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Building a Longitudinal Curriculum for Community and Family Health Care with Interprofessional Education

Gandes Retno Rahayu and CFHC-IPE Team

Faculty of Medicine, Public Health and Nursing

Universitas Gadjah Mada

2019

Curriculum Development

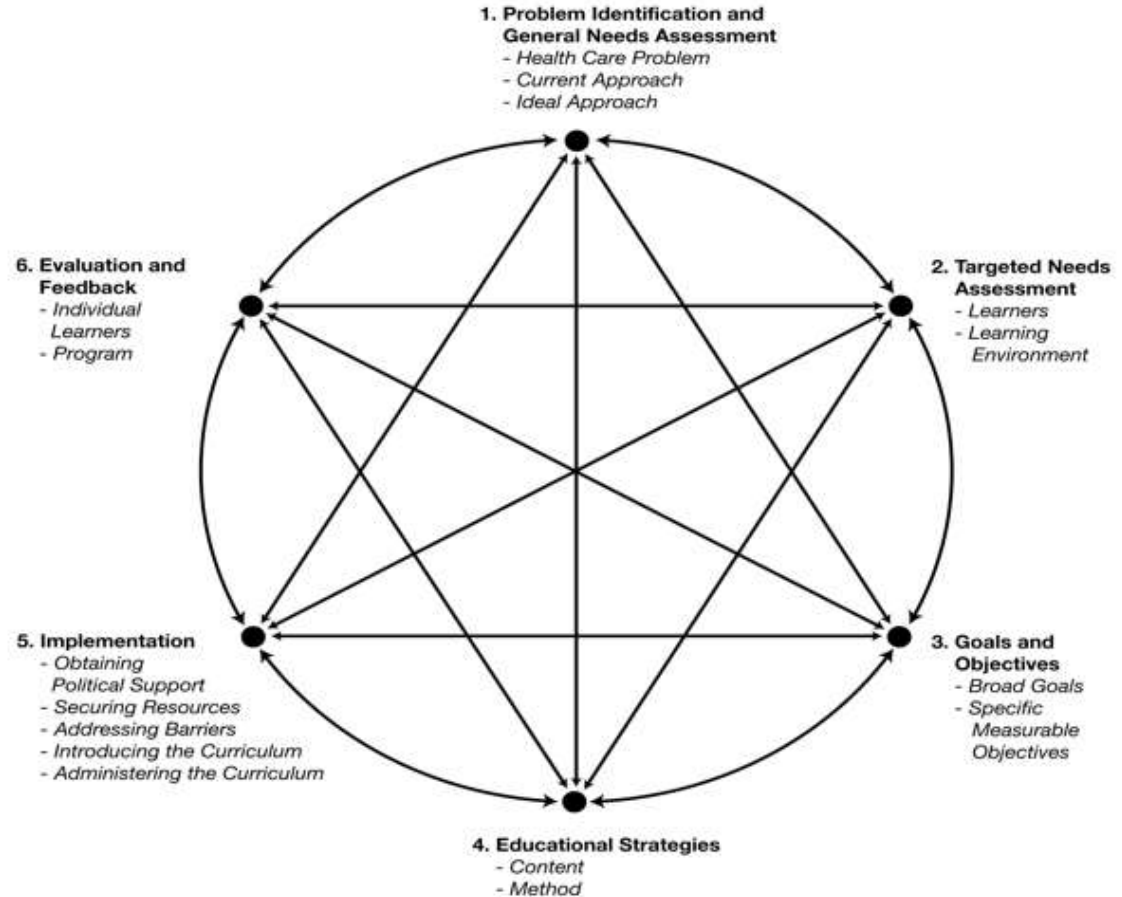
Curriculum Development for Medical Education

A Six-Step Approach



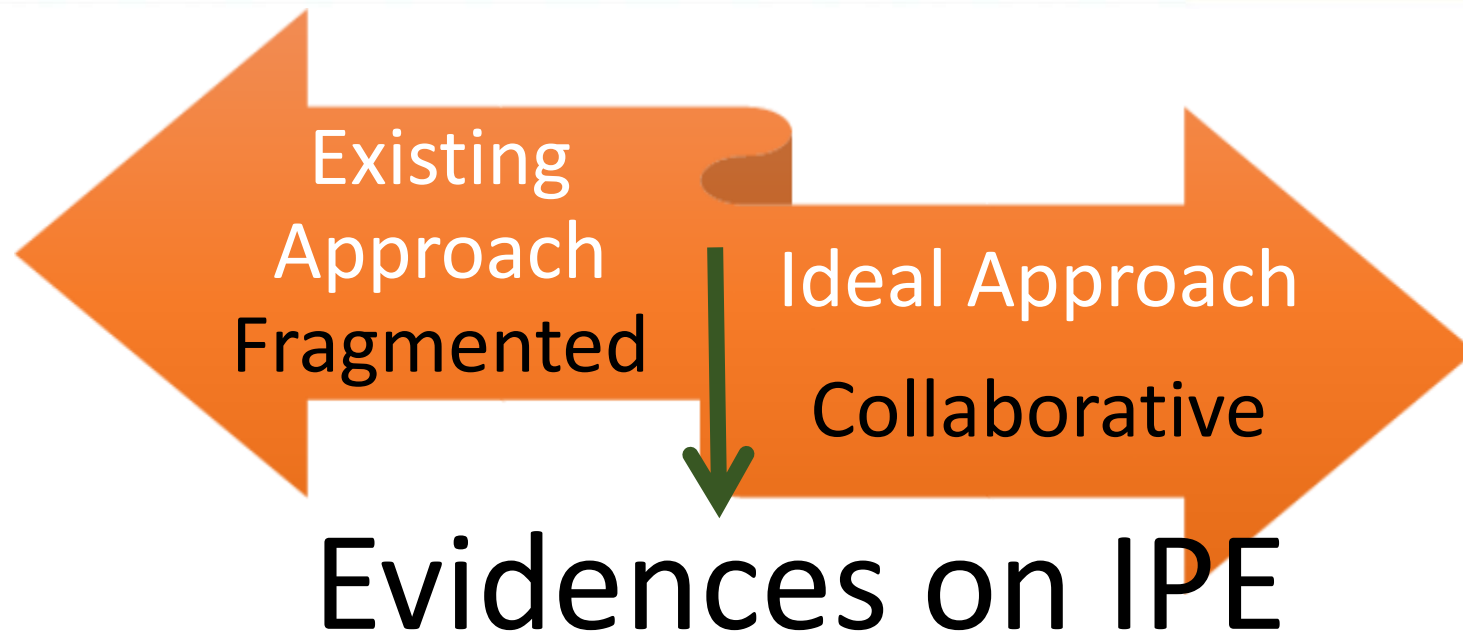
Second Edition

Edited by
David E. Kern, M.D., M.P.H.
Patricia A. Thomas, M.D.
Mark T. Hughes, M.D., M.A.



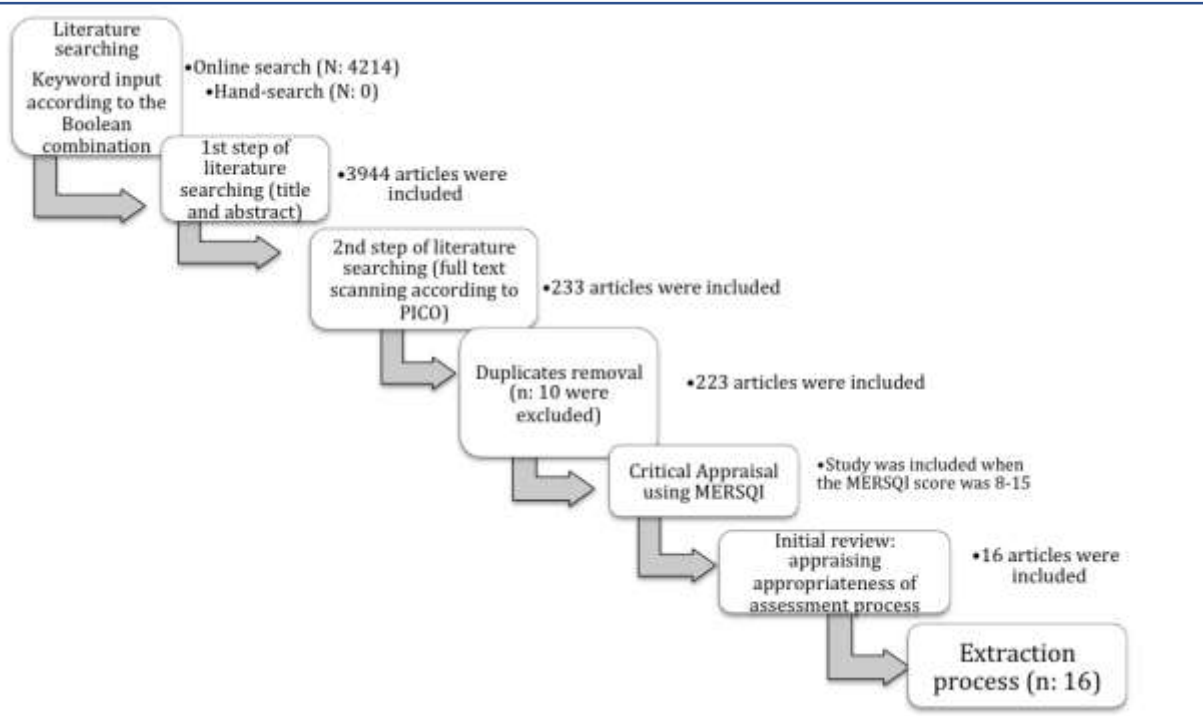


Step 1 Problem Identification and General Need Assessment



Evidences on IPE

1. The importance of IPE in increasing knowledge, skill, and attitude toward interprofessional collaboration (Hammick et al., 2007; Reeves et al., 2008; Lapkin et al., 2011).
2. Objectively Measured Interprofessional Education Outcome and Factors that Enhance Program Effectiveness: A Systematic Review (Riskiyani, et al., 2018)



Domain	Indicators	Domain of evaluation	Study
Values and Ethics	Professionalism	Increased knowledge	Hall et al. Rozmus et al.
	Patient-oriented health care services	Increased knowledge	Hall et al.
	Ethical decision making	Increased knowledge	Wilhelm et al. Rozmus et al.
	Awareness towards team dynamics and ability to develop shared value	Increased skills	Packard et al.
Roles and Responsibilities	Ability to delegate task	Increased skills	Sigalet et al.
	Role clarity	Increased skills Behavior improvement	Riesen et al. Ralyea
Interprofessional communication	Providing information to patient using common language that is easy to understand	Increased skills	Davies et al.
	Sharing of information	Increased skills Behavior improvement	Sigalet et al. Rotz et al.
	Providing health education and promoting patient participation in care regimen	Patient satisfaction	Hallin et al.
Team and Teamwork	Patient hand over	Increased skills	Rotz et al.
	Ability to delegate task and utilize resources effectively	Increased skills	Sigalet et al.
	Ability to describe one's own role and responsibilities and collaborate with other professions	Increased skills	Packard et al.
	Ability of team functioning	Increased skills	Riesen et al.
	Ability to perform leadership	Behavior improvement	Ralyea
	Work together to deliver patient-oriented and specific health care	Patient outcome	Shiyanbola et al.



Step 2 Targeted Need Assessment



Learner

- Medical, Nursing, and Nutrition Students
- 1st -4th year

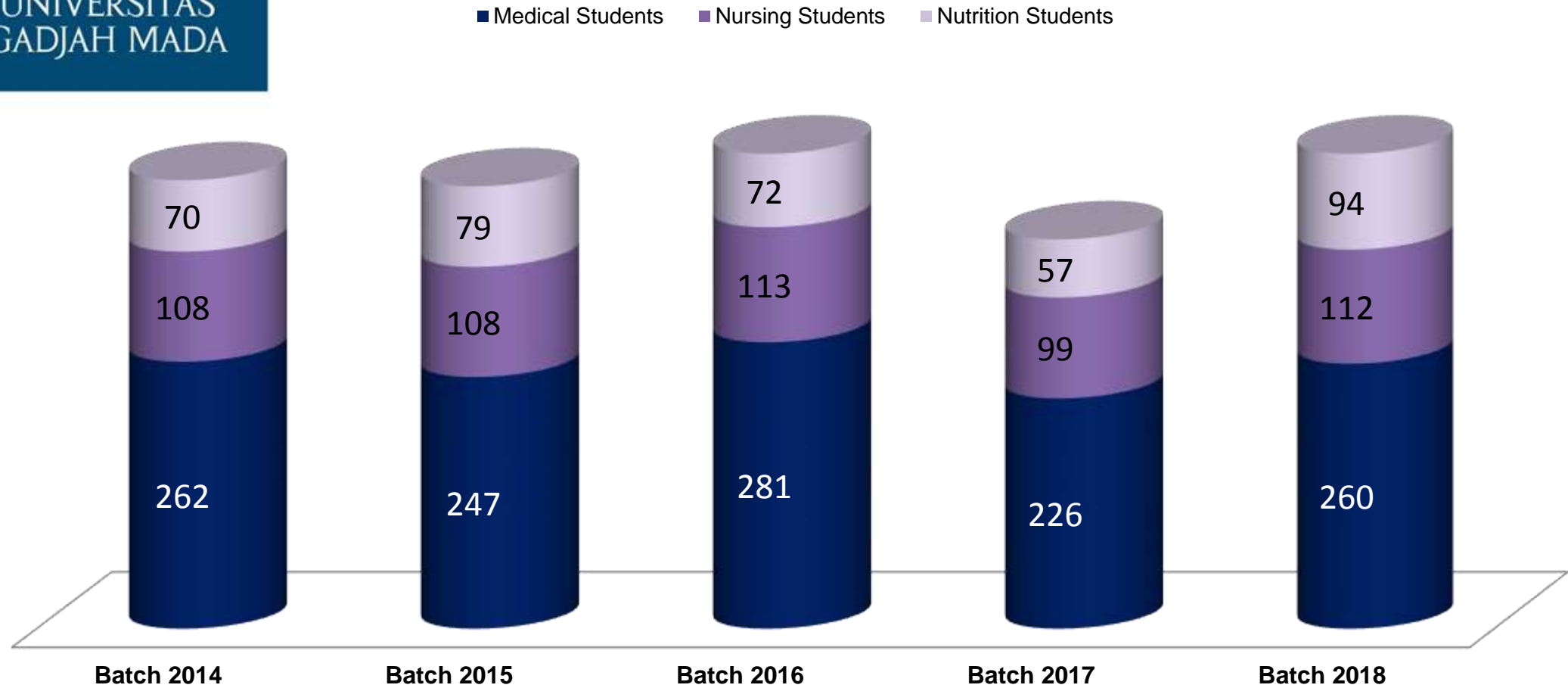
Learning Environment

- Family and Community-based Program
- Similar Credit Semester Unit for all students
- Dedicated scheduled days for CFHC-IPE
- Class, Online, Community



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Number of students of Faculty Medicine, Public Health and Nursing

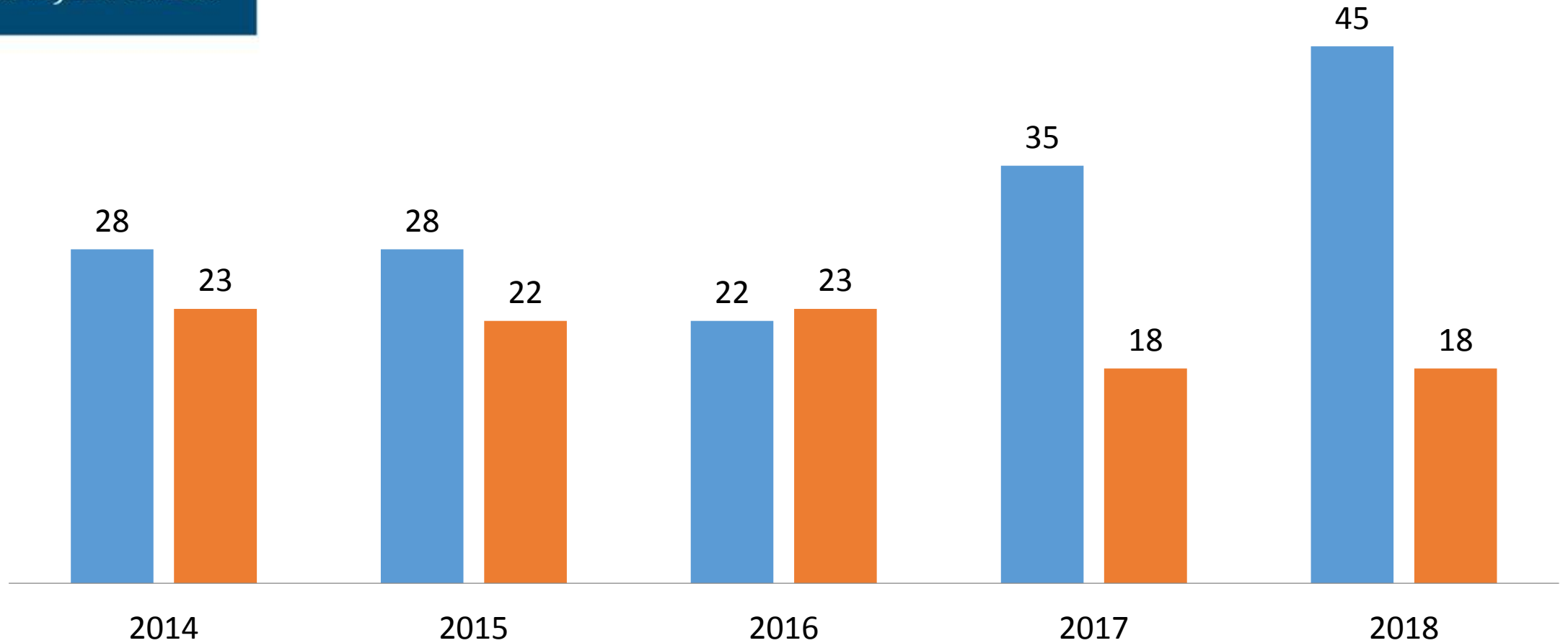




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NUMBER OF SUPERVISORS & FIELD INSTRUCTORS

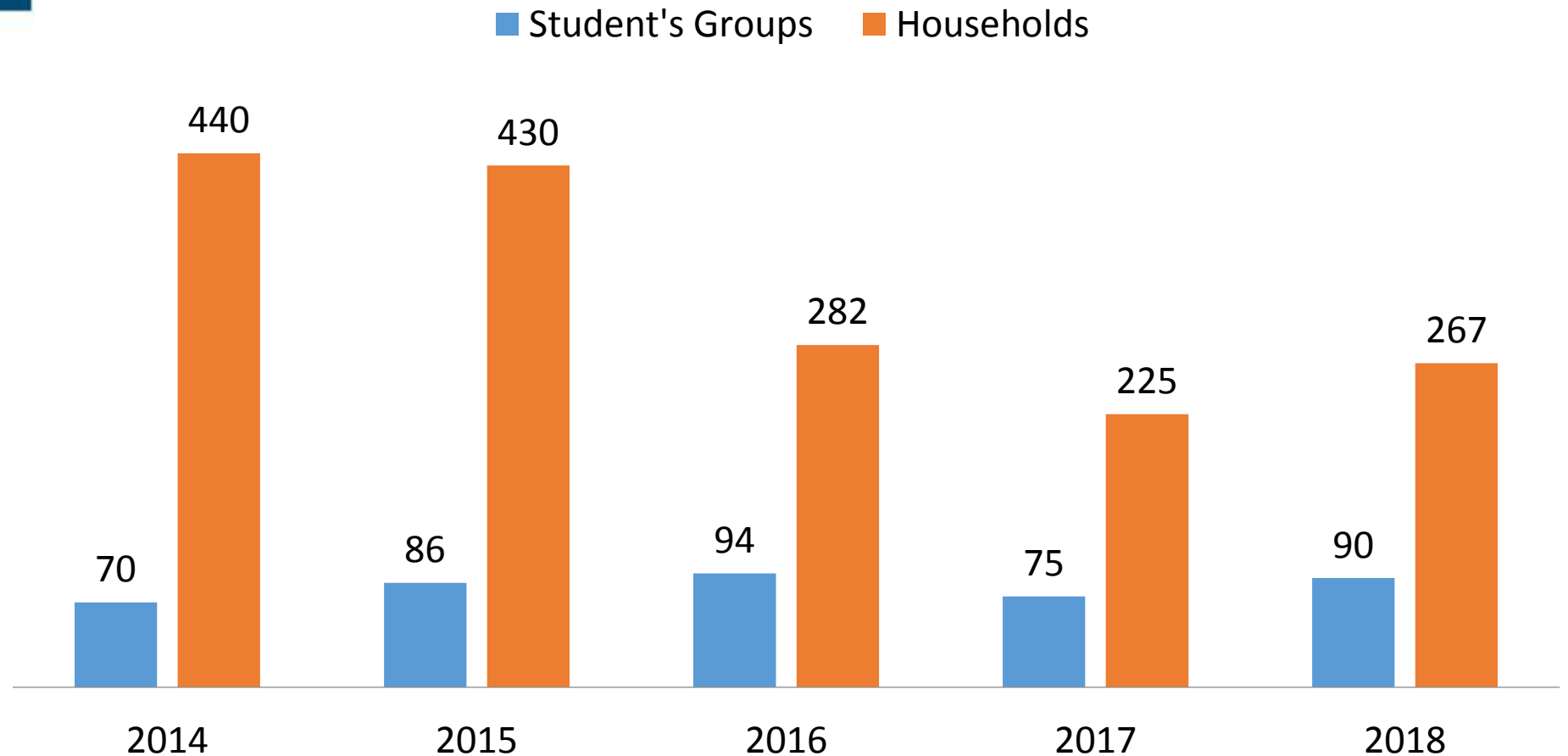
■ DPL/Supervisor ■ IL/Field Instructor



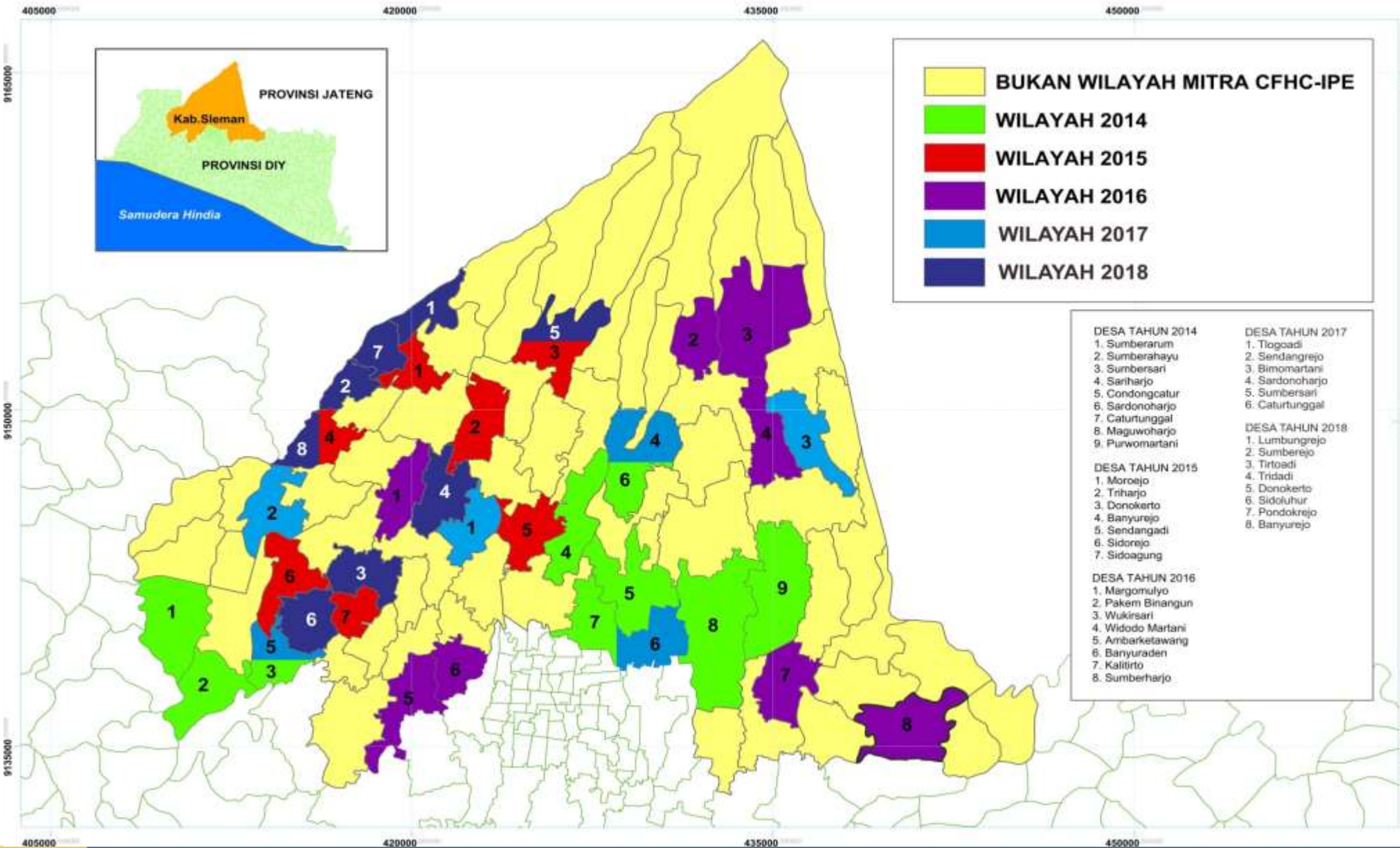


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NUMBER OF STUDENT'S GROUPS & HOUSEHOLDS



PERSEBARAN LOKASI KUNJUNGAN LAPANGAN CFHC-IPE ANGKATAN 2014-2016



LOCATION



Step 3 Goals and Objectives

Year 1:

Foundation of family and community **health** and **IPE-IPC Concept**

Year 2:

Discovery of **family health problems** and proposing simple intervention for addressing the problems

Year 3:

Discovery of **community health problems** and proposing simple intervention for addressing the problems

Year 4:

Developing community **alert system for disaster** and technical assistance for family disaster kit

Values/Ethics – Roles/Responsibilities – Communication - Teamwork

Objectives

Year 1

1. Explain the concept of Inter Professional Education and the CFHC-IPE Program
2. Communicate with group members among health professional students
3. Able to connect with the partner family
4. Comprehend individuals in partner families, role, family character, function and family interaction in society
5. Understanding on normal or healthy conditions in individual and family by referring to the family folder
6. Understanding on Healthy Indonesia Program with Family Approach (PIS-PK)



Objectives

Year 2

1. Recognize and respect with culture and customs
2. Communicate well with family members and community leaders
3. Identify lifestyle of partner families to find risk factors for health problems related to individual behavior, environment and bio-psycho-socio-eco-spiritual factors.
4. Collect data of risk factors and health problems and documentation into family folders
5. Conduct simple health counseling and education.
6. Convey information on observations and interventions to the village apparatus level



Objectives

Year 3

1. Effective communication with team and community
2. Update the family folder
3. Identify and determine priority of community health problems
4. Analyze risk factors with triage epidemiology
5. Conduct simple need assessment
6. Develop a follow-up plan of intervention, create community health promotion media to support, develop a measurement tool
7. Carry out interventions
8. Evaluate the intervention

Objectives

Year 4

1. Comprehend of Emergency and Disaster in Community activities
2. Demonstrate BLS techniques
3. Implement the concept of Family Emergency Response Plan
4. Develop media of family emergency response plan
5. Develop Plan of Action for community service activities
6. Identify the needs of families in disaster situation
7. Implement the concept of Family Emergency Response Plan to the community
8. Make a report of activity devotion



Step 4 Educational Strategies



- Maintain congruence between objectives and methods
- Use multiple educational methods
- Choose educational methods that are feasible
- As assessment can drive learning, use the methods to internalization of assessment criteria

Learning Methods



Team Building



Role Play

Learning Method



**Panel
Discussion**



Lecture



**Group
Discussion**

Learning Methods



Discussion with
family



Filling Family Folder

Learning Methods



Community Empowerment and
intervention

Learning Methods



BTCLS



Community Service



Step 5 Implementation



- Obtaining political support
- Securing Resources
- Addressing Barriers
- Introducing Curriculum
- Administering Curriculum



Full Support from Dean
Sufficient annual budget from faculty
Daily Managers and Year coordinators
Collaboration with Health District Office and Health
Centers, Community Leaders
Capacity building and continuing education for lecturer,
field instructors as well as cadre



UNIT COMMUNITY AND FAMILY HEALTH CARE – INTER-PROFESSIONAL EDUCATION (CFHC-IPE)

Laporan Triwulan 1 Tahun 2017;
Januari - Maret 2017

MEDIA INFORMASI CFHC-IPE FK UGM



Ringkasan Eksekutif

Community Family Health Care – Inter-professional Education (CFHC-IPE) merupakan program unggulan Fakultas Kedokteran Universitas Gadjah Mada (FK UGM) yang menitikberatkan pada pembelajaran berbasis keluarga dan komunitas yang dilaksanakan secara edukasi antar profesi kesehatan. CFHC-IPE melibatkan mahasiswa program sarjana dari tiga program studi: (1) pendidikan dokter, (2) ilmu keperawatan; dan (3) gizi kesehatan. Program CFHC-IPE telah berjalan sejak mahasiswa FK UGM angkatan 2013 dan hingga tahun ajaran 2016/2017 telah terlaksana pada empat angkatan mahasiswa.

Program CFHC-IPE dilaksanakan selama tujuh semester, terbagi dalam tema tahun: (1) tahun I diharapkan mahasiswa dapat mengenal dan memahami keluarga mitra; (2) tahun II diharapkan mahasiswa dapat menggal masalah kesehatan keluarga mitra dan melakukan intervensi sederhana; (3) tahun III diharapkan mahasiswa dapat menggal masalah kesehatan komunitas pada lingkup keluarga mitra berada dan melakukan intervensi sederhana; dan (4) tahun IV diharapkan mahasiswa mampu melakukan intervensi kepada keluarga mengenai kesiapsiagaan bencana.

Memasuki tahun 2017, susunan Organisasi Tata Kerja (SOTK) program CFHC-IPE telah diperbaharui setelah evaluasi CFHC-IPE dilaksanakan. Amanat Wakil Dekan Bidang Akademik dan Kemahasiswaan meminta agar Tim CFHC-IPE bekerja untuk (1) menyelenggarakan kegiatan CFHC-IPE tahun ajaran 2016/2017 untuk dapat selesai dengan baik; dan (2) mengembangkan penajaman konsep CFHC-IPE untuk dapat digunakan pada tahun ajaran 2017/2018 dan selanjutnya.

Pada triwulan pertama tahun 2017, Tim CFHC-IPE mulai melaksanakan amanat tersebut. Berbagai aktivitas berjalan secara paralel dan simultan baik itu pelaksanaan kegiatan untuk semester genap pada tahun ajaran 2016/2017, maupun pengembangan konsep. Kegiatan – kegiatan tersebut ditujukan untuk memperbaiki tata kelola program CFHC-IPE agar kedepannya dapat memperoleh kepercayaan dari para pemangku kepentingan internal di Fakultas Kedokteran UGM maupun pemangku kepentingan eksternal terkait program CFHC-IPE.



Alamat Redaksi : Gedung Radikusanto D-3 Sayap Selatan, Komplek Fakultas Kedokteran Universitas Gadjah Mada
Yogyakarta 55281 | Telp. 0274 5306089





Step 6 Evaluation and Feedback

Blue Print Assessment of Year 1

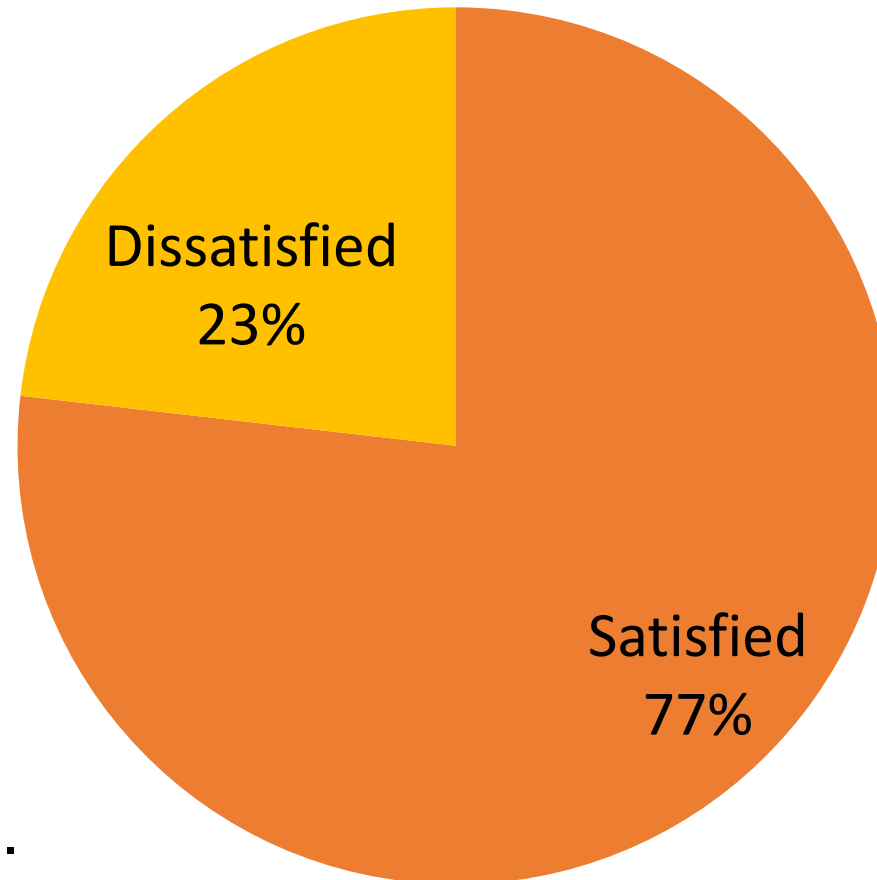
Learning Objective	Learning Activity				Assessment Methods					
	Lecture	Tutorial	Team Building	Field Activity	Mini Quiz (20%)	Report (20%)	Video (15%)	Presentation (15%)	Observation	
									IL (15%)	Peer (15%)
Understanding in IPE concepts and CFHC-IPE program	V				V					
Able to communicate among health professionals students	V		V	V	V			V	V	V
Able to communicate with family as a partner	V	V		V					V	V
Understanding on the role, family character, family function and character in community	V	V		V		V	V	V	V	
Understanding on normal or healthy conditions in individual and family as a partner earlier by referring to the family folder (understanding on the concept before ill)	V	V		V	V	V		V		
Understanding on Indonesian Health Program with family approach (PIS-PK)	V	V		V	V	V		V		



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EVALUATION

Students' Satisfaction on This Program



Causes of dissatisfaction

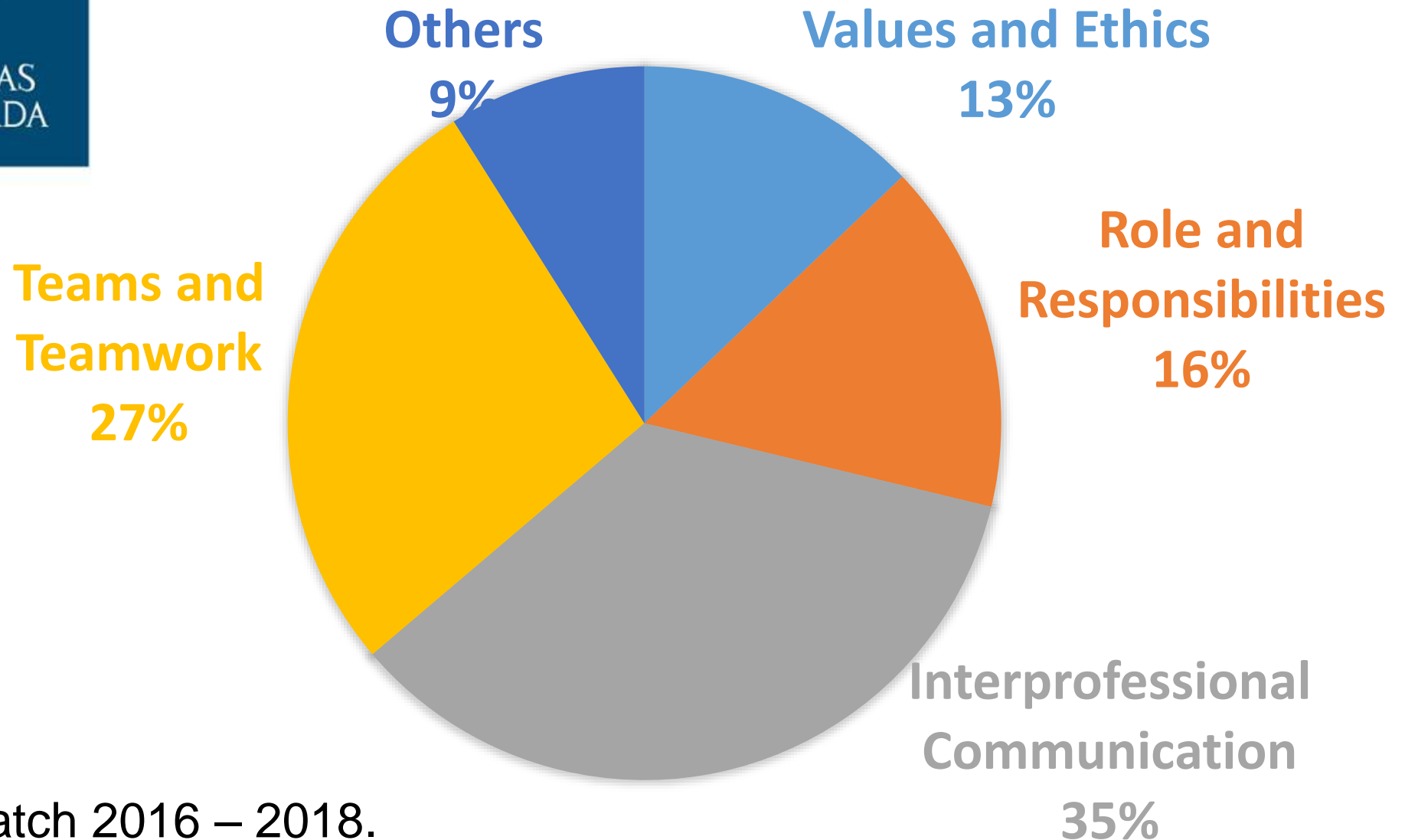
- Schedule
- Tasks
- Distance

Respondents:
591 students Batch 2016 – 2018.



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Benefits of CFHC-IPE (student)



Respondents:

591 students Batch 2016 – 2018.



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Benefits

RESPECT
OTHER
PROFESSION

Understand
roles of others
in solving of
family
problems

Increase
confidence

Easier to
communicate
with team and
community



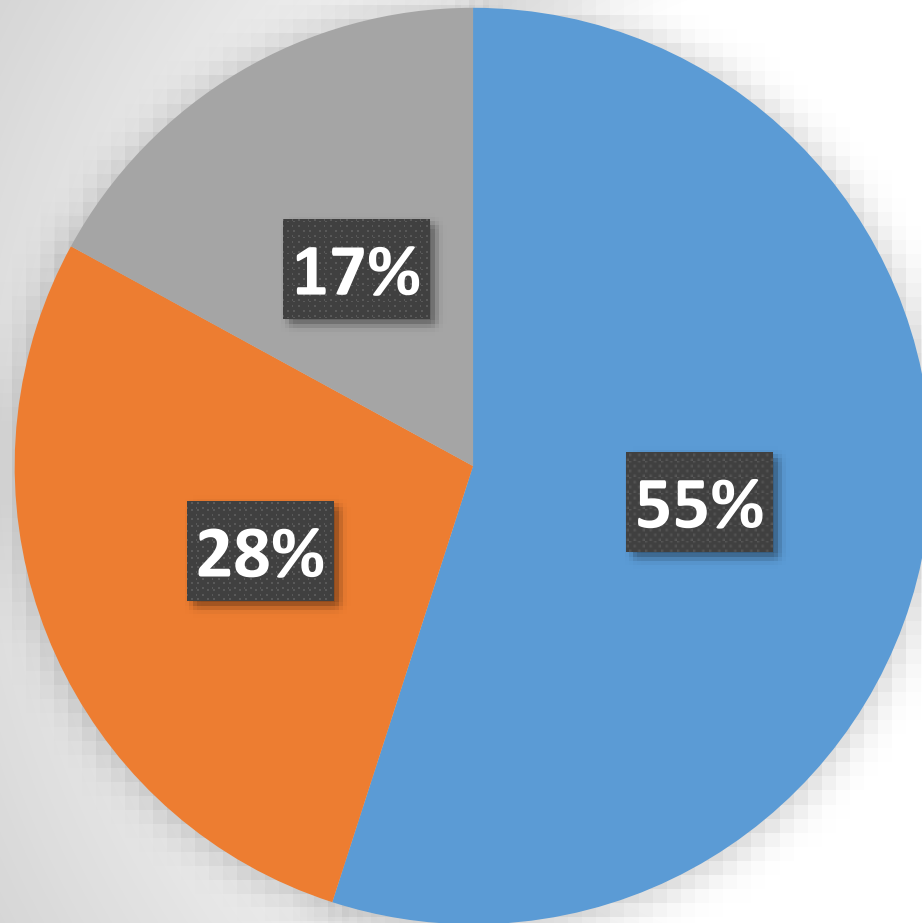
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TESTIMONY





Benefits of CFHC – IPE in community



- improve knowledge about healthy lifestyle
- improve awareness about illness
- know about another health professionals

Respondents : 493 households



**FAKULTAS KEDOKTERAN,
KESEHATAN MASYARAKAT, DAN KEPERAWATAN
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2019**





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Thank You