



STIKep PPNI Jawa Barat, Bandung - INDONESIA
National Cheng Kung University Hospital - TAIWAN
Bandung, 16th – 17th July, 2018

Conference Book
International Conference on Health Care
and Management

“Evidence to inform action on supporting and implementation of
SDGs”

Secretary Office :

STIKep PPNI Jawa Barat (Intitute of Nursing Science PPNI West Java)
Jalan Ahmad IV No. 32 Cicendo, Bandung 40173
West Java – Indonesia
Phone: +62 22 6121914
E-mail: info@icon-stikeppni.org
Website: www.icon-stikeppni.org

National Cheng Kung University Hospital
No.138, Sheng Li Road, Tainan, Taiwan 704, R.O.C.
Tel : 886-6-2353535
E-mail : hospital@mail.hosp.ncku.edu.tw



Conference Book International Conference on Health Care and Management:

**“Evidence to inform action on supporting and implementation of SDGs”
Bandung, 16th – 17th July, 2018**

This book published by:

STIKep PPNI Jawa Barat (Intitute of Nursing Science PPNI West Java)

Jalan Ahmad IV No. 32 Cicendo, Bandung 40173

West Java – Indonesia

Phone.: +62 22 6121914

E-mail: info@icon-stikeppni.org

Website: www.icon-stikeppni.org

National Cheng Kung University Hospital (NCKUH)

No.138,Sheng Li Road,Tainan, Taiwan 704, R.O.C.

Tel : 886-6-2353535

E-mail : hospital@mail.hosp.ncku.edu.tw

Chief Editor:

Linlin Lindayani, Ph.D

Member:

Irma Darmawati, M.Kep.,Ns.Sp.Kep.Kom

Henri Purnama, MNS



Conference Book – Table of Contents

International Conference on Health Care and Management-2018

Welcome Message.....	4
Conference Committee	8
Conference Program	10
Presentation Schedule	14
Speaker Biographic.....	30
Information	43

Welcome Message



Assalamualaikum Warahmatullahi Wabarakatuh

Dear honorable guests,
Sustainable Development Goals (SDGs) as an agreement of sustainable development objectives agreed by all countries at the 2015 UN sessions. Each country including Indonesia has an obligation to implement this joint development plan by applying universal, integration and inclusive principles by ensuring that no one missed or “No-one Left Behind” Indonesia has Nawa Cita or 9 priority agenda which should synergize with SDGs and can be used as health program application in Indonesia to also achieve SDGs.

On behalf of the organizing committee and the Nursing Society of Indonesia, I am glad to invite you to join ICHM 2018 (International Conference on Health Care and Management) in Bandung, Indonesia on July 16-17, 2018.

The conference is expected to reveal some solutions for evidence-based health care and scientific facts to be discussed by various viewpoints from diverse speakers from around the world with the title “Evidence to inform action on supporting and implementation of SDGs. Through the International Conference is expected to improve health services, especially in the field of nursing in Indonesia to improve the human development index.

We hope all participant could benefit from the exciting program and will surpass your expectation and that will be an inspiring event.

Warm regards,

A handwritten signature in black ink, appearing to read 'Dhika Dharmansyah'.

Dhika Dharmansyah
Conference chair



Assalamu'alaykum Wr.Wrb
Good morning and best wishes for all of us.

Ladies and gentlemen, in such a great and happy day, let's praise and thank to Allah Swt who has given us grace and mercy to all of us to gather in this International Conference on Health Care Management event today.

First of all, we would like to gratitude and appreciate highly to national Cheng Kung University Hospital has given the opportunity and confidence to our institution STIKep PPNI Jabar for the second time in collaboration to organize International Conference on Health Care Management with theme: "Evidence to inform action on supporting and implementation of SDGs". This event is one of follow up The memorandum of Understanding between NCKUH with STIKep PPNI Jabar.

STIKep PPNI Jabar is as a nursing education institution carry out the mandate to create professional nurse, we must implement all TRIDHARMA University activities in academic atmosphere that aims to broaden and improve nursing and existence of nurse profession capacity in nation developing continually.

As we know the university academic quality is determined by its researches and graduates result quality. The research work results may be either a right against managing intellectual wealth equity as well as scientific work which is able to be publicized through scientific journals and scientific gathering forums of the same scientist background both in national and international level.

Nevertheless, the publishing of journal researches is published by its university. Nowadays, it is irregular because there are both financial and scientific manuscript availability drawbacks. Scientific regular manuscripts are very limited because manuscript contributor is only from its university as well.

The high education Research and technology ministry data in 2017, it stated that there were an increase of research work publishing done by practitioners, academicians and researchers of Indonesian. The amount of Indonesian research publishing on international journal certifiable indexed Scopus tended to increase. The high education Research and technology ministry data on December 1st 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1st 2017 there were as many as 12.098 journals.

However, internally nurse profession scientific research journals are still less of publishing. It is alleged to the low of quantity and quality publishing about nursing. One of the drawbacks is rarely the interaction between nursing scientists and experts in scientific conferences. Some efforts are carried out by STIKep PPNI to encourage and to accelerate sharing knowledge amongst the nursing experts. Accordance to the goals, National Cheng Kung University Hospital Taiwan and STIKep PPNI have made MoU and held as this International conferences organizer. Hopefully, it is able to bridge all stakeholders, practitioners, and academicians in supporting the quality of the human resources especially, nurses and health workers as well.

The honourable ladies and gentlemen,
Nowadays, in the global era, the transformation runs rapidly and consequently it makes the knowledge based society. Information and communication technology development are very important in on its role in manifesting society development based on the knowledge. The higher education of society will be higher of health service quality demands specially nurse.

Accordance to the effort, this International conference aims to,

1. Facilitate the knowledge sharing between health experts and nurses to encourage the goal of health human resource quality.
2. Produce health scientific and nursing articles deserve to be published on international scopus indexed journal.
3. Make communication networking amongst Universities, research institution, nurse practitioners, and other stakeholders.

I truly believe that all participants through the 2 days in international conference, our goals above are able to be manifested well.

Finally, I would like to thank to all of participants diligently and with spirit of attending this international conference on health care management.

Wish the conference is able to be knowledge sharing event and delightful and successful as well, the conference will be enlightened and interchange will do great help for us after attending this conference, especially STIKep PPNI Jabar and generally for all profession nurses to provide health services to communities, aamiin ya robbal alamin.

Wassalamu'alaykum Wr.wb.

Kindest regards,



The Dean of STIKep PPNI Jabar



Excellencies, Distinguished Delegates, Ladies and Gentlemen,
Selamat Siang,

I'm ChyunYu Yang, the superintendent of National Cheng Kung University Hospital in Tainan, Taiwan.

On behalf of our hospital, it is my pleasure and privilege to welcome all of you to participate in the international conference on health care and management 2018.

To our eminent speakers and delegates who have come from UK, Netherland, Korea, Japan, Thailand, Singapore, Taiwan, and Indonesia, I bid you a very warm welcome to Bandung. We are indeed honoured to have you here with us. We have about 1.000 participants from different place in Indonesia and countries gathered here today, making our conference a truly meaningful one.

This is our second time collaborate with STIKEP PPNI Jawa Barat to hold an international conference. Last year, we have very successful conference with the theme focus on infection control and disaster management. And this year, our conference theme is "evidence to inform action on supporting and implementation of SDGs".

The Sustainable Development Goals (SDGs) known as the global goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage.

However, the world seems still far from ending maternal mortality, with more than 303,000 deaths in pregnancy or childbirth occurring annually. NCDs are also a growing problem, causing 40 million deaths in 2015.

But, All in all, we can take comfort in the fact that SGD indicators are moving in the right direction. Yet we still have plenty of work to do.

I wish in the next two day and a half, we have the opportunity - and indeed the responsibility - to prepare and add knowledge related the current situation and progress reflection of SDGs.

In closing, I encourage delegates to participate actively in the interesting discussions over the next two days. I wish everyone a successful and fruitful conference.

Thank you.

Conference Committee

Steering Committee	: H. Oman Fathurohman H. Wawan Arif Sawana., S.Kp Dr. Hj. Tri Hapsari. R. A., S.Kp., M.Kes Drs. Sutjahyo., M.M H. Husen BSC., MM
Advisor	: Ns. Diwa Agus Sudrajat., M.Kep
Chair	: Dhika Dharmansyah, Ners., M.Kep
General Secretary	: Irma Darmawati., M.Kep., Sp.Kep. Kom Dian Anggraini., Ners., M.Kep
Finance	: Hj. Imas Tjutju, AMK., S.Pd Fitria Agustina., Amd Tati Apriliawati., S.Pt
Programs	: Dewi Srinatania., S.Kp., M.Kep Heni Purnama., MNS Gina Nurdina., S.Kep., Ners Lia Juniarni., M.Kep., Sp. Kep.J Nyayu Nina Putri C ., Ners., M. Kep
Scientific	: Dewi Marfuah., Ns., M.Kep Susy Puspasari., Ners., M.Kep Wini Hadiyani., S.Kp., M.Kep Vita Lucya, Ners., M.Kep Nunung Nurhayati., Ns., M.Kep Tri Antika., Ners., M.Kep Bhakti Permana., M.Si., M.Kep Rizal., Ilbert., SS., MM
IT Administrator	: Rena Ratna Nur Syamsiah, AMD Yuda Gumelar, S.Ip., MPd Deni Firmansyah., S.Sos
Public Relation and Sponsorship	: Suci Noor Hayati., Ners., M.Kep Eva Supriatin., S.Kp., M.Kep Masdum Ibrahim., S.Kep., Ners Ade Supriadi, S.Pd., M.Si Linlin Lindayani., MSN



Accommodation, Logistik, and Documentation	:	Agus Hendra., S.Kp., M.Kep Ns. Herdiman., M.Kep Wagino Budi Gunawan, SE Ribut Sarimin, M.Kes Hj. Yuyu Yulipah, AMK.,S.Pd
General Committee	:	Asep Haedar Djudju Adjum Dahlan Edi
Security	:	Asep Supriyadi Diki Uu Siswo

IMPROVEMENT IN PERCEPTION OF INTERPROFESSIONAL TEAM AFTER RECEIVING IPE TRAINING ON UNIFIED COLLABORATIVE CARE FOR DIARRHEA IN CHILDREN AMONG STUDENTS OF MAHARDIKA HEALTH COLLEGE

¹Citra Setyo D.A., ²Sunartini, ³Gandes Retno R., ⁴Yani Kamasturyani

¹Student of Nursing Department, Gadjah Mada University, Special Region of Yogyakarta, Indonesia

²Faculty of Medicine, Gadjah Mada University, Special Region of Yogyakarta, Indonesia

³Faculty of Medicine, Gadjah Mada University, Special Region of Yogyakarta, Indonesia

⁴Departemen of Public Health, West Java, STIKes Mahardika

Corresponding email: citrasetyoda90@gmail.com

ABSTRACT

Background: *Interprofessional Education* (IPE) is considered as an instrument to achieve *Interprofessional Collaboration*. Introducing student to the subject via verbal presentation is considered a good starting base. Nevertheless, using *case based* method generate more space for the students to interact in multi profession setting. Simulation method in addition not only introduce IPE but also improve self-confidence, knowledge, leadership, teamwork, as well as communication skill. **Objectives:** This research purports to understand the influence of IPE training in unified collaborative care for diarrhea in children on students perception in multi-profession team. **Methods:** This study is a quantitative research using pre-experimental approach and pre/posttest without control group. Students originated from Nursing program, public healthcare, Diploma 3 in Nursing and Diploma 3 in Medical Record in MAHARDIKA Health College with total sampling numbered 69 respondents. **Results:** Bivariate analysis using non-parametric Wilcoxon in this research indicates significant difference in students' perception after given treatment ($p=0.0005$). **Conclusions:** This study concludes that IPE training improved students' perception to work in multi-profession setting.

Keywords : Perception, Interprofesional Education, Interprofesional Colaboration practice

INTRODUCTION

Collaboration among healthcare professional also known as *interprofessional collaboration* (IPC) is considered a system whose sole mission is to provide many people coming from different healthcare background to cooperate in tackling their clients' medical issues. In other words, one purpose of IPC is to act as a bridge that enables such professional cooperation to take place (Handerson, et, al., 2013). Thistletwaite & Nisbert (2007) state that Interprofessional Education (IPE) is the best route to achieve Interprofessional Collaboration. Introducing IPE to undergraduate can be done early in stage or later in their senior year. According to Handerson (2013), IPE can be given through case-based discussion. Verbal presentation, teamwork training, clinical setting, problem-based learning, experimental learning, and simulation are other fine methods in introducing medical students to IPE (Ogawara, 2009; Thistletwaite & Nisbert, 2007). The verbal presentation is a good start. PBL and case-based method may provide extra space for interaction among students of different specialty background. Using simulation to introduce IPE can raise self-confidence, knowledge, leadership, teamwork, and communication skill (Gough, Hellaby., Jones, Mackinnon., 2012). According to Lee (2009) perception on IPE consist of several components i.e. competence and autonomy, need for cooperation, current working collaboration, and understanding of other professions. Coster *et al.*, (200) states that one important component of perception that is

comprehension of the different profession is vital and necessary in providing IPE. Currently, in Indonesia, the provision of IPE isn't yet done on a national basis.

METHODS

This study is pre-experimental research, with pre- and post-test stand without a control group. The study took place at Mahardika Health College in October 2016. Constituting research population were students of 4th semester from Nursing (Bachelor Program), Public Health Department (Bachelor Program), Midwifery (Diploma 3 Program), Medical Record and Health Information (Diploma 3 program) as many as 69 students (33 from Nursing, 10 from Public Healthcare, 20 from Midwifery, 6 from Medical Record). This study prefers census instead of sampling. The questionnaire used were IEPS to measure perception. Validity test and reliability test were conducted over 30 students resulting in a score of 0,942 for IEPS questionnaire. According to such results, IEPS can be considered reliable enough for the purpose. This research has passed the ethical test with ref number: KE/FK/1079/EC/2016. Following the test, the researcher-initiated data gathering stage. Obtaining research permission, validity and reliability test and consulting research material with concerned parties ensued. Coordinating training schedule for the four study programs abovementioned, providing the required IPE for lecturers, and selecting facilitators from among lecturers with prior training and knowledge of IPE followed. Also, uniting vision as to how the research should be carried out between researcher, sources, and facilitators was necessary. The IPE was given to the students during two days training. The first day was solely dedicated for the verbal lecture. Day two consisted of a case study or Small Group Discussion (SGD) and simulation. Pretest was conducted prior to training, Posttest was given 2 weeks following the completion of the training. Observation took place amid the progress of SGD and simulation. Univariate and bivariate data analysis using Wilcoxon test is provided to measure the difference in perception and readiness among the students before and after the provision of IPE.

RESULT

The characteristics of respondents of this study including the background of study programs, sex and prior knowledge in interprofessional education are described in the table below:

Table 1. Respondents' characteristics

Respondents' characteristics	F	%
Study Program		
a. Nursing	33	47,8
b. Public Healthcare	10	14,5
c. Midwifery		
d. Medical Record	20	29,0
	6	8,7
Sex		
a. Female	49	71,0
b. Male	20	29,0
Prior Experience in attending interprofessional training		
a. Yes	0	00,0
b. Never	69	100

Source: primary data

Bivariate analysis using Wilcoxon test to discover the effect of IPE training on unified collaborative care for diarrhea in children on students' perception on working in interprofessional team result is as follows :

Table 2. Perception of Students of Mahardika Health College Before and After given IPE Training in October 2016

Variable	Pre	SD	Post	SD	P	E
	Mean		Mean			
	(min-max)		(min-max)			

Perception		74,5 (62-90)	5,9	77,5 (70-90)	4,8	0,000	1,64
- Competence and Autonomy		29,6 (26-35)	2,2	30,4 (28-35)	2,0	0,000	
- Need for Cooperation		7,9 (6-10)	1,1	8,5 (7-10)	0,7	0,000	
- Proof of Cooperation		21,3 (19-25)	1,8	21,8 (20-25)	1,6	0,000	
- Understanding of other professions		11,9 (9-15)	1,14	12,7 (10-15)	1,1	0,000	

Source: Primary Data

According to the above table, it is clear that students' perception before and after IPE on unified collaborative care for diarrhea in children has significantly advanced with $p = 0,0005$ and size effect 1,64.

Meanwhile, the influence of IPE on unified collaborative care for diarrhea in children on students' perception of working inside interprofessional team can be clarified as follows:

DISCUSSION

Students' Perception of Working in an Interprofessional Team to Collaboratively Care for Diarrhea in Children

Learning processes that education institutions provide either for medicine or other healthcare professionals will attain good progress when educators possess the ability to shape their students' perceptions. Optimizing perception can help students' achievement during various education stages and impart positive influence in their practice and participation in a collaborative setting. According to Loversidge, & Demb (2015) culture is one important factor that heavily influences perception of collaboration among students. Students take treatment quality, safety and collaborative practice as norms. Asking and answering the question, for instance, is a good culture that promotes effective collaboration. During introductory phase of IPE, good perception can work as sound fundament to create interprofessional healthcare teamwork. Students who perceive collaboration as something that matters much will attempt to interact and develop good communication with another team member with the different professional background (Cusack & O'Donoghue, 2012).

In this study, a good amount of positive perception already surfaced before and following IPE training. To develop good perception on the importance of collaborative practice, solid support from various stakeholders such as educators and university official is also crucial. (A Rhoda *et al.*, 2016). In Mahardika Health College, it is found that both the management and top officials are supportive of collaboration initiative between study programs, even this has yet to take shape as distinct curricular formula, still every effort seemed well-concerted to include all available study programs, both during academic activities such as general lecture as well as other nonacademic activities. A Rhoda, *et al.* (2016) states that positive perception might arise especially when IPE is given when students are tasked to perform health service simulation. During simulation, inevitably students must communicate with each other. Cusack & O'Donoghue (2012) in their research postulate that positive perception that develops is influenced by the method in which IPE is introduced. For instance, the introduction can be given through case study discussion (SGD) or PBL. Such methods are considered beneficial because they allow students to solve the problem in the small group comprising interdisciplinary healthcare professional. Discussion in a small group is a basic form of inter-learning for adult, motivating students, and compelling to find the distinctive purpose of learning as well as a personal role in decision making especially with respect to their education. Group dynamic and personal relation progress during discussion effort might heavily influence the shaping of positive perception when IPE is gradually introduced. Especially because this can give extra experience should conflict arise, and knowledge on interprofessional healthcare widens. In this study students' perception on collaborative practice falls within good category. Case discussion took place after an introductory lecture on collaboration effort given. Participants of each group came from different study programs. In discussion the students started out by introducing themselves and then

proceed to talk about the case given. Every student with their respective background was given a chance to express their opinion.

According to the above table, there is significant difference found in every component of perception in IEPS questionnaire. Competence and autonomy according top score indicates a big gap before and after IPE. This occurred because during IPE activities the students gained additional information pertaining their respective professions that their professional knowledge subsequently improved. This result conforms to previous research by Noorharyanti (2012). The benefit coming from interprofessional learning is the ability to develop one own self-understanding of his available resource in a given circumstance, as well as to attain critical thinking to collaborate with partners (Ruebling *et al.*, 2014).

Need for cooperation component indicates a difference that is statistically significant before and after IPE training. This occurred because in IPE training the students were made aware of the importance of collaboration and collaborative principles in cooperating with medical practitioner coming from different background especially via lecture, in ice-breaking sessions and group case discussion. According to Baker (2008), good understanding of team role can bring inevitable home interdependence among medical professions.

Proof of Cooperation component shows a statistically significant difference before and after IPE. This conforms to previous research by Achmad (2011) and Noorharyanti (2012). This can be explained by pointing to the fact that when receiving IPE training students were tasked to discuss case study and simulation in which in every group four students coming from different background got to know each other. Learning together within an interprofessional circumstance can help students to develop effectual working relationship and cooperation inside one medical team. Proof of cooperation component closely related to another component namely need for cooperation. Baker (2008) states that good need for cooperation will enable students to comprehend the benefit of interprofessional cooperation and show strong proof of cooperation.

Understanding of other profession component in this study indicates significant difference before and after IPE training. This can be attributed to the fact that respondents did not possess prior knowledge about interprofessional cooperation or prior experience in discussing and tackling the issue in this setting virtually before receiving IPE none understood as to how to interact with people of different professional background. Hence in this IPE training, the students were given a chance to understand specific role and responsibility each profession brought when they collaborated or engaged in case discussion and simulation. This point made itself obvious in later reflection; at the end of the sessions, the students made both verbal and written statements that generally they no longer experience confusion regarding the role of their profession and the roles of another profession when tasked to provide health care service in collaborative teamwork.

This conforms to previous research by Mu, *et al.* (2004) which state that students have deeper understanding of other professions, including a professional role in healthcare service after observing and engaging in interprofessional activities. Such experience help the students to clarify any possible ambiguity about other professions and sharply improve understanding of other professions, who they are and what roles they assume; this enable them to give due appreciation and respect toward people of different professional background. In this research, IPE was given in two days period, while in another research Mu, *et.al* (2004) provide IPE that spanned for three years. Presumably, the longer the duration and intensity, the higher and further the understanding that students can gather of their own professions as well as the others' when tasked to provide medical care collaboratively (Walgito, 2002).

CONCLUSION

IPE training on unified collaborative care for diarrhea in children using verbal presentation, SGD and simulation had tangible benefit and influence on the perception and readiness of students coming from public healthcare, nursing, midwifery and medical record to work together in interprofessional teamwork. Four component constituting perception, i.e. competence and autonomy, need for collaboration, proof of collaboration and understanding of other profession saw a significant increase after the provision of IPE.

REFERENCES

- A Rhoda, N Laattoe, G., Smithdorf, N Roman, J Frantz. (2016). Facilitating Community-based Interprofessional Education And Collaborative Practice in A Health Sciences Faculty: Student Perceptions and Experiences. *Afr J Health Professions Educ* . 8(2 Suppl 2):225-228. DOI:10.7196/AJHPE.2016.v8i2.846
- Achmad, BF. (2011). Hubungan Persepsi Mengenai Interprofessional Education dengan Sikap untuk Bekerjasama Mahasiswa Tahap Profesi FK UGM. *Thesis*. Gadjah Mada University
- Baker, C., Pulling, C., McGraw, R., Dagnone, J. D., Hopkins-Rossee, D., & Medves, J. (2008). Simulation in Interprofessional Education for Patient-Centered Collaborative Care. *Journal of Advanced Nursing*:64(4);372-379.
- Coster S, Norman I, Murrells T, Kitchen S, Meerabeau E, Sooboodoo E, d'Avray L.(2008). Interprofessional attitudes amongst undergraduate students in the health professions: a longitudinal questionnaire survey. *Int J Nurs Stud*. 45(11):1667-1681. DOI: 10.1016
- Cusack, Tara, O'Donoghue, Grainne. (2012) . The Introduction of An Interprofessional Education Module: Students' perception. *Quality in Primary Care*. 20:231-8
- Gough S., Hellaby M., Jones N., MacKinnon R. (2012). A review of undergraduate interprofessional simulation-based education (IPSE). *Collegian* . 19, 153—170
- Henderson, C.D.,*et al.* (2013). Interprofessional education sessions involving doctor of pharmacy, bachelor of science in nursing, and nurse anesthetist students. *Currents in Pharmacy Teaching and Learning*. 5(2013)458—469
- Lee, R., (2009). Interprofessional Education: Principles and Application. *Pharmacotherapy*, 29 (3):145e-164e.
- Loversidge, Jacqueline, Demb, Ada. (2015). Faculty perceptions of key factors in interprofessional education. *Journal of Interprofessional Care*. 29(4): 298–304. DOI: 10.3109/13561820.2014.991912
- Mu, K., Chao, C. C., Jensen, G. M., Royeen. (2004). Effect of Interprofessional Rural Training on Students' Perception of Interprofessional Health Care Services. *Journal of Allied Health*: 33,2:125
- Noorharyanti, Reny. (2012). Persepsi Mahasiswa Fakultas Kedokteran Universitas Gadjah Mada Tentang Interprofessional Education (IPE) pada Pelaksanaan Kegiatan IPE. *Thesis*. Gadjah Mada University.
- Ogawara, *et al.* (2009). Systematic inclusion of mandatory interprofessional education in health professions curricula at Gunma University: a report of student self-assessment in a nine-year implementation. *Human Resources for Health* 7:60 doi:10.1186/1478-4491-7-60
- Ruebling, Irma, Pole, David, Breitbach, A. P., Frage, Alfred, Kettenbach, Ginge, Westhus, Nina, Kienstra Kathleen, Carlson, Judy. (2014). A Comparison of Student Attitudes and Perceptions Before and After an Introductory Interprofessional Education Experience. *Journal of Interprofessional Care*. DOI:10.3109/13561820.2013.829421
- Thistlethwaite, Jill, Nisbet, Gillian. (2007). Interprofessional Education: What's the Point and Where we're at..*The Clinical Teacher*..4: 67–72 67.
- Walgito,B. (2007). *Pengantar Psikologi Umum*. Andi Offset. Yogyakarta.