules, limited opportunities for interprofessional interaction and collaboration, hierarchy and power differentials between professions, limited understanding and respect for other professions' expertise and perspectives, lack of trust and communication skills, technology or language barriers [15] [16].

There are several solutions that can help overcome barriers in interprofessional communication. Some of them include: education and training: Providing education and training to healthcare professionals about the importance of interprofessional communication and how to effectively communicate with their colleagues can help overcome barriers, clear communication: Encouraging clear and concise communication among healthcare professionals can help avoid misunderstandings and promote effective communication, team building activities: Engaging in team-building activities and fostering a sense of teamwork among healthcare professionals can help promote collaboration and improve communication, technology: Utilizing technology such as electronic medical records and telehealth can help facilitate communication and collaboration among healthcare professionals, conflict resolution: Implementing conflict resolution strategies and addressing conflicts as they arise can help prevent communication breakdowns and improve relationships among healthcare professionals (Keller et al., 2013; [17] Weller et al., 2014).

2. METHOD

This research was conducted in May-December 2022 at the Faculty of Medicine, Faculty of Dentistry, Muhammadiyah University of Semarang, and RW 1, Klipang Village, Sendangmulyo, Tembalang, Semarang City. This research used a qualitative method in the form of a case study. Data collection in this study was based on observational and focus group discussion. Observational activities during IPE. Students carry out IPE activities in field collaboration practices at Sendangmulyo visiting patients and families for 5 times with details: meeting 1: introduction and history taking; meeting 2: physical examination; Meeting 3: analysis of patient-family problems and determining problem priorities; Meeting 4: patient intervention with active participation approach; meeting 5: follow-up of the results of the intervention. Informants on qualitative methods used Focus Group Discussion (FGD) which contained 16 students who were one representative from each group. IPE activities between medical and dental students were divided into 16 groups, each group consisting of 9 medical students and 3 dental students. Triangulation of data from field supervisors and patient-patient families. Data analysis used a qualitative descriptive technique.

3. RESULTS AND DISCUSSION

Interprofessional Communication

Interprofessional communication is communicating with patients, families, communities and professionals in the health and other fields in a responsive and responsible manner that supports a team approach to health promotion and maintenance and disease prevention and treatment [18]. This is as explained by the informants in this study which are presented in the following table:

Tabel 1. Interprofessional Communication Concept

No	Subject	Response Results
1	Informant 1	Interprofessional communication is communicating with patients, families, health professionals and other fields in a responsive and responsible manner that supports a team approach to promotion, health maintenance, prevention and treatment of disease.
2	Informant 2	The concept of interprofessional communication is collaboration. Because there are 2 health study programs, namely the Faculty of Medicine and the Faculty of Dentistry which focus on Patient Center Care, where each study program has knowledge, roles and responsibilities according to their field in order to build good communication with patients so that they can provide maximum service to patients.
3	Informant 3	Applying the concept of verbal communication, for example we discuss with each other the exchange of ideas relating the results of examination findings and discussing them so that we get a final result that is able to solve existing

No	Subject	Response Results
		problems. The concept of group 13 communication also prioritizes the principles of effectiveness and efficiency, which prioritizes optimizing the available time so that the objectives of IPE learning can be achieved optimally according to the time allotted
4	Informant 6	The concept of interprofessional communication in our group is collaboration. Because there are 2 Health Study Programs (FK and FKG) that focus on patient center care, where each has knowledge, roles, and responsibilities according to their field so that they become good communications for patients so that they can provide maximum service to patients.

Based on the results of informants' responses regarding the interprofessional concept, it can be seen that the concept of interprofessional communication in groups is collaboration so that it becomes good communication for patients and prioritizes the principles of effectiveness and efficiency so that it can provide maximum service to patients.

Interprofessional communication in groups

Tabel 2. Results Interprofessional Communication Responses in Groups

No	Subject	Response Results
1	Informant 1	Communication in the PBL 3 group guided by dr. Aisyah lahdji and drg. Windu Alhamdulillah, they are running as they should.
2	Informant 2	Because we have different competencies and knowledge and we just got to know each other during this IPE activity, our communication was a little disturbed because medicine and dentistry are slightly different, so it becomes an obstacle for us to better understand the knowledge, roles and responsibilities of each. respectively. Another obstacle in our group is that we have not been able to work together in uniting each role between professions and tend to still play a role in each profession or field of study
3	Informant 6	All team members should be free to express and explain their views and should be encouraged to act as such
4	Informant 10	Have maintained ethics by respecting each person's words by listening and listening to what they say, communicating through the media (whatsapp), not violating ethics such as not using exclamation marks or all capital letters, because if communication in the media only relies on writing so you need to be careful and to prevent people from thinking that we are angry. During virtual meetings, we prefer offcam to oncam. Even though when discussing, oncam should be a form of respect for the other person.

Based on the results of informants' responses regarding interprofessional communication in groups, it can be seen that interprofessional communication in groups has several obstacles, namely just getting to know each other during the activity, the differences in medicine and dentistry are slightly different, they have not been able to work together in unifying their respective roles between professions and tend to still play a role in their respective professions or fields of study. The solution to some of the following obstacles is that all team members must be free to express and explain their views and must be encouraged to act like that, respect what the other person says and not reply or interrupt his words before finishing, maintain ethics by respecting each person's words by listening and listen to what he has to say, communicate via the media (whatsapp), and prefer to off cam rather than on cam during virtual meetups.

Interprofessional Communication with Advisors

Tabel 3. Results of Interprofessional Communication Responses with Supervisors

No	Subject	Response Results
1	Informant 1	Communication effectiveness has also been achieved even though it is difficult to do so. The component from the facilitator is good.

The effectiveness of communication has also been achieved even though it is difficult to do so. The component from the facilitator is good. Based on the results of the informant's responses regarding interprofessional communication with the supervisor, it can be seen that communication

effectiveness has been achieved even though it is difficult and the components of the facilitator are good.

Interprofessional Communication with Patients

Tabel 4. Results Responses Interprofessional Communication with Patients

No	Subject	Response Results
1	Informant 1	To be able to communicate with patients is very difficult and requires more patience. Although at first it was difficult to achieve effective communication with patients, after both parties met, namely the facilitator and the patient, the problem was resolved.
2	Informant 5	We divided the big group into 3 small groups where 1 group consisted of 3 FK students and 3 FKG students. Then each group took turns to visit the patient's house to conduct an examination.
4	Informant 10	Aware of the role of each profession when conducting direct visits to fostered families so that they can be completed properly.

Based on the results of informants' responses regarding interprofessional communication with patients, it can be seen that patience is needed when dealing with difficult patients, the solution taken is to divide the large group into 3 small groups where 1 group consists of 3 FK students and 3 FKG students. Then each group took turns to visit the patient's house to conduct an examination. Be aware of the role of each profession when conducting direct visits to fostered families so that they can be completed properly.

Interprofessional Communication Relations with Teamwork

Tabel 5. Response Results Interprofessional Communication Relations With Your Teamwork

No	Subject	Response Results
1	Informant 1	The teamwork between FK and FKG was also quite good in our group, even though at first it seemed difficult because sometimes there was miscommunication between us. However, overall, because it was discussed carefully, communication was able to run well and problems were resolved.
2	Informant 1	The collaboration of the Fk and FKG teams in this series of events went very well. Starting from adaptation and communication at the beginning of the meeting by designing a concept for joint learning that must be carried out in collaboration to carry out health services in one of the families running smoothly. Communication between the two parties took place well so as to build good collaboration as well
3	Informant 5	we divided the big group into 3 small groups where 1 group consisted of 3 FK students and 3 FKG students. Then each group took turns to visit the patient's house to conduct an examination
4	Informant 10	Already able to complete tasks but lack effective coordination. Already have self-awareness of the responsibilities and roles of each profession, but are less responsive to work together in helping between professions.

Based on the results of informants' responses regarding the relationship between interprofessional communication and teamwork, it can be seen that the obstacles that occur are miss-communication, lack of responsiveness, and effective coordination. Solutions that can be made are adaptation and communication at the beginning of the meeting by designing concepts for shared learning, collaborating to carry out health services in one family to run smoothly. divided the large group into 3 small groups where 1 group consisted of 3 FK students and 3 FKG students, then each group took turns visiting the patient's house to conduct an examination. The results obtained are already able to complete tasks but lack effective coordination. Already have self-awareness of the responsibilities and roles of each profession, but are less responsive to work together in helping between professions.

Barriers to Community Medicine Interprofessional Communication among Medical and Dental Students
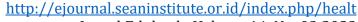
Tabel 6. Communication barriers within the group

No	Subject	Response Results
1	Informant 1	In our group there was 1 student who was exposed to Covid-19 and was declared positive for Covid-19 after a PCR examination. therefore it is necessary to isolate, so that they cannot participate in PBL activities. we also discussed and to solve this problem we always provide information and results of visits to our friends who are currently in isolation
2	Informant 2	Because we have different competencies and knowledge and we just got to know each other during this IPE activity, our communication was a little disrupted because medicine and dentistry are slightly different, so it became an obstacle for us to better understand each other's knowledge, roles and responsibilities. respectively. Another obstacle in our group is that we have not been able to work together in uniting each role between professions and tend to still play a role in each profession or field of study
3	Informant 3	Don't know each other yet. Lack of confidence in expressing opinions in groups. Signal Interference When Discussing Online. There are differences in the use of language in the group. Differences in medical terms between FK and FKG. The emergence of prejudice between individuals in groups
4	Informant 4	There are differences of opinion among group members. Sometimes there is miscommunication between group members
5	Informant 5	The obstacles we experienced during IPE were differences of opinion and perceptions between members, and frequent miss communication between members. They don't know each other in depth, so the communication between FK and FKG is not good and open
6	Informant 6	Communication is more often done online so that not all members contribute due to signal/electronic interference (error)
7	Informant 7	The obstacle experienced by group 10 was the difference in perception experienced at the first meeting, due to differences in the learning system between the two study programs
8	Informant 10	Communication within the group is less effective. Because when communicating on Google Meet or WhatsApp, only a few people respond to the other person. So that it is increasingly difficult to communicate effectively and confirm the information submitted or received

Based on the results of the responses regarding the occurrence of communication barriers within the group, it can be seen that communication barriers within the group occur due to a lack of communication within group members, lack of familiarity, not being able to work together, and differences of opinion among group members, and communication is more often done online so that not all Members contribute due to signal/electronic interference and differences in perception.

Tabel 7. Communication Barriers with Patients

No	Subject	Response Results
1	Informant 1	Our patients are difficult to contact, we tried SMS, WhatsApp, telephone but there was no response. to solve the problem we contacted the campus to confirm, and it was suggested to come directly to the address provided. and Alhamdulillah we managed to meet with the patient, and the activity went well
2	Informant 5	Because this time IPE was carried out during the COVID-19 pandemic, members could not often meet to exchange thoughts and opinions, as well as when visiting patients' homes to avoid crowds.
3	Informant 8	Not paying attention to the situation when communicating and busy with personal matters. Does not listen carefully without interrupting the patient while telling a story or explaining what is being complained about. Not

		paying attention to patients and applying polite behavior so that an open relationship can be created. Education in a language that is poorly understood so that it is hoped that there will be a change in attitude and behavior for the better
4	Informant 9	When visiting the patient's house there is a lack of planning between the students and the family. It is less effective in delivery due to a lack of understanding so that the visit is not optimal. Lack of patient openness resulting in a lack of information

Based on the results of the informants' responses regarding the occurrence of communication barriers with patients, it can be seen that the occurrence of communication barriers with patients is caused by patients who are difficult to contact, difficult to meet due to the covid pandemic, not paying attention to the situation when communicating and busy with personal matters. Does not listen carefully without interrupting the patient while telling a story or explaining what is being complained about. Not paying attention to patients and applying polite behavior so that an open relationship can be created. Education in a language that is poorly understood so that it is hoped that there will be a change in attitude and behavior for the better. lack of planning between the students and the family Less effective in delivery due to lack of understanding so visits are less than optimal. Lack of patient openness resulting in a lack of information.

Tabel 8. Characteristics of Interprofessional Communication Within Groups

No	Subject	Response Results
1	Informant 1	Less open between individuals due to differences in attitudes and opinions, resulting in miss communication. to solve this problem we held a discussion via google meet. Delays in responding to the WhatsApp discussion group, to solve this problem we made a deadline
2	Informant 3	Give each other support and invite them to be more confident and convince each friend to have the courage to express their opinion and take part in the discussion. Applying justice in groups, mutual open attitude among group members, increasing the sense of kinship between group members
3	Informant 4	Mutual respect for the opinions given by group members by continuing to listen to the opinions of members well, then jointly decide which opinion is the best to implement. Ask again or reconfirm the information provided and provide an explanation slowly
4	Informant 5	mutually open to each other and do not harbor opinions or disagreements between members. Provide clear information to avoid misunderstandings between members. Actively listen to the opinions of other members, and do not interrupt the conversation
5	Informant 6	There understand the characteristics of each member of the group such as habits, abilities, attitudes will affect effective communication. There is a leader who divides the roles for each member to achieve goals. Disclose openness/information honestly to other group members. Provide support and a positive attitude in communicating with other members

Based on the results of informants' responses regarding the characteristics of interprofessional communication in groups, it can be concluded that the characteristics of interprofessional communication in groups can be known from habits, abilities, mutual respect, openness, and mutual support for one another.

Community Medicine Interprofessional Communication Solutions for Medical and Dental Students

Tabel 9. Building effective interprofessional communication in groups

No	Subject	Response Results
1	Informant 1	The teamwork between Fk and FKG was satisfactory, even though at first there were differences of opinion, but later they were able to find opinions that were mutually agreed upon. Between FK and FKG have their respective roles, both help and collaborate with each other, so that they complement each other in

Obstacle Analysis And Community Medicine Interprofessional Communication Solutions In Medical And Dental Students. Nina Anggraeni Noviasari, et.al

1407

2	Informant 2	examinations. Offline meetings make each group understand the character of each member. Proximity to group members creates dependence so as to foster cohesiveness. The collection of ideas/ideas makes us obtain detailed information mutual respect, understanding each other, studying together, sharing information, sharing, communication in discussions must be strengthened in order to prosper patients. Provide clear information by re-confirming whether friends in the group understand the meaning of the information by asking other members to explain again the meaning of the information conveyed.
3	Informant 3	Provide clear and accurate information to avoid communication misunderstandings. Be open and trust each other. If there is an obstacle or problem, open communication is carried out in order to create a peaceful atmosphere. Be an active listener and understand any information conveyed. Every discussion took place, each individual had the opportunity to express his opinion and the others listened carefully. Using language that is easy to understand. The use of language that is easy to understand, for example the use of good Indonesian so that each individual understands and understands because this group of 13 is quite diverse from various regions in Indonesia.
4	Informant 4	The concept of effective communication in groups is to provide clear information by re-confirming whether friends in the group understand the meaning of the information by asking other members to explain again the meaning of the information that has been conveyed
5	Informant 5	Get to know each other by holding meetings in person but still complying with the health protocol. Conduct online communication at the right time so that good communication between members is established
6	Informant 6	Each member has valuable values, each member has the right to issue opinions and respect the opinions of others
7	Informant 8	Carry out their duties in accordance with the profession and work together in solving problems that occur. Implementing an attitude of mutual openness between professions so that misunderstandings do not occur between members. Discuss any findings obtained during the visit. Collaborate in providing education to patients and their families

Based on the results of the informant's responses regarding building effective interprofessional communication in groups, it can be seen that providing accurate information, applying mutual openness, collaboration, mutual respect and respect for one another are ways to build effective interprofessional communication in groups.

Tabel 10. Establishing effective interprofessional communication with supervisors

No	Subject	Response Results
1	Informant 1	Communication in the PBL 3 group guided by dr. Aisyah Lahdji, MM, MMR and drg. Dwi Windu Kinanti Arti, MMR Thank God the planning went well initially through wa exchanging opinions, determining goals, time, date, place, facilities, team division, seeking the truth of the patient's identity (address)

Based on the results of the informant's responses regarding Building effective interprofessional communication with supervisors, it can be seen that building effective interprofessional communication with supervisors can be done by means of planning such as exchanging opinions, objectives, time, date, place, facilities, team division, seeking the truth of patient identity.

Tabel 11. Establish effective interprofessional communication with patients

No	Subject	Response Results
1	Informant 1	The collaboration between the FK team and the FKG team has been good, starting from the concept of building communication with patient families, complementing each other in communication
2	Informant 7	Ask the patient's identity and build trust in the family. Completely explains the results of the analysis of the history and examination of the patient's recent family (including B6/head to toe), and explains the supporting clinical

		conditions (Lab, Rongent, etc.). Provide recommendations for interventions that have been and need to be continued (refer to nursing plan) including discharge planning as well as patient and family education
3	Informant 8	Establish good relations with patients and their families, such as introducing themselves to each member of the group and inviting the head of the family to introduce their family members. Tracing the complaints experienced by patients and their families and asking permission from patients and their families to tell them honestly without coercion. Provide education to patients and families about complaints experienced by patients both in terms of the illness they experience and health problems found in the family and the environment where they live, such as adopting a healthy lifestyle using poster aids so that it can make it easier for families to understand them. Invite family members to ask about what is being taught so that the family really understands and can apply what is being taught. Invite family members to adopt a healthy lifestyle such as implementing balanced nutrition guidelines, regular exercise and adherence to taking medication according to doctor's recommendations

Based on the results of responses regarding building effective interprofessional communication with patients, it can be seen that building effective interprofessional communication with patients can be done by collaborating, paying attention to patients, establishing good relationships with patient families, and educating patient families about patient complaints.

Based on research on "Analysis of Barriers and Solutions to Community Medicine Interprofessional Communication for Medical and Dentistry Students" it can be seen that the obstacles that occur in the group are differences in competence and knowledge in the majors of General Medicine and Dentistry. Differences in understanding with competence can be an obstacle in the practice of interprofessional communication [19]. Still lack of cooperation, lack of confidence from each group, signal interference. The obstacles in the process of inter-professional communication are that it is difficult to work with different professions so that inter-professional collaboration is not effective. Differences in the use of language regarding medical terms [20]. This is in accordance with the opinion of Conroy (2019) which states that language differences are one of the obstacles in interprofessional communication [21]. There is prejudice between individuals in the group, there is miscommunication, differences in perceptions, and communication with Google Meet is less effective so there is a lack of member response. This is in accordance with the opinion of Siokal (2021) which states that inter-professional barriers include differences in perspectives in each profession [22].

Solutions to obstacles in groups, namely collaboration and complementarity, holding offline meetings, building closeness, gathering ideas, respecting each other's opinions, more accurate information, being open and trusting each other, being active listeners, giving others opportunities to express opinions, using language easy to understand, repeat explanations given, and increase cooperation. This is in accordance with the opinion of Siokal (2021) which states that the establishment of communication and coordination can increase interprofessional cooperation [22]. This is supported by Conroy (2019) who states that aspects of collaboration and teamwork are the main implications in interprofessional communication [21].

Barriers that occur with patients include difficulty contacting patients, not being able to meet with patients more often, education is not understood by patients, visit plans are not mature, lack of understanding of patients, patients are not open enough so that the information obtained is not optimal. This is in accordance with the opinion of Graves and Doucet (2016) which state that problematic relationships can hinder collaboration in interprofessional communication [23]. This is also supported by the opinion of Rawlinson et al. (2021) that lack of communication, lack of understanding of each other is an obstacle in interprofessional communication [24].

The solution to barriers with patients is to build good communication with patients, explain the results of examinations in more detail, provide recommendations for interventions that have been and need to be continued including discharge planning and patient and family education. This is in accordance with the opinion of Graves and Doucet (2016) which states that communication is the most important aspect of interprofessional communication. Using tools that facilitate patient

understanding (such as posters), inviting family members to adopt a healthy lifestyle such as implementing balanced nutrition guidelines, regular exercise, and adherence to taking medication according to doctor's recommendations, tracking complaints experienced by patients and their families and asking for patient permission and his family to tell the truth without coercion. This is in accordance with the opinion of Moncatar et al. (2021) which states that integration of a healthy lifestyle within the family and full support for patients can create interprofessional collaboration [25].

4. CONCLUSION

Based on the research that has been done, it can be concluded that the obstacles that occur in the group are differences in competence and knowledge in the majors of General Medicine and Dentistry, lack of cooperation, lack of confidence from each group, signal interference, differences in the use of medical terms, there is prejudice between individuals in the group, there is miscommunication, differences in perceptions, communication with Google Meet is less effective due to lack of member response. Solutions to obstacles in groups, namely collaboration and complementarity, holding offline meetings, building closeness, gathering ideas, respecting each other's opinions, more accurate information, being open and trusting each other, being active listeners, giving others opportunities to express opinions, using language that are easy to understand, repeat the explanations given, and increase cooperation.Barriers that occur with patients include difficulty contacting patients, not being able to meet with patients more often, education is not understood by patients, visit plans are not mature, lack of understanding of patients, patients are not open enough so that the information obtained is not optimal. Solutions to barriers with patients include establishing good communication with patients, explaining the results of examinations in more detail, providing recommendations for interventions that have been and need to be continued including discharge planning and patient and family education, using tools that make it easier for patients to understand (such as posters), inviting family members to adopt a healthy lifestyle such as implementing balanced nutrition guidelines, regular exercise, and adherence to taking medication according to doctor's recommendations, tracking complaints experienced by patients and their families and asking permission from patients and their families to tell them honestly without coercion.Suggestions that can be given to support research are in subsequent research, it is advisable to take more samples, this aims for better data accuracy in the research.

REFERENCES

[1] N. J. Zhang, A. Terry, and C. A. McHorney, "Impact of health literacy on medication adherence: a systematic review and meta-analysis," *Ann. Pharmacother.*, vol. 48, no. 6, pp. 741–751, 2014.

[2] H. Wei, P. Horns, S. F. Sears, K. Huang, C. M. Smith, and T. L. Wei, "A systematic meta-review of systematic reviews about interprofessional collaboration: facilitators, barriers, and outcomes," *J. Interprof. Care*, vol. 36, no. 5, pp. 735–749, 2022.

[3] A. K. Ghosh and S. Joshi, "Enhancing Physician's Toolkit: Integrating Storytelling in Medical Practice," *J. Assoc. Physicians India*, vol. 69, no. 7, pp. 11–12, 2021.

[4] K. Keumalasari, K. Yetti, and R. T. S. Hariyati, "Penerapan Model Kolaborasi Interprofesional dalam Upaya Meningkatkan Keselamatan Pasien: a Systematic Review," *REAL Nurs. J.*, vol. 4, no. 2, pp. 65–76, 2021.

[5] K. Almendingen, B. Sparboe-Nilsen, L. Gravdal Kvarme, and J. Saltyte Benth, "Core competencies for interprofessional collaborative practice among teacher education, health and social care students in a large scaled blended learning course," *J. Multidiscip. Healthc.*, pp. 2249–2260, 2021.

[6] K. Robson *et al.*, "The use of clinical simulation to support development of interprofessional skills and understanding: Perspectives from allied health students," *Focus Heal. Prof. Educ. A Multi-Professional J.*, pp. 146–162, 2023.

[7] B. V. Reddy and A. Gupta, "Importance of effective communication during COVID-19 infodemic," *J. Fam. Med. Prim. care*, vol. 9, no. 8, p. 3793, 2020.

[8] S. Dalib, M. Harun, N. Yusof, and M. K. Ahmad, "Exploring intercultural competence among

students in Malaysian campuses," *J. Komun. Malaysian J. Commun.*, vol. 35, no. 1, pp. 1–16, 2019.

[9] N. Cazeau, "Interprofessional communication: Integrating evidence to enhance systems during a pandemic," *Number 1/February 2021*, vol. 25, no. 1, pp. 56–60, 2021.

[10] F. Faisal, S. Syahrul, and N. Jafar, "Pendampingan hand over pasien dengan metode komunikasi situation, background, assesment, recommendation (SBAR) pada perawat di RSUD Barru Kabupaten Barru Sulawesi Selatan," *J. Terap. Abdimas*, vol. 4, no. 1, pp. 43–51, 2019.

[11] C. Surchat, V. Carrard, J. Gaume, A. Berney, and C. Clair, "Impact of physician empathy on patient outcomes: a gender analysis," *Br. J. Gen. Pract.*, vol. 72, no. 715, pp. e99–e107, 2022.

[12] J. E. Davidson and C. A. Hudson, "Family-centered care: A reflection," *Crit. Care Nurs. Clin.*, vol. 32, no. 2, pp. xv–xx, 2020.

[13] T. C. Voo, Z. Lederman, and S. Kaur, "Patient isolation during infectious disease outbreaks: arguments for physical family presence," *Public Health Ethics*, vol. 13, no. 2, pp. 133–142, 2020.

[14] E. M. Spaulding *et al.*, "Interprofessional education and collaboration among healthcare students and professionals: a systematic review and call for action," *J. Interprof. Care*, vol. 35, no. 4, pp. 612–621, 2021.

[15] L. Lundborg, I.-M. Andersson, and B. Höglund, "Midwives' responsibility with normal birth in interprofessional teams: A Swedish interview study," *Midwifery*, vol. 77, pp. 95–100, 2019.

[16] P. Fuchshuber and W. Greif, "Creating effective communication and teamwork for patient safety," in *The SAGES Manual of Quality, Outcomes and Patient Safety*, Springer, 2022, pp. 443–460.

[17] E. Pecukonis, "Professional centrism and its role in shaping interprofessional education: Implications for social work education," *J. Teach. Soc. Work*, vol. 40, no. 3, pp. 211–220, 2020.

[18] IPEC, "Core Competencies for Interprofessional Collaborative Practice: 2016 Update," 2016.

[19] G. Vuurberg, J. A. M. Vos, L. H. Christoph, and R. de Vos, "The effectiveness of interprofessional classroom-based education in medical curricula: A systematic review," *J. Interprofessional Educ. Pract.*, vol. 15, no. January, pp. 157–167, 2019, doi: 10.1016/j.xjep.2019.01.007.

[20] F. khoirul Fitriyah, W. Afridah, S. Puspitasari, S. Wijaya, and E. A. Wikurendra, "Peluang dan Tantangan Interprofessional Education Di Masa Pandemi Covid-19," *Med. Technol. Public Heal. J.*, vol. 5, no. 1, pp. 111–120, 2021, doi: 10.33086/mtphj.v5i1.1818.

[21] C. Conroy, "Stereotyping as a Major Barrier to Achievement of Interprofessional Education Competencies: A Narrative Literature Review," *Internet J. Allied Heal. Sci. Pract.*, vol. 17, no. 3, 2019, doi: 10.46743/1540-580x/2019.1846.

[22] B. Siokal, "Potensi Penerapan Interprofessional Practice Di Rumah Sakit Universitas Hasanuddin," *J. Aafiyah Heal. Res.*, vol. 2, no. 1, pp. 1–8, 2021, doi: 10.52103/jahr.v2i1.306.

[23] M. Graves and D. S. Doucet, "Factors Affecting Interprofessional Collaboration when Communicating through the use of Information and Communication Technologies: A Literature Review," *J. Res. Interprof. Pract. Educ.*, vol. 6, no. 2, pp. 1–33, 2016, doi: 10.22230/jripe.2017v6n2a234.

[24] C. Rawlinson *et al.*, "An overview of reviews on interprofessional collaboration in primary care: Effectiveness," *Int. J. Integr. Care*, vol. 21, no. 2, pp. 1–14, 2021, doi: 10.5334/ijic.5588.

[25] T. R. T. Moncatar *et al.*, "Interprofessional collaboration and barriers among health and social workers caring for older adults: a Philippine case study," *Hum. Resour. Health*, vol. 19, no. 1, pp. 1–14, 2021, doi: 10.1186/s12960-021-00568-1.