

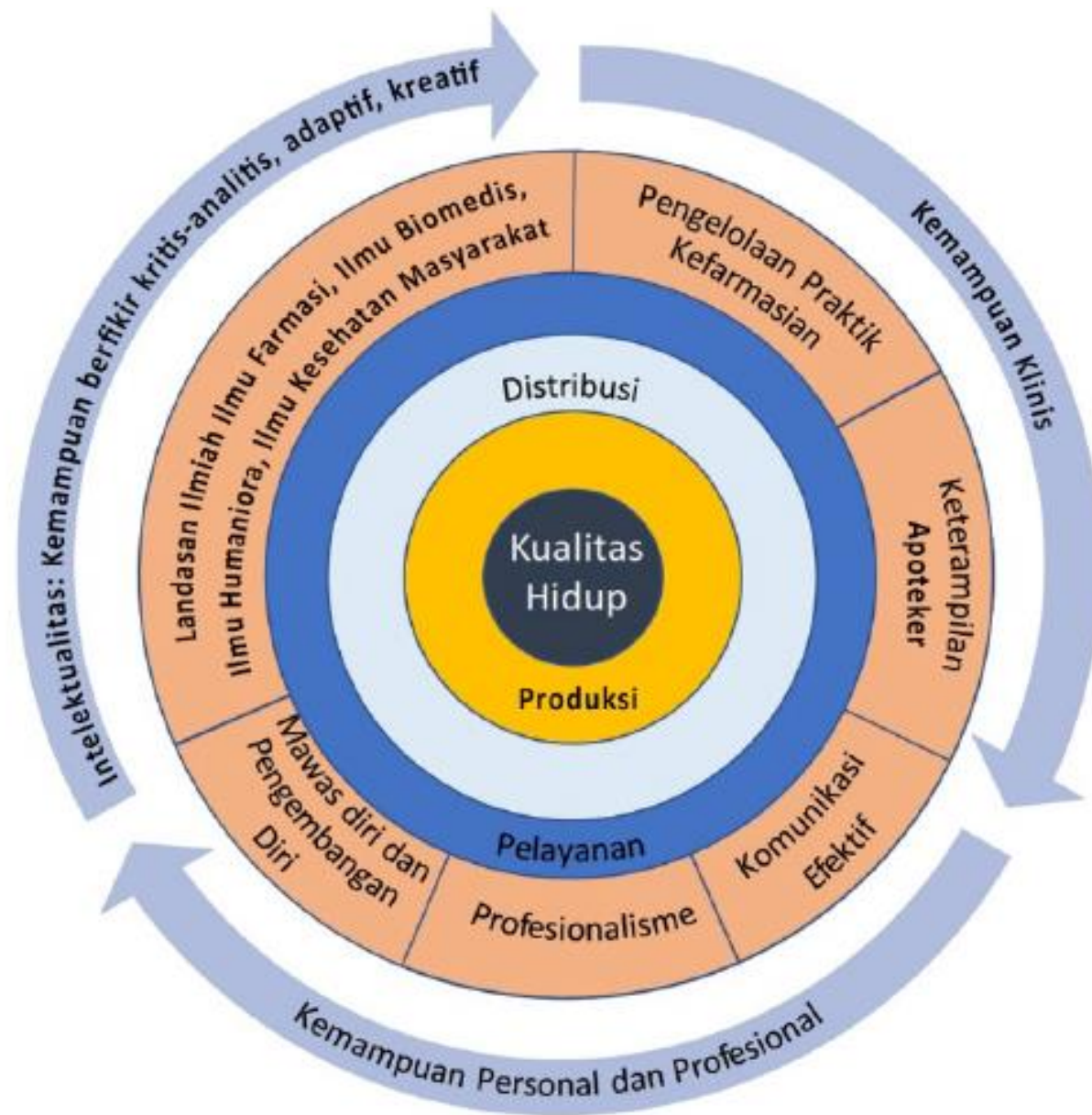


KOMUNIKASI INFORMASI EDUKASI

Prodi Sarjana Farmasi
Semester Genap
2025/2026
26 Februari 2026



Disajikan oleh: apt. Nova Ermawati, M.Farm



Gambar 3.1

Gambaran Area Kompetensi Apoteker

TUJUAN PEMBELAJARAN



DEFINISI

Komunikasi

Pengiriman dan penerimaan pesan atau berita antara dua orang atau lebih sehingga pesan yang dimaksud dapat dipahami.

Informasi

1 penerangan; 2 pemberitahuan; kabar atau berita tentang sesuatu; 3 keseluruhan makna yg menunjang amanat yg terlihat dl bagian-bagian amanat itu;

Edukasi

sesuatu kegiatan yang dilakukan untuk memotivasi peningkatan pengetahuan, perubahan sikap, serta tindakan seseorang/kelompok secara benar.

TUJUAN UMUM

- Meningkatkan keberhasilan terapi,
- Memaksimalkan efek terapi
- Meminimalkan risiko efek samping
- Meningkatkan cost effectiveness
- Menghormati pilihan pasien dalam menjalankan terapi.

TUJUAN KHUSUS

- Meningkatkan hubungan kepercayaan antara apoteker dan pasien
- Menunjukkan perhatian serta kepedulian terhadap pasien
- Membantu pasien untuk mengatur dan terbiasa dengan obat
- Membantu pasien untuk mengatur dan menyesuaikan penggunaan obat dengan penyakitnya
- Meningkatkan kepatuhan pasien dalam menjalani pengobatan
- Mencegah atau meminimalkan masalah terkait obat
- Meningkatkan kemampuan pasien memecahkan masalahnya dalam hal terapi
- Mengerti permasalahan dalam pengambilan keputusan
- Membimbing dan mendidik pasien dalam penggunaan obat sehingga dapat mencapai tujuan pengobatan dan meningkatkan mutu pengobatan pasien

KOMPONEN

Pemberi
KIE

Penerima KIE

Isi KIE

Cara
Penyampaian
KIE

Media KIE

Hasil KIE

K A T E G O R I

01

KIE individu: Suatu proses KIE timbul secara langsung antara petugas KIE dengan individu. Media KIE yang digunakan bisa merupakan alat peraga, bahan bacaan
Contoh: Komunikasi antara Apoteker dan pasien di apotek

02

KIE kelompok: Suatu proses KIE timbul secara langsung antara petugas KIE dengan kelompok (2-15) orang. Media yang digunakan bisa berupa alat peraga, video, buku panduan, modul, film-film pendek
Contoh: diskusi kelompok (FGD).

03

KIE massa: Suatu proses KIE tentang sesuatu program yang dapat dilakukan secara langsung maupun tidak langsung kepada masyarakat dalam jumlah besar. Media yang digunakan bisa melalui; stiker, Baliho.
Contoh: seminar, kampanye akbar

PERAN KONSELING DALAM KIE

- **Konseling merupakan salah satu bagian dari edukasi kesehatan.**
- **Edukasi kesehatan merupakan suatu proses untuk mengubah perilaku baik individu maupun masyarakat sehingga norma hidup sehat diterapkan dalam kehidupan sehari-hari.**
- **Sasaran edukasi kesehatan adalah individu dan masyarakat baik dalam kondisi sehat maupun sakit dan dapat berasal dari semua golongan usia**

KONSELING

Konseling merupakan proses interaktif antara Apoteker dengan pasien/keluarga untuk meningkatkan pengetahuan, pemahaman, kesadaran dan kepatuhan sehingga terjadi perubahan perilaku dalam penggunaan Obat dan menyelesaikan masalah yang dihadapi pasien.

DEFINISI KONSELING

Untuk mengoptimalkan hasil terapi, meminimalkan risiko reaksi obat yang tidak dikehendaki (ROTD), dan meningkatkan cost-effectiveness yang pada akhirnya meningkatkan keamanan penggunaan obat bagi pasien (patient safety).

KRITERIA PASIEN KONSELING

1. Pasien kondisi khusus (pediatri, geriatri, gangguan fungsi hati dan/atau ginjal, ibu hamil dan menyusui).
2. Pasien dengan terapi jangka panjang/penyakit kronis (misalnya: TB, DM, AIDS, epilepsi).
3. Pasien yang menggunakan Obat dengan instruksi khusus (penggunaan kortikosteroid dengan tapering down/off).
4. Pasien yang menggunakan Obat dengan indeks terapi sempit (digoksin, fenitoin, teofilin).
5. Pasien dengan polifarmasi; pasien menerima beberapa Obat untuk indikasi penyakit yang sama. Dalam kelompok ini juga termasuk pemberian lebih dari satu Obat untuk penyakit yang diketahui dapat disembuhkan dengan satu jenis Obat.
6. Pasien dengan tingkat kepatuhan rendah.

TAHAPAN KONSELING

1. Membuka komunikasi antara Apoteker dengan pasien
2. Menilai pemahaman pasien tentang penggunaan Obat melalui Three Prime Questions
3. Menggali informasi lebih lanjut dengan memberi kesempatan kepada pasien untuk mengeksplorasi masalah penggunaan Obat
4. Memberikan penjelasan kepada pasien untuk menyelesaikan masalah penggunaan Obat
5. Melakukan verifikasi akhir untuk memastikan pemahaman pasien

Three Prime Questions, yaitu:

- a) Apa yang disampaikan dokter tentang Obat Anda?
- b) Apa yang dijelaskan oleh dokter tentang cara pemakaian Obat Anda?
- c) Apa yang dijelaskan oleh dokter tentang hasil yang diharapkan setelah Anda menerima terapi Obat tersebut?

PELAKSANAAN

- Pelayanan konseling obat dilakukan oleh apoteker
- Melakukan seleksi pasien berdasarkan prioritas yang sudah ditetapkan.
- Menyiapkan obat yang akan dijelaskan kepada pasien/keluarga pasien.
- Menyiapkan informasi lengkap dari referensi kefarmasian seperti handbook, e-book atau internet.

DOKUMENTASI KONSELING

Nama Pasien	:	
Jenis kelamin	:	
Tanggal lahir	:	
Alamat	:	
Tanggal konseling	:	
Nama Dokter	:	
Diagnosa	:	
Nama obat, dosis dan cara pemakaian	:	
Riwayat alergi	:	
Keluhan	:	
Pasien pernah datang konseling sebelumnya:	:	Ya/tidak
Tindak lanjut		
Pasien 		Apoteker

SARANA & PERALATAN

- Ruangan atau tempat konseling
- Alat bantu konseling
 - a. Kartu pasien
 - b. Dokumentasi konseling

1. Kasus Diabetes Melitus

Anda sebagai Apoteker di rumah sakit mendapat telepon dari Dokter. Dokter bercerita tentang salah satu pasiennya yang didiagnosis diabetes. Pada saat kontrol 3 bulanan, pasien menyampaikan bahwa sedang hamil 2 bulan. Dokter bertanya mengenai keamanan terapi diabetes kepada anda. Dokter berkomunikasi terkait dengan usulan penggantian obat, baik monoterapi ataupun adanya kemungkinan terapi kombinasi yang aman bagi pasien tersebut.

Tugas mahasiswa :

1. Lakukan penggalian data dan informasi terkait dengan kondisi pasien
2. Lakukan penetapan masalah terkait dengan informasi yang telah diperoleh
3. Lakukan komunikasi efektif pada dokter terkait dengan penggantian obat



KIE DASAR

KIE DALAM BIDANG KESEHATAN/ KEFARMASIAN

Prodi Sarjana Farmasi
Semester Genap
2025/2026
10 Maret 2026



Konsep KIE Dasar dalam Pelayanan Kefarmasian

Pengertian KIE Dasar pada Pelayanan Kefarmasian

- Komunikasi, Informasi, dan Edukasi (KIE) adalah proses penyampaian pesan kesehatan untuk meningkatkan pengetahuan, sikap, dan perilaku masyarakat dalam mengambil keputusan terkait kesehatan.(Kementerian Kesehatan RI, 2016)
- KIE merupakan bagian dari kegiatan promosi kesehatan yang bertujuan meningkatkan kesadaran dan pemahaman masyarakat terhadap masalah kesehatan serta upaya pencegahannya. Dalam pelayanan kefarmasian, KIE merupakan komunikasi antara apoteker dan pasien untuk memberikan informasi yang jelas, benar, dan mudah dipahami mengenai obat dan terapi.(World Health Organization, 1994)
- Melalui KIE, pasien diharapkan dapat:
 - ☐ memahami penggunaan obat yang benar
 - ☐ meningkatkan keberhasilan terapi
 - ☐ meminimalkan kesalahan penggunaan obat
- Pelayanan kefarmasian modern telah bergeser dari drug oriented menjadi patient oriented.
- Pendekatan ini dikenal sebagai pharmaceutical care, yaitu tanggung jawab apoteker dalam memastikan terapi obat memberikan hasil terapi optimal dan meningkatkan kualitas hidup pasien.(Hepler & Strand, 1990)
- KIE merupakan komponen penting dalam pharmaceutical care karena dapat:
 - ☐ meningkatkan kepatuhan pasien terhadap terapi
 - ☐ mengurangi medication error
 - ☐ mencegah efek samping yang tidak diinginkan (Rantucci, 2007)

LANJUTAN....

❑ Secara umum, tujuan pelaksanaan KIE dalam pelayanan kefarmasian meliputi:

1. Meningkatkan pengetahuan pasien mengenai penggunaan obat yang benar
2. Mencegah kesalahan penggunaan obat (medication error)
3. Meningkatkan kepatuhan pasien terhadap terapi obat
4. Mengoptimalkan hasil terapi obat
5. Mengurangi risiko efek samping dan interaksi obat

❑ Kegiatan KIE dapat dilakukan dalam berbagai bentuk pelayanan kefarmasian, antara lain melalui konseling obat pada pelayanan resep, edukasi penggunaan obat dalam swamedikasi, edukasi penggunaan alat kesehatan seperti inhaler atau insulin pen, serta edukasi terapi pada pasien dengan penyakit kronis (Cipolle, Strand, & Morley, 2012).

❑ Dengan demikian, KIE merupakan salah satu komponen penting dalam pelayanan kefarmasian yang bertujuan memastikan bahwa pasien memperoleh manfaat maksimal dari terapi obat yang digunakan.

Tujuan KIE:

Mengubah

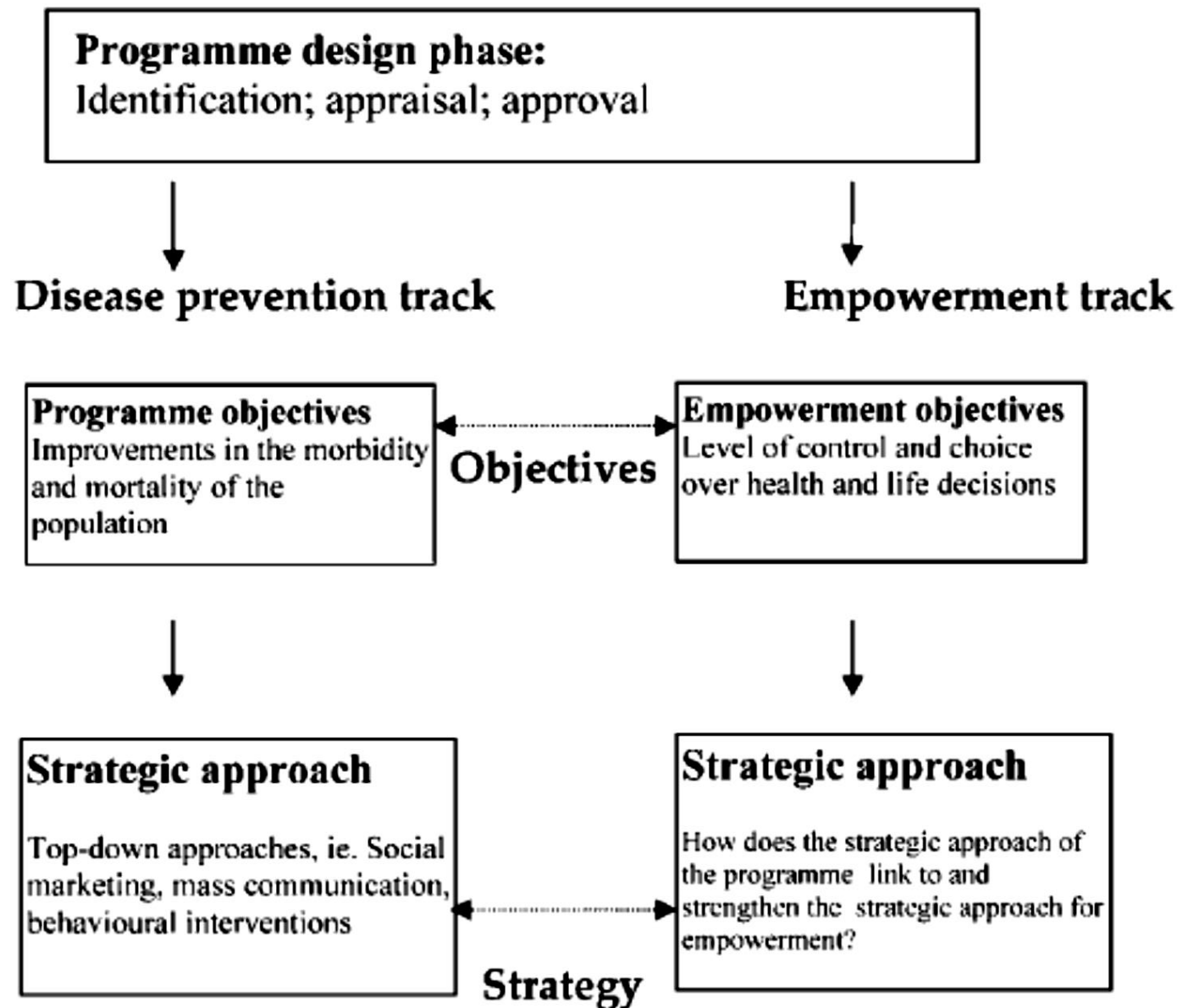
- sikap,
- kepercayaan,
- nilai-nilai
- perilaku individu atau kelompok

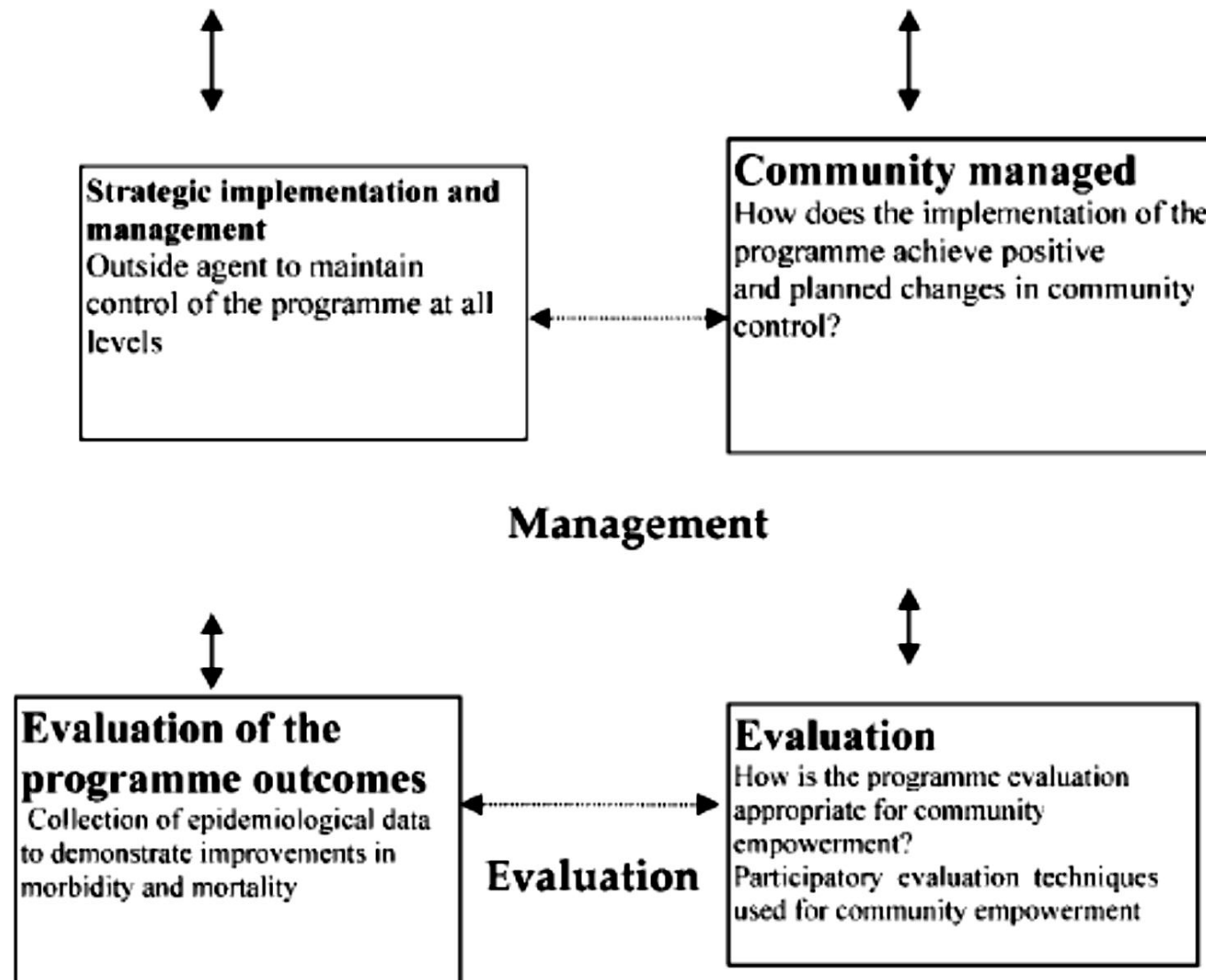
Peran Farmasis dalam KIE

1. Sebagai Komunikator
2. Sebagai Pemberi Informasi Obat (Drug Information Provider)
3. Sebagai Edukator
4. Sebagai Konselor
5. Sebagai Promotor Kesehatan

KIE DASAR DALAM BIDANG KEFARMASIAN

PENDAHULUAN PROMOSI KESEHATAN





- ❑ Gambar sebelumnya menjelaskan **kerangka praktik promosi kesehatan (health promotion practice)** yang menggambarkan dua pendekatan utama dalam program kesehatan masyarakat, yaitu:
 - **Pendekatan pencegahan penyakit (disease prevention track)**
 - **Pendekatan pemberdayaan masyarakat (empowerment track)**
- ❑ Kedua pendekatan ini berjalan **secara paralel namun saling berkaitan**, mulai dari tahap perencanaan program hingga evaluasi hasil program.

1. Programme Design Phase (Tahap Perancangan Program)

Tahap pertama dalam praktik promosi kesehatan adalah **perancangan program**, yang meliputi:

- **Identification** → mengidentifikasi masalah kesehatan masyarakat
- **Appraisal** → melakukan analisis situasi dan kebutuhan masyarakat
- **Approval** → mendapatkan persetujuan atau legitimasi terhadap program yang akan dijalankan

Pada tahap ini dilakukan penentuan strategi program promosi kesehatan yang akan diterapkan.

Tahap ini kemudian berkembang menjadi dua jalur pendekatan yaitu:

- **Disease Prevention Track**
- **Empowerment Track**

2. Disease Prevention Track (Pendekatan Pencegahan Penyakit)

- ❑ Pendekatan ini berfokus pada **penurunan angka kesakitan (morbidity) dan kematian (mortality)** melalui intervensi kesehatan yang dirancang oleh tenaga kesehatan atau otoritas kesehatan.

a. Programme Objectives

Tujuan utama pendekatan ini adalah:

- menurunkan angka kejadian penyakit
- menurunkan angka kematian
- meningkatkan status kesehatan populasi

Pendekatan ini biasanya berbasis **indikator epidemiologi**.

Contoh:

- program imunisasi
- program pengendalian hipertensi
- program skrining penyakit

b. Strategic Approach

Strategi yang digunakan dalam pendekatan ini umumnya bersifat **top-down**, yaitu program dirancang oleh otoritas kesehatan kemudian diterapkan kepada masyarakat.

Contoh strategi:

- **Social marketing** (kampanye kesehatan)
- **Mass communication** (media massa)
- **Behavioural interventions** (intervensi perubahan perilaku)

Misalnya:

- kampanye penggunaan masker
- edukasi penggunaan obat rasional
- kampanye berhenti merokok

c. Strategic Implementation and Management

- ☐ Pada tahap ini program dilaksanakan dan dikelola oleh **tenaga professional atau lembaga kesehatan**.
- ☐ Program tetap berada di bawah kendali organisasi atau institusi kesehatan untuk memastikan pelaksanaan berjalan sesuai rencana.

d. Evaluation of Programme Outcomes

Evaluasi dilakukan dengan menggunakan **data epidemiologi**, seperti:

- angka kesakitan
- angka kematian
- prevalensi penyakit

Tujuan evaluasi adalah menilai apakah program berhasil menurunkan masalah kesehatan yang ditargetkan.

3. Empowerment Track (Pendekatan Pemberdayaan Masyarakat)

- ❑ Pendekatan kedua adalah **empowerment**, yang berfokus pada peningkatan kemampuan masyarakat untuk mengendalikan kesehatan mereka sendiri.
- ❑ Pendekatan ini merupakan prinsip utama dalam **promosi kesehatan modern**

a. Empowerment Objectives

Tujuan utama pendekatan ini adalah:

- meningkatkan kontrol masyarakat terhadap kesehatan mereka
- meningkatkan kemampuan masyarakat dalam mengambil keputusan kesehatan
- meningkatkan kualitas hidup masyarakat

Pendekatan ini lebih berorientasi pada **kapasitas dan partisipasi masyarakat**.

b. Strategic Approach

- ❑ Strategi yang digunakan adalah **pemberdayaan masyarakat** melalui keterlibatan aktif masyarakat dalam program kesehatan.
- ❑ Pertanyaan utama dalam tahap ini adalah:

Bagaimana strategi program dapat memperkuat pemberdayaan masyarakat?

- ❑ Contohnya:
 - pelatihan kader kesehatan
 - pendidikan kesehatan masyarakat
 - pembentukan kelompok masyarakat peduli kesehatan

c. Community Managed

- ☐ Pada tahap ini masyarakat mulai **mengelola program kesehatan secara mandiri**.
- ☐ Masyarakat tidak hanya menjadi penerima program, tetapi juga menjadi **pelaku utama dalam pengelolaan kesehatan komunitas**.
- ☐ Contoh:
 - posyandu
 - kelompok peduli hipertensi
 - program desa siaga

d. Evaluation

- ☐ Evaluasi dalam pendekatan pemberdayaan menggunakan **metode partisipatif**, yaitu melibatkan masyarakat dalam proses evaluasi program.
- ☐ Metode evaluasi dapat meliputi:
 - diskusi kelompok masyarakat
 - survei partisipatif
 - penilaian perubahan perilaku masyarakat

Hubungan Kedua Pendekatan

- ❑ Diagram tersebut juga menunjukkan bahwa:
 - **pendekatan pencegahan penyakit** dan
 - **pendekatan pemberdayaan masyarakat**tidak berjalan secara terpisah, tetapi **saling melengkapi**.

- ❑ Pendekatan pencegahan penyakit fokus pada **outcome kesehatan**, sedangkan pendekatan pemberdayaan fokus pada **proses pemberdayaan masyarakat**.

- ❑ Promosi kesehatan yang efektif biasanya menggabungkan kedua pendekatan tersebut.

Kerangka praktik promosi kesehatan dalam gambar tersebut menunjukkan bahwa program promosi kesehatan dapat dilaksanakan melalui dua pendekatan utama, yaitu **pencegahan penyakit (disease prevention)** dan **pemberdayaan masyarakat (empowerment)**.

Pendekatan pencegahan penyakit berfokus pada penurunan angka kesakitan dan kematian melalui intervensi kesehatan yang bersifat top-down, sedangkan pendekatan pemberdayaan masyarakat bertujuan meningkatkan kemampuan masyarakat dalam mengendalikan kesehatan mereka sendiri melalui partisipasi aktif masyarakat.

Kombinasi kedua pendekatan ini sangat penting untuk mencapai hasil promosi kesehatan yang berkelanjutan dan efektif.

Daftar Pustaka

- Berger, B. A. (2005). *Communication skills for pharmacists: Building relationships, improving patient care* (2nd ed.). Washington, DC: American Pharmacists Association.
- Cipolle, R. J., Strand, L. M., & Morley, P. C. (2012). *Pharmaceutical care practice: The patient-centered approach to medication management* (3rd ed.). New York: McGraw-Hill.
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- International Pharmaceutical Federation. (2012). *FIP global pharmacy workforce report*. The Hague: FIP.
- Kementerian Kesehatan Republik Indonesia. (2016). *Pedoman pelayanan kefarmasian di fasilitas pelayanan kesehatan*. Jakarta: Kementerian Kesehatan RI.
- Rantucci, M. J. (2007). *Pharmacists talking with patients: A guide to patient counseling*. Philadelphia: Lippincott Williams & Wilkins.
- World Health Organization. (1994). *The role of the pharmacist in the health care system*. Geneva: WHO



Pembuatan media pembelajaran

MEDIA PROMKES

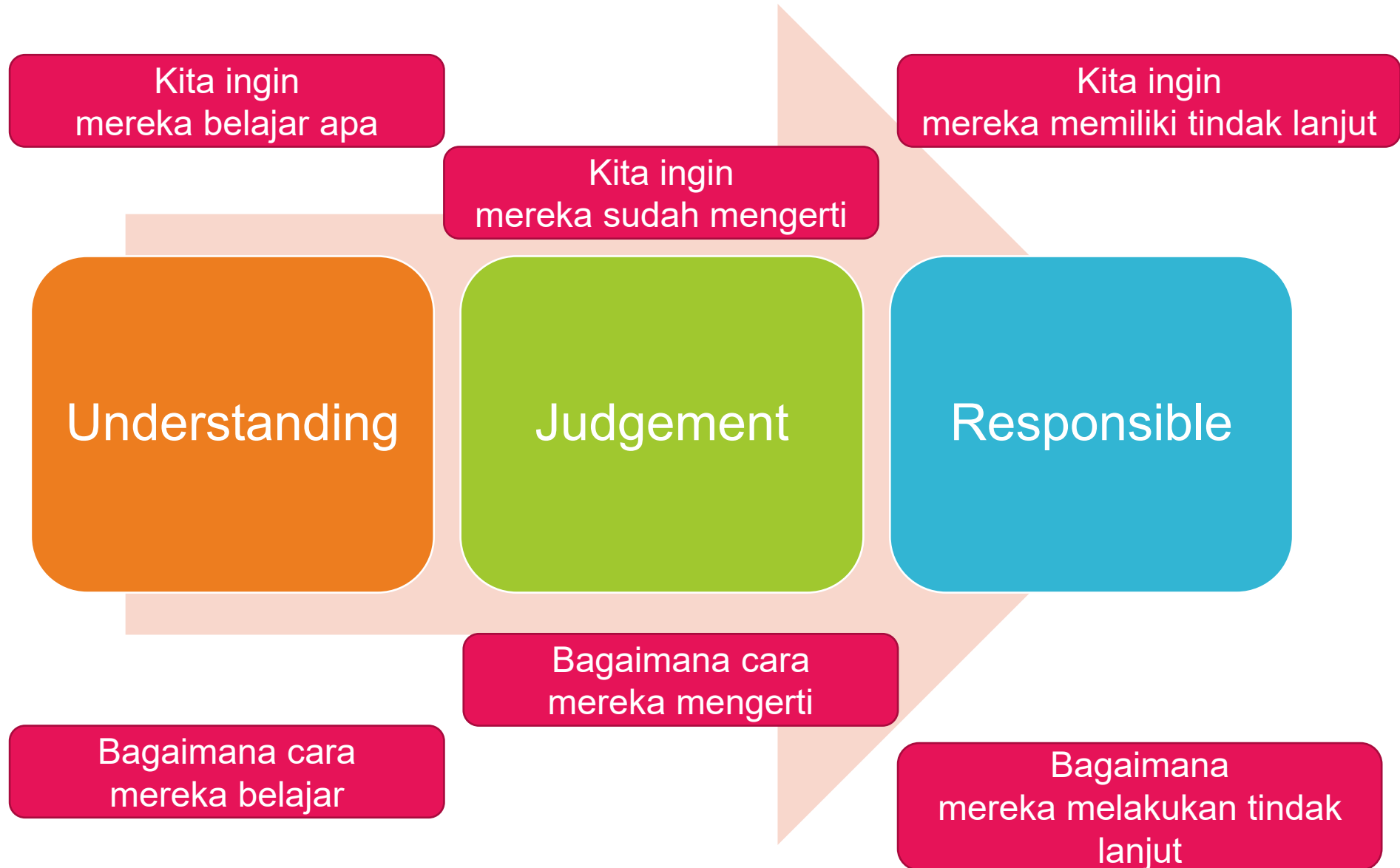
PPT

Leaflet/Booklet

Video

Aplikasi

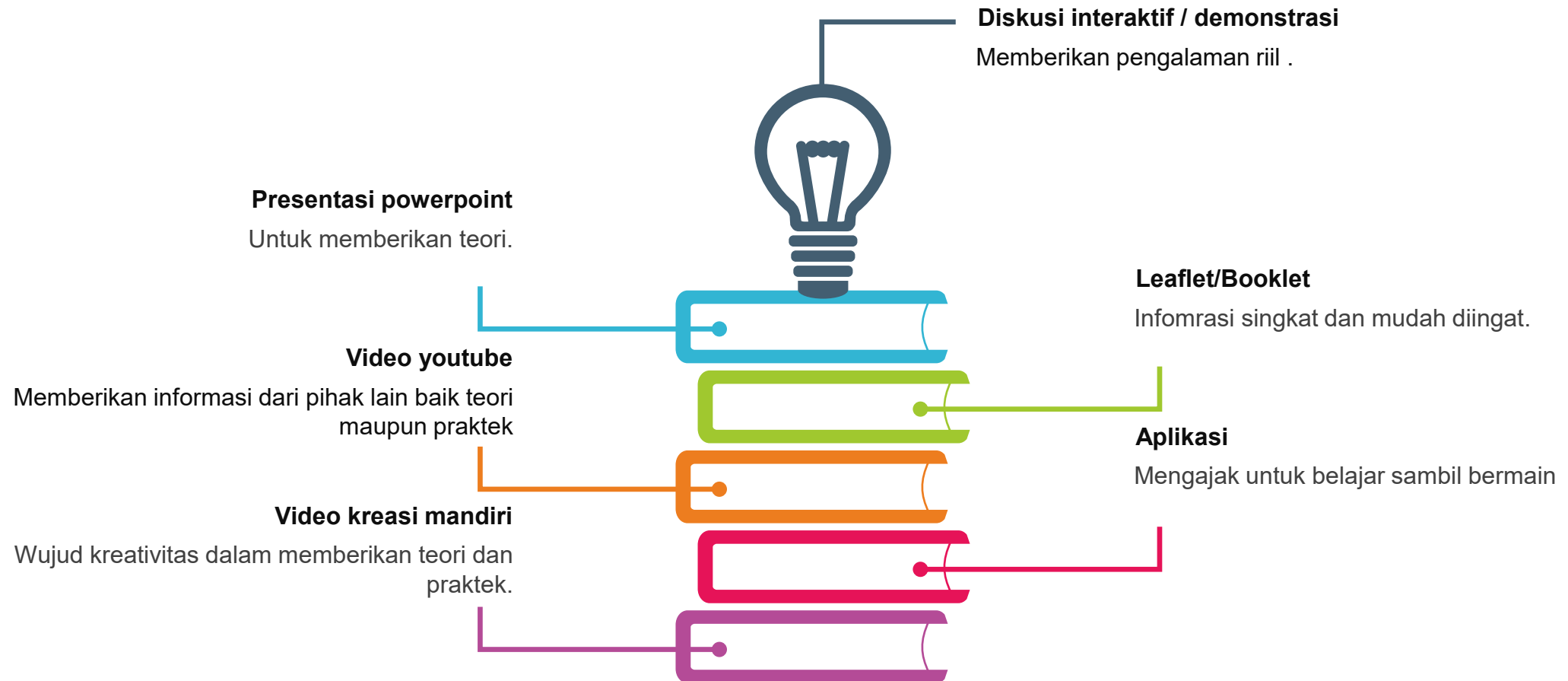
Alat peraga



Transfer informasi



Understanding



Judgement

Tuliskan apa yang sebelumnya mereka ketahui tentang materi ini

Tuliskan hal baru dalam pengetahuan maupun praktek setelah mendapatkan materi hari ini



Tuliskan minat mereka untuk menindaklanjuti materi hari ini untuk perbaikan dalam kehidupan mereka.

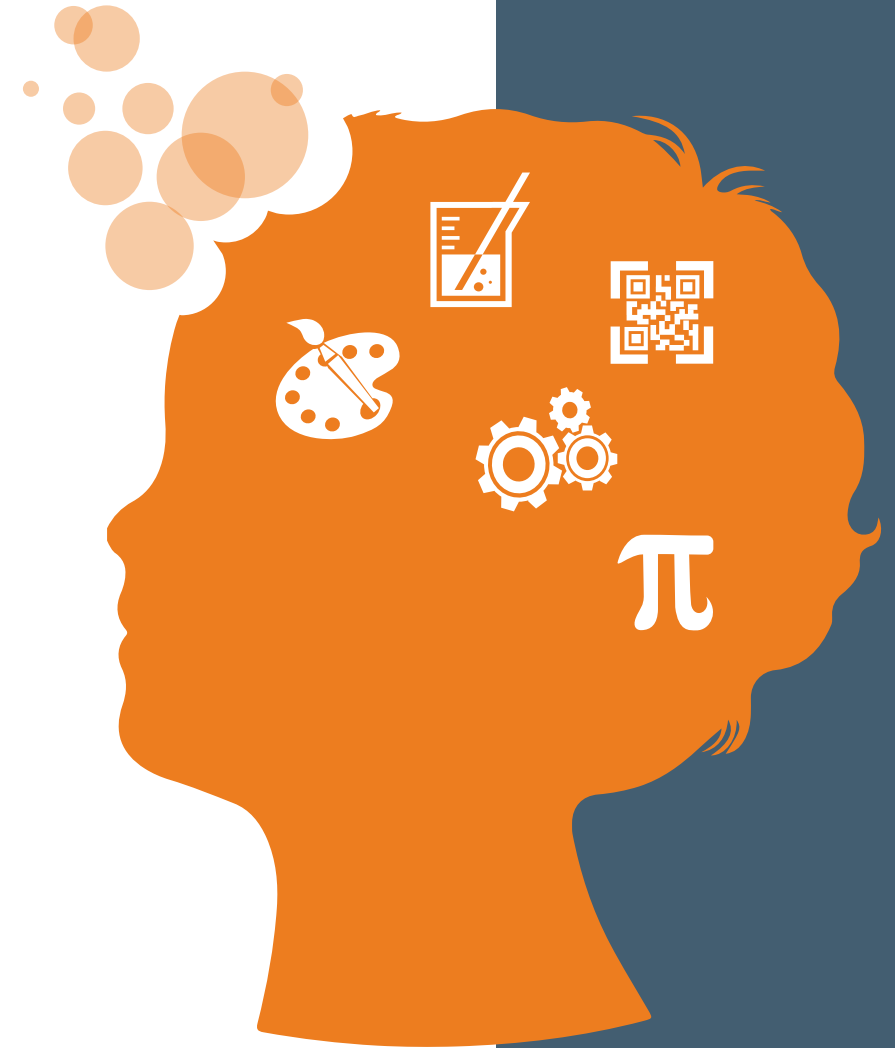
RESPONSIBLE

01 Making continuing plan

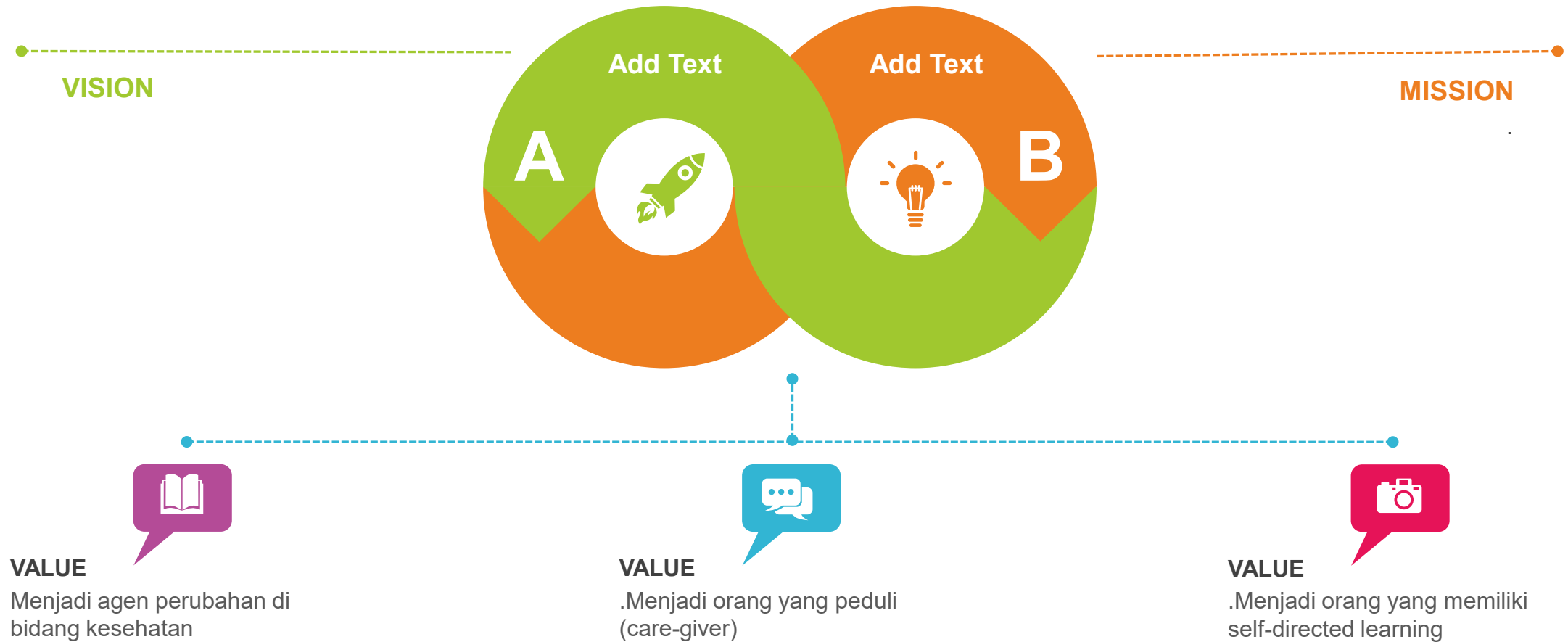
Membuat rencana aksi dilakukan dengan cara mempertimbangkan kemampuan yang telah mereka miliki dan peluang baik di masa depan.

02 Running the plan

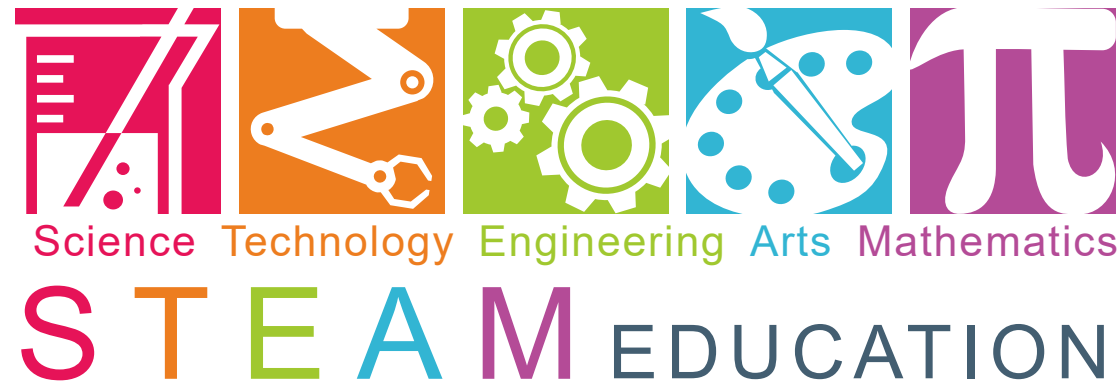
Melakukan aliansi strategis dengan :
(1) Pihak Pemerintah
(2) Swasta



Responsible-2



Section Break



MEDIA PEMBELAJARAN SEPERTI APA YANG AKAN SAYA BUAT UNTUK PROMOSI KESEHATAN ???

STEAM EDUCATION

The logo for STEAM Education features the word 'STEAM' in large, colorful letters (S: pink, T: orange, E: green, A: blue, M: purple) above the word 'EDUCATION' in smaller, dark blue letters. Below the letters are five vertical bars in the same color sequence: pink, orange, green, blue, and purple. Above the word 'STEAM' are five small icons: a bar chart, a robotic arm, interlocking gears, a paint palette, and the pi symbol.

Making your agenda

01 Contents

Materi apa yang akan saya buat

02 Creativity

Bagaimana upaya kreatif untuk membuat masyarakat menjadi tergerak untuk peduli kesehatan.

03 Media

Media apa yang menjadi pilihan saya video/booklet/aplikasi/dll.

04 Mitra kerja

Dengan siapa akan bekerjasama dalam tindak lanjut

STEAM
EDUCATION

Thank You

Cara pembuatan kuesioner



Judul kegiatan

- Penggunaan antibiotika secara bijak



Tujuan kegiatan

- Untuk mengetahui **tingkat pengetahuan masyarakat** tentang antibiotika



DAGUSIBU

4T1W

- Tingkat pengetahuan masyarakat akan diukur pada berdasarkan DAGUSIBU atau 4T1W atau kombinasi keduanya. Baik DAGUSIBU atau 4T1W disebut sebagai KONSEP atau KONSTRUK



PERENCANAAN TEST (KUESIONER)

- pertanyaan tidak mendua atau lebih, sehingga berpotensi menimbulkan bias pengukuran

Misal: HIV dapat ditemukan pada **darah, cairan sperma, cairan vagina dan ASI**

Seharusnya dibuat 4 kalimat (4 item pertanyaan)

- 1. HIV dapat ditemukan pada darah**
 - 2. HIV dapat ditemukan pada cairan sperma**
 - 3. HIV dapat ditemukan pada cairan vagina**
 - 4. HIV dapat ditemukan pada ASI**
- pertanyaan to the point, tidak terlalu panjang, tidak bertele-tele
 - urutan pertanyaan biasanya dari tingkat kesulitan rendah menuju sulit, atau umum ke khusus

PERENCANAAN TEST (KUESIONER)

(Sugiyono, . (2013). *Metode penelitian pendidikan : pendekatan kuantitatif, kualitatif dan R dan D* (Cet. 18). Bandung: Alfabeta.)

Prinsip pembuatan kuesioner menyangkut beberapa faktor yaitu:

- isi dan tujuan pertanyaan sesuai dengan tujuan edukasi,
- jumlah pertanyaan memadai,
- bahasa yang digunakan mudah dipahami peserta edukasi,
- ada pertanyaan negatif positif,

From Konsep to Variabel



POLA PIKIR DEDUKSI



From KONSEP to VARIABEL



Contoh penjabaran konsep ke dimensi

KONSEP	DIMENSI-1	DIMENSI-2
Tingkat Pengetahuan Masyarakat tentang Antibiotika	DAPATKAN	Tepat INDIKASI
	GUNAKAN	Tepat DOSAGE REGIMEN
	SIMPAN	Tepat CARA PENGGUNAAN
	BUANG	Tepat PASIEN
		Waspada Efek Samping



DIMENSI-KATEGORI

DIMENSI	KATEGORI
DAPATKAN	Cara mendapatkan antibiotika(dengan resep)
	Tempat membeli antibiotika (apotek, apotek RS, dispensing dr)
GUNAKAN	Indikasi
	Dosage regimen
	Resiko resistensi
SIMPAN	Antibiotika bentuk sediaan padat
	Antibiotika bentuk sediaan cair
	Antibiotika bentuk sediaan topical
BUANG	Cara membuang



KATEGORI-VARIABEL

KATEGORI	VARIABEL
Cara mendapatkan antibiotika(dengan resep)	Pertanyaan tentang cara mendapatkan (2 bh, F/U)
Tempat membeli antibiotika (apotek, apotek RS, dispensing dr)	Pertanyaan tentang tempat membeli (2 bh, F/U)
Indikasi	Pertanyaan tentang indikasi (2 bh, F/U)
Dosage regimen	Pertanyaan tentang regimen dosis (4 bh, F/U)
Resiko resistensi	Pertanyaan tentang resistensi (2 bh, F/U)
Antibiotika bentuk sediaan padat	Pertanyaan tentang penyimpanan sed. Padat (2 bh, F/U)
Antibiotika bentuk sediaan cair	Pertanyaan tentang penyimpanan sed. Cair (2 bh, F/U)
Antibiotika bentuk sediaan topical	Pertanyaan tentang penyimpanan sed. Topikal (2 bh, F/U)
Cara membuang	Pertanyaan tentang cara membuang (2 bh, F/U)

Pembuatan pertanyaan yang benar dan mampu mengukur apa yang ingin diukur
(KONSEP/DIMENSI) menunjukkan kuesioner yang VALID



Contoh pertanyaan favorable (F)

- Untuk membeli antibiotika diperlukan resep dokter
- Obat antibiotika harus diminum sampai habis untuk mencegah resiko resistensi



Contoh pertanyaan unfavourable (U)

- Penggunaan antibiotika dapat dihentikan apabila kondisi pasien sudah membaik
- Amoksisilin sirup dapat disimpan selama 1 tahun apabila belum habis



Mengapa diperlukan pertanyaan F dan U pada setiap variabel ?

- Untuk memastikan bahwa responden menjawab sesuai dengan pengetahuan yang dimiliki, BUKAN karena ngawur atau sekedar mengisi seenaknya



Kuesioner dengan pengukuran skala Guttman

Dimensi	Variabel	Benar	Salah	Tidak Tahu
DA	Untuk membeli antibiotika diperlukan resep dokter (F)	1	0	
GU	Obat antibiotika harus diminum sampai habis untuk mencegah resiko resistensi (F)	1	0	
GU	Penggunaan antibiotika dapat dihentikan apabila kondisi pasien sudah membaik (U)	0	1	
SI	Amoksisilin sirup dapat disimpan selama 1 tahun apabila belum habis (U)	0	1	

RESPONDEN YANG MENJAWAB DENGAN BENAR MENDAPATKAN NILAI 1



Kuesioner dengan pengukuran skala Likert

DIMENSI	VARIABEL	STS	TS	R	S	SS
DA	Untuk membeli antibiotika diperlukan resep dokter (F)	1	2	3	4	5
GU	Obat antibiotika harus diminum sampai habis untuk mencegah resiko resistensi (F)	1	2	3	4	5
GU	Penggunaan antibiotika dapat dihentikan apabila kondisi pasien sudah membaik (U)	5	4	3	2	1
SI	Amoksisilin sirup dapat disimpan selama 1 tahun apabila belum habis (U)	5	4	3	2	1

JAWABAN RESPONDEN MENDAPATKAN NILAI SEPERTI ATURAN DI ATAS



From KONSEP to VARIABEL



Tidak setiap saat bisa dijabarkan dalam 4 tingkatan ini;
bisa jadi KONSEP-DIMENSI menjadi satu



- MATERI
- KUESIONER

- PUBLIC SPEAKING

PLAN

DO

CORRECTIVE
ACTION

CHECK

- SARAN/
PERBAIKAN
SELANJUTNYA

- EVALUASI
- CEK INDIKATOR
KEBERHASILAN

ANY QUESTION



Anatomi Makna: Harmoni Komunikasi Verbal dan Non-Verbal

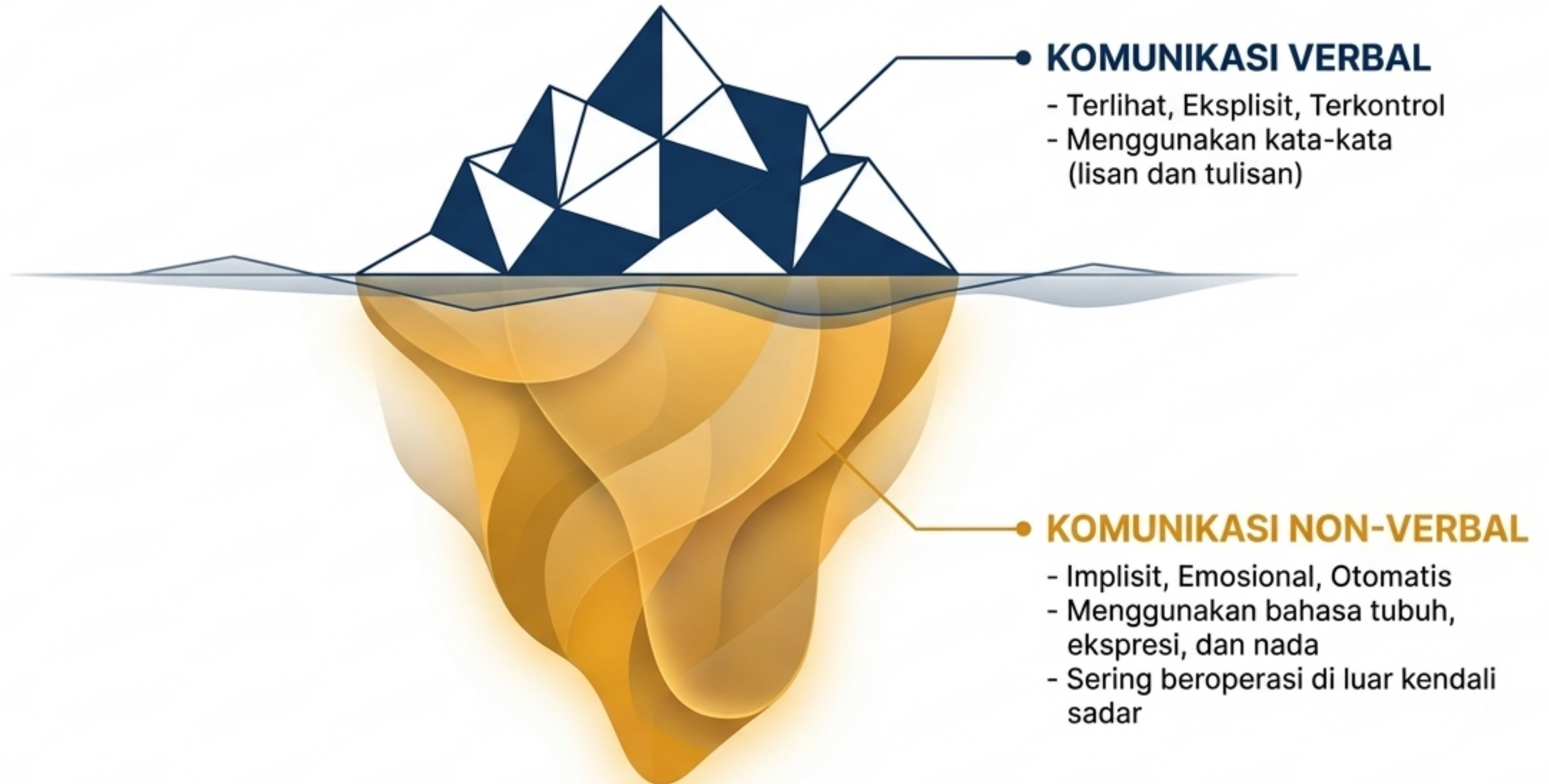
Menguasai struktur kata dan bahasa tubuh untuk keunggulan profesional.

Komunikasi: Lebih dari Sekadar Pertukaran Pesan



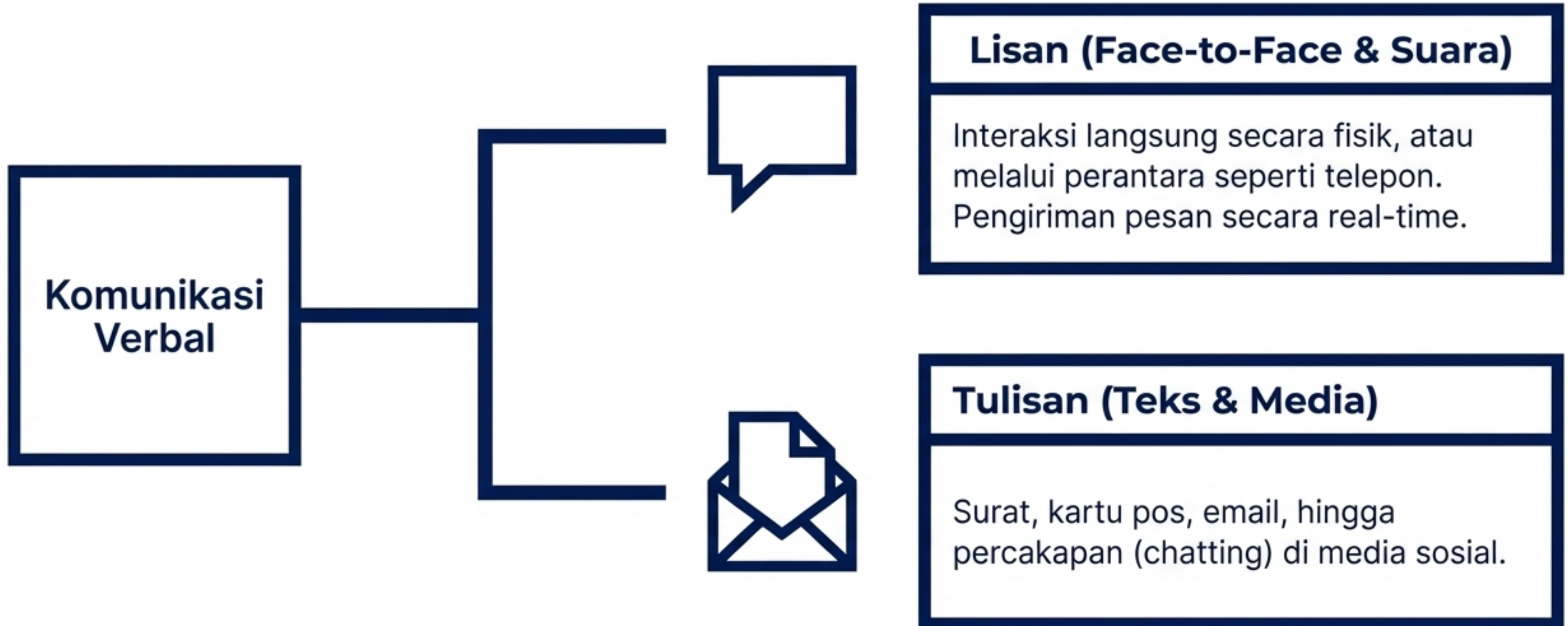
Dua instrumen utama penciptaan makna: Verbal (struktur pesan) dan Non-Verbal (jiwa pesan).

Model Gunung Es: Realitas Makna Manusia



Arsitektur Pesan Verbal

Komunikasi melalui artikulasi kata, direpresentasikan dalam dua medium utama.



Titik Buta Era Digital: Hilangnya Konteks



Insight: Komunikasi digital membatasi saluran non-verbal (ekspresi dan intonasi tidak terlihat). Keterbatasan ini adalah sumber utama kesalahpahaman profesional saat ini.

Anatomi Bahasa Tak Bersuara

5 elemen non-verbal yang menyampaikan pesan mendalam dan emosi yang sulit diungkapkan kata-kata.

Ekspresi Wajah:

Bentuk komunikasi paling kuat. Menunjukkan kebahagiaan, kesedihan, atau marah lebih jelas dari kata-kata.

Kontak Mata:

Menunjukkan perhatian, rasa hormat, dan kepercayaan diri. Menghindar berarti ketidaknyamanan.

Intonasi Suara:

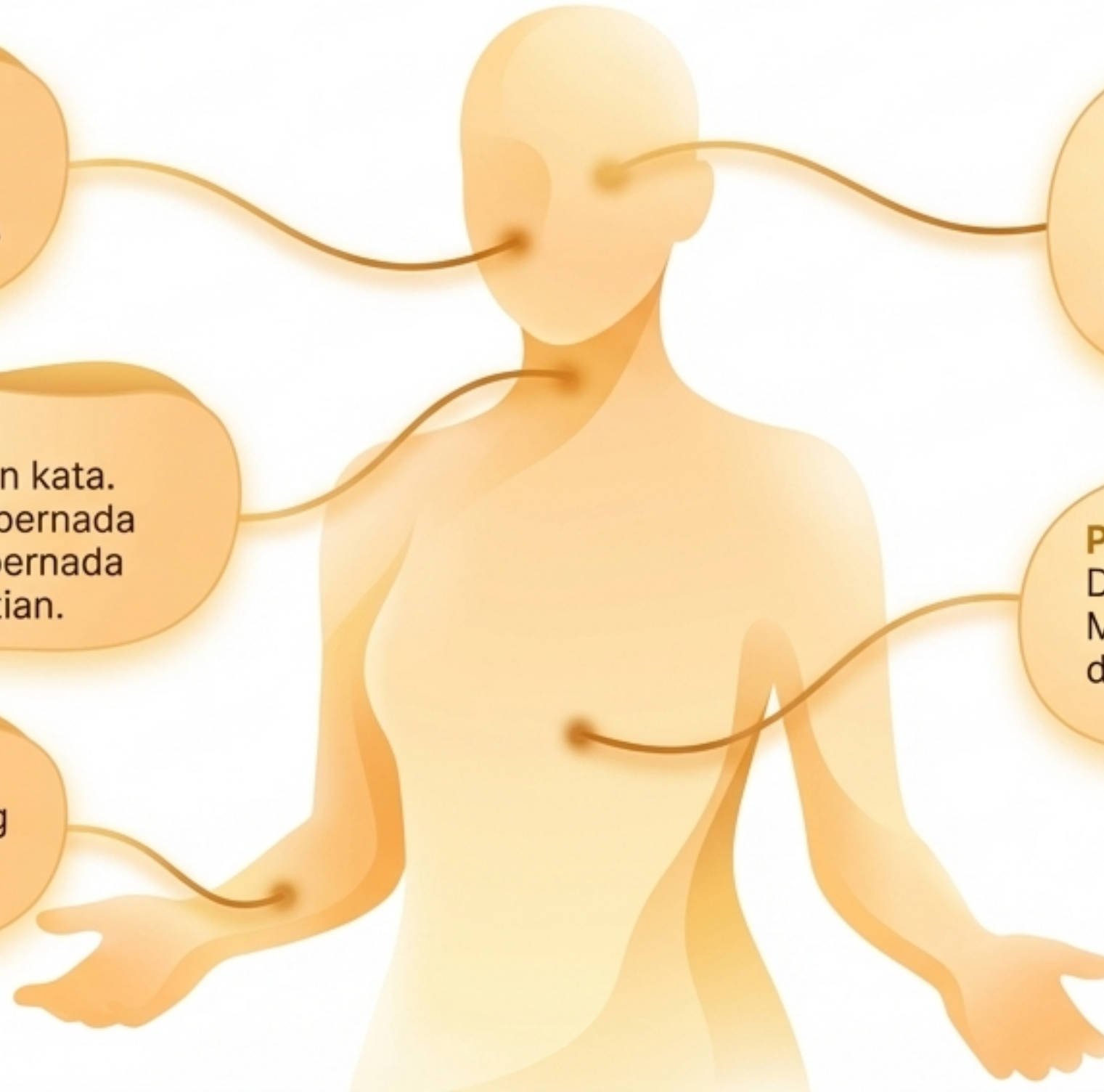
"Cara" mengucapkan kata. Kalimat yang sama bernada datar berarti ragu, bernada tegas berarti kepastian.

Postur Tubuh:

Duduk santai/terbuka = ramah. Menyilangkan tangan/tertutup = defensif.

Gerakan Tubuh / Kinesik:

Anggukan dan gestur tangan yang menguatkan (atau mengkhianati) pesan verbal.



Matriks Komparasi: Verbal vs Non-Verbal

	VERBAL	NON-VERBAL
Cara Penyampaian Pesan	Eksplisit, langsung melalui kata lisan/tulisan.	Implisit, mengandung makna mendalam tentang emosi & sikap.
Kemampuan Mengontrol	Sangat terkendali. Kata-kata dapat dipilih dan disusun berhati-hati.	Sering otomatis. Sulit dipalsukan dan mencerminkan perasaan asli.
Keterbatasan Media Digital	Sangat efektif dan mendominasi platform email/chat.	Sangat terbatas. Absennya visual/suara memicu salah interpretasi.
Kecepatan Penyampaian	Cepat dalam menyampaikan inti data/pesan.	Membutuhkan perhatian ekstra untuk menginterpretasi konteks yang mengiringi.

Konflik Penyelarasan: Ketika Kata dan Tubuh Berbeda Jawab



Verbal:

Saya sudah mengerjakan tugas itu.
(Disampaikan dengan kata-kata yang meyakinkan)

Non-Verbal:

Nada suara ragu-ragu, mata tertunduk, dan postur membungkuk.

AUDIENS TIDAK AKAN PERCAYA.

Prinsip Utama: Komunikasi non-verbal berfungsi sebagai detektor kebenaran bawaan. Jika gerak-gerik tubuh tidak mendukung kata-kata, pesan verbal akan langsung kehilangan kredibilitasnya.

Orkestrasi Makna di Dunia Profesional

Bagaimana harmoni verbal dan non-verbal menggerakkan kesuksesan karier.

1. Memperkuat Pesan

Berbicara tentang pencapaian
+ Tersenyum & gestur tangan
terbuka = Pesan teramplifikasi
dan meyakinkan.

2. Menunjukkan Kepercayaan Diri

Kalimat terstruktur + Postur
terbuka & intonasi tegas =
Audiens menaruh hormat
secara alami.

4. Membaca Emosi Empatik

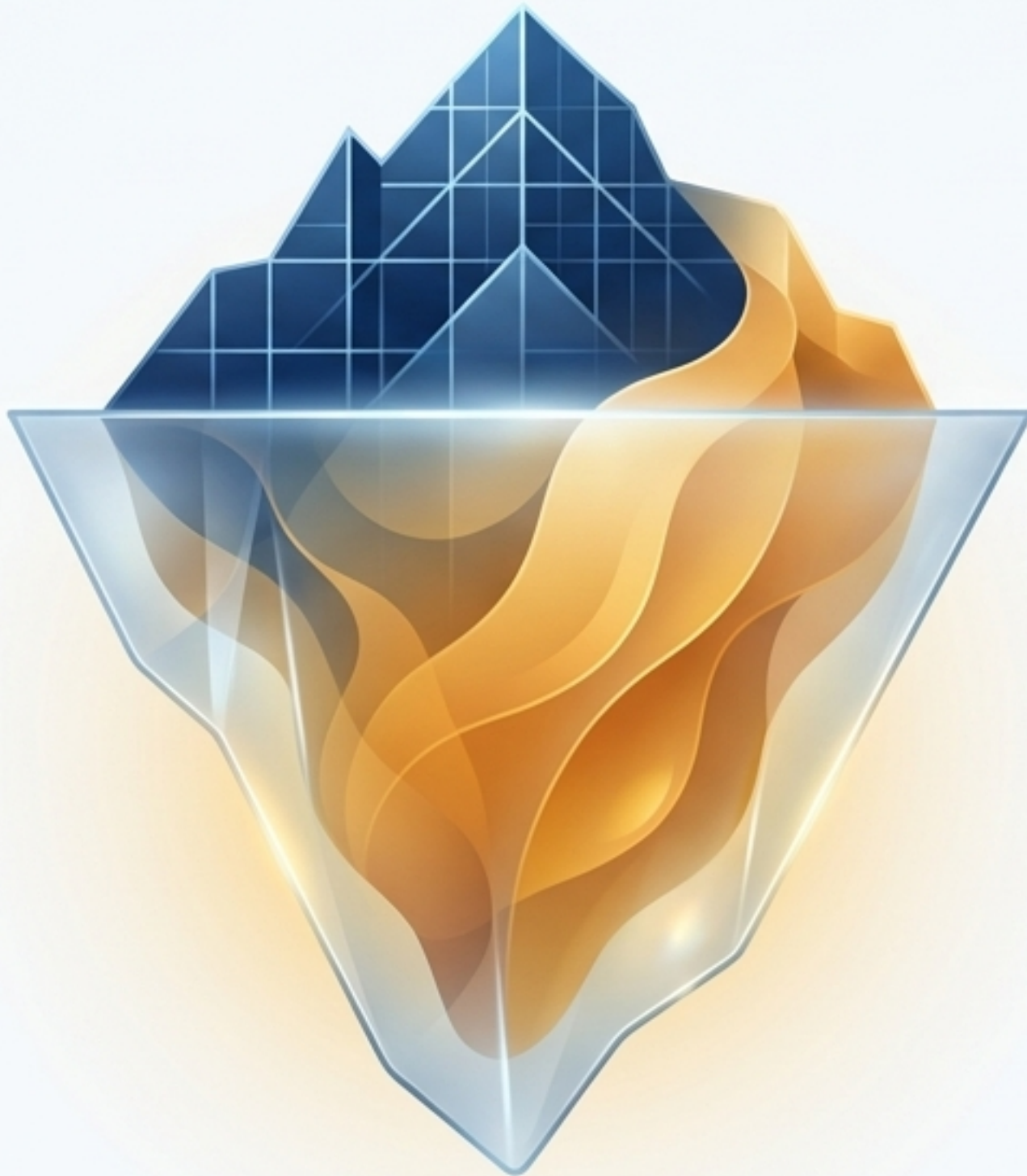
Mendengar klien bicara +
Membaca postur cemas mereka
= Adaptasi strategi komunikasi
secara real-time.

3. Mencegah Kesalahpahaman

Mengatakan 'Saya akan bantu' +
Mempertahankan kontak mata
lekat = Menghapus keraguan
niat.



Kesimpulan: Menguasai Spektrum Penuh Komunikasi



Keterkaitan Absolut

Verbal dan non-verbal tidak dapat dipisahkan. Kata-kata memberi arah yang logis, sementara bahasa tubuh memberikan bobot emosional.

Kunci Efektivitas

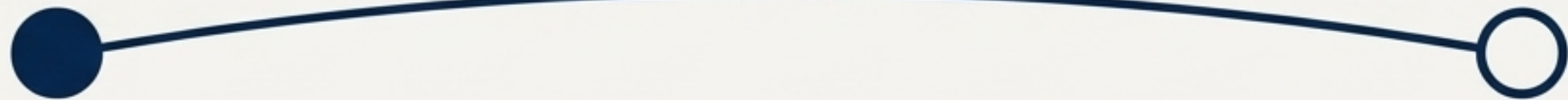
Keselarasan absolut antara apa yang diucapkan secara sadar dan apa yang dipancarkan secara insting adalah fondasi dasar sebuah kepercayaan.

Tuntutan Profesional

Bagi manajer, pemimpin, dan komunikator, menguasai 'Dualitas Makna' ini bukan sekadar nilai tambah, melainkan syarat mutlak untuk keunggulan kompetitif.

KIE MODULE: KOMUNIKASI, INFORMASI, DAN EDUKASI

Anatomi Koneksi: Merancang Komunikasi Efektif di Bidang Kefarmasian



Memahami unsur fundamental dan mengatasi hambatan psikologis, kultural, serta verbal dalam interaksi pasien-farmasis.

Lebih Dari Sekadar Transfer Kata

Definisi Umum



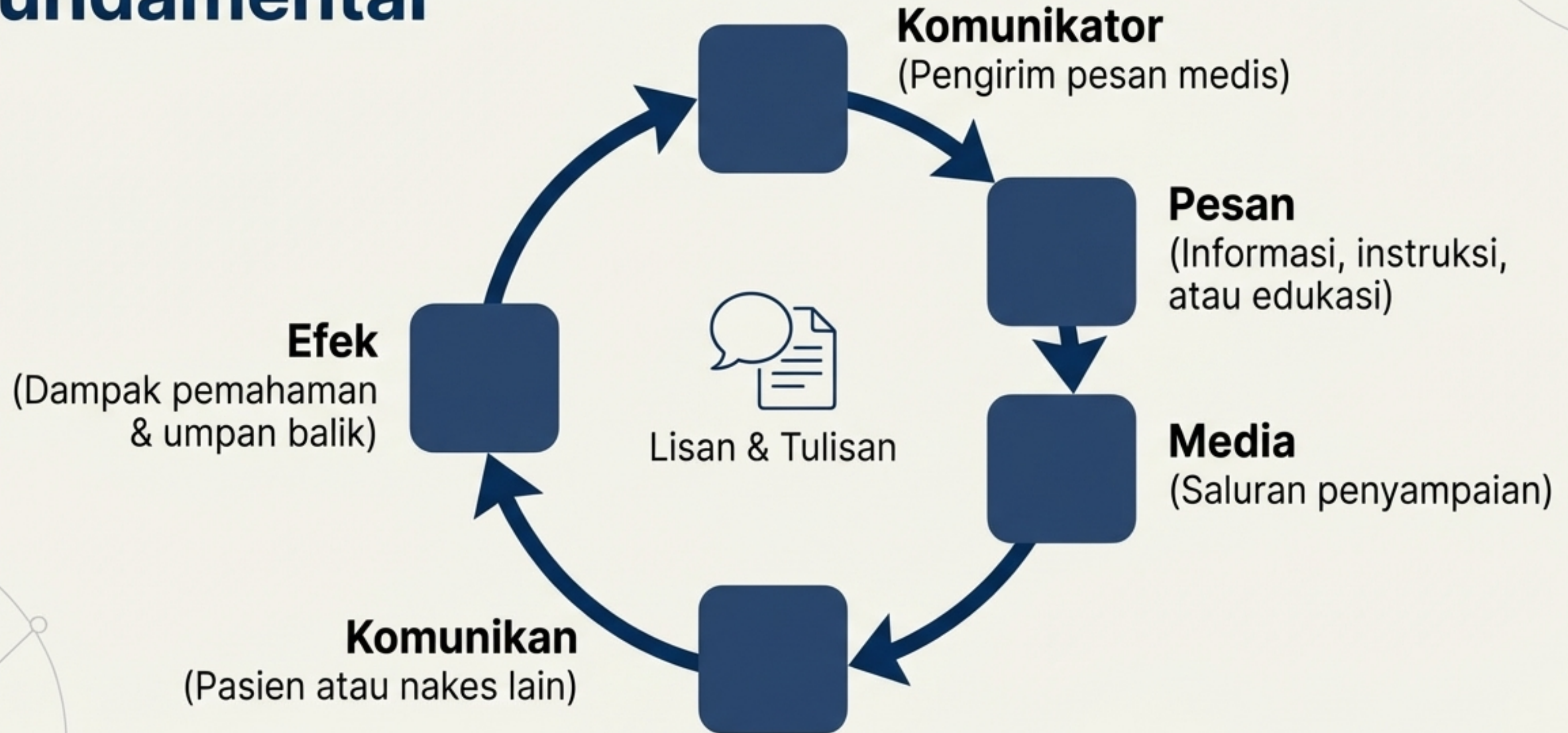
- Berasal dari bahasa Latin *Communicare* atau *Communis* (menjadikan milik bersama).
- Fokus pada pengoperan lambang dan pemindahan informasi/pengertian antar individu.

Definisi Kefarmasian



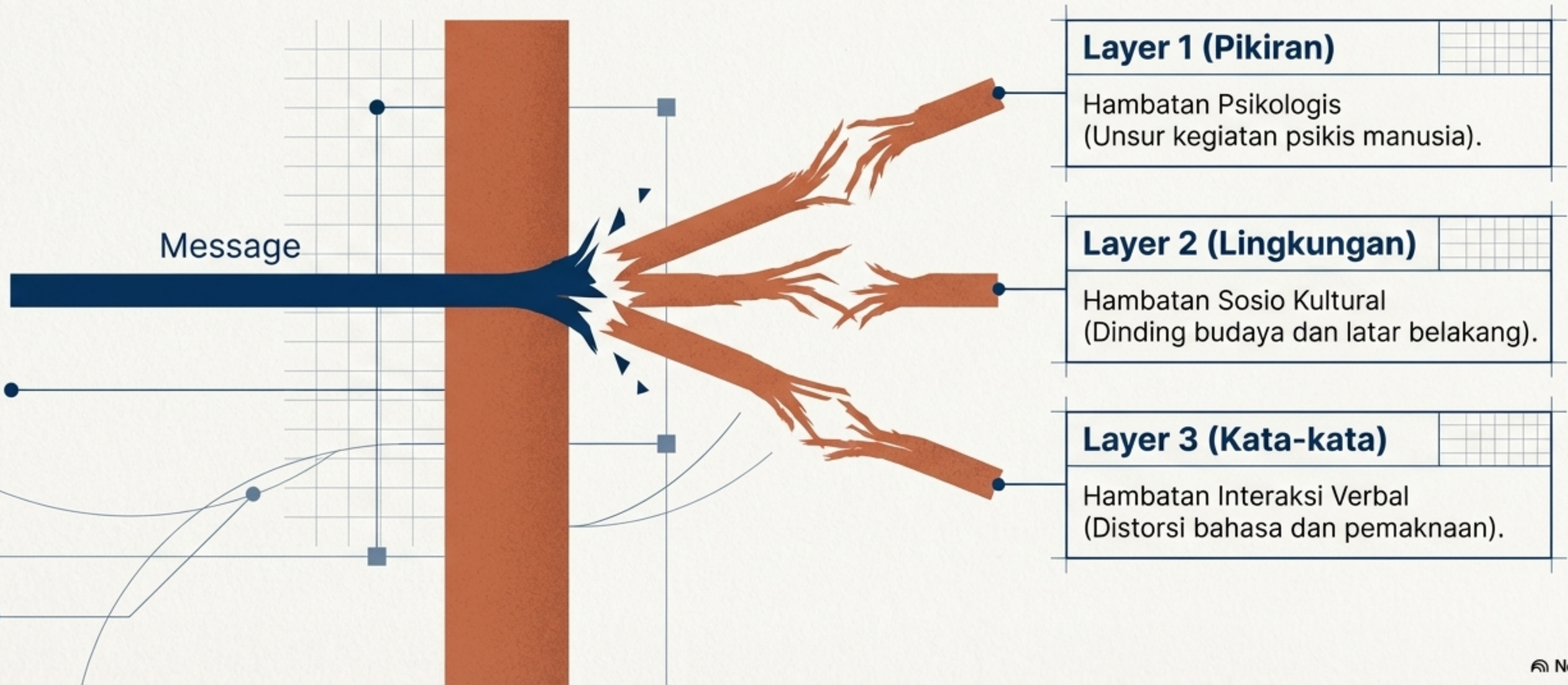
- Bukan sekadar pertukaran data medis.
- Setiap komunikasi yang digunakan untuk membangun ikatan saling percaya, sumber daya intelektual, untuk mempromosikan satu gagasan, dengan sasaran untuk menciptakan hubungan yang baik antar pasien-farmasis.

Siklus Transmisi: 5 Unsur Fundamental



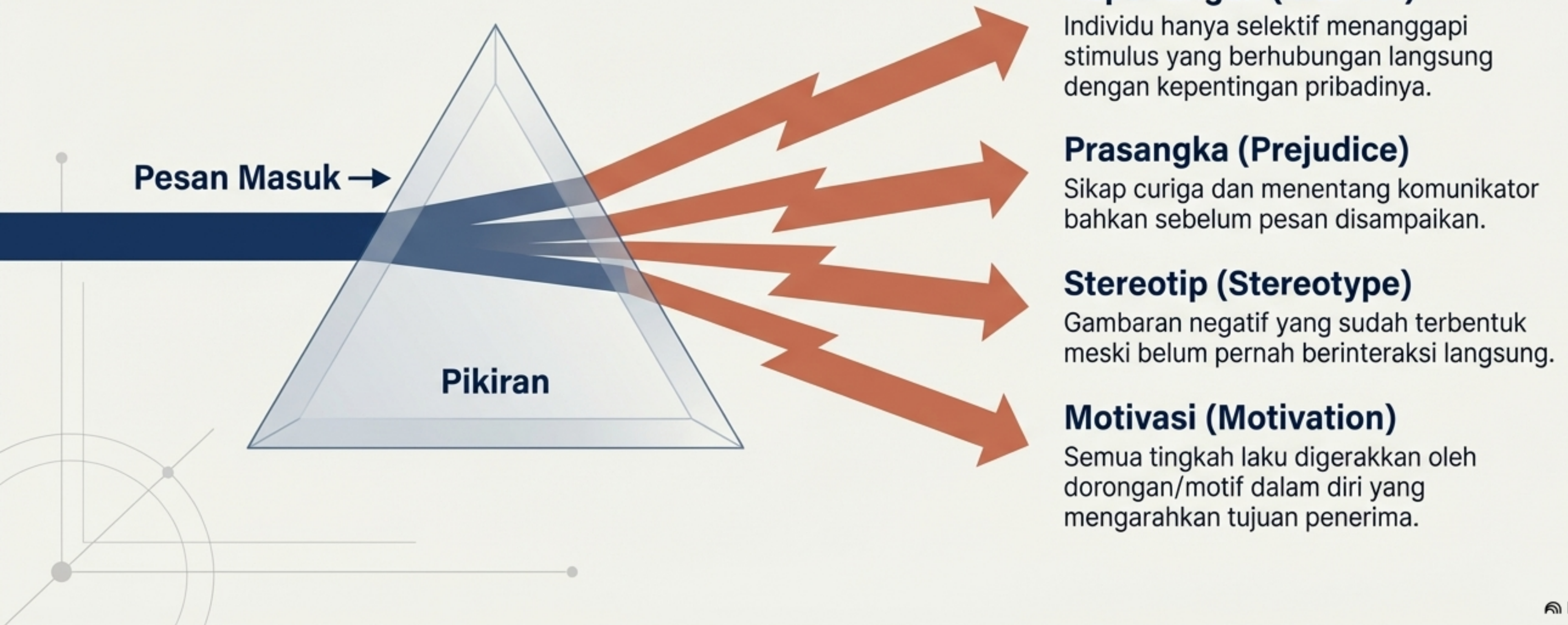
Anatomi Friksi: Mengapa Niat Klinis Gagal Tersampaikan?

Niat klinis yang sempurna dapat hancur oleh tiga lapisan hambatan utama dalam komunikasi:



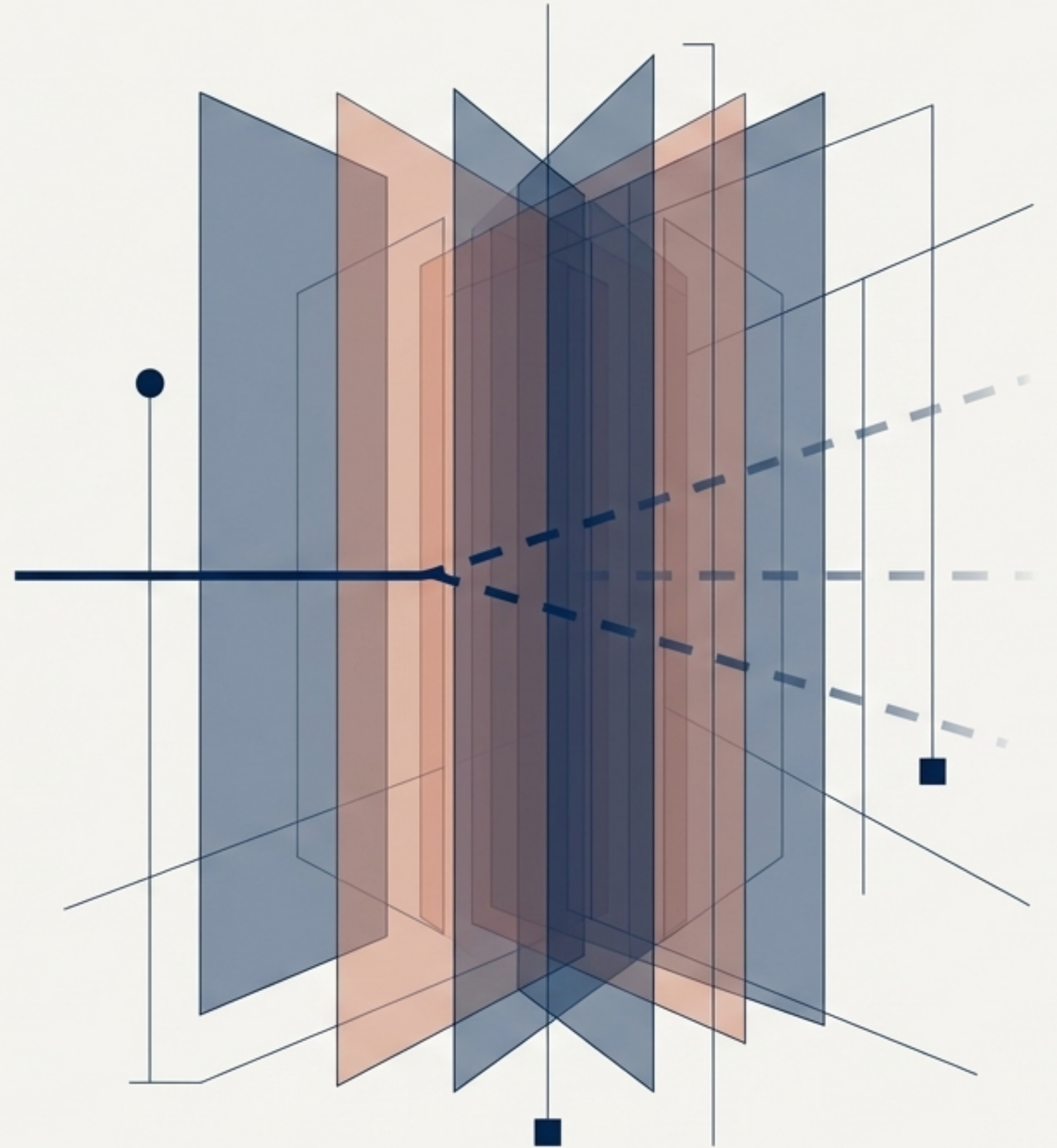
Hambatan Psikologis: Filter Pikiran Manusia

Pesan ditafsirkan melalui unsur-unsur psikis, mengubah persepsi sebelum komunikasi benar-benar terjadi.



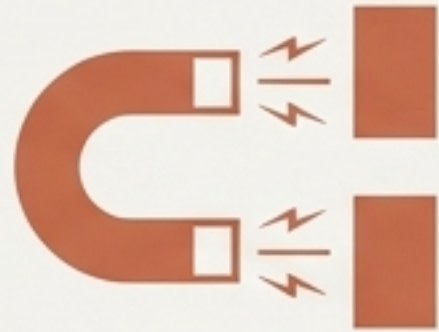
Hambatan Sosio Kultural: Dinding Tak Kasat Mata

“Hambatan komunikasi yang bekerja lebih mendalam. Budaya sosial seseorang—nilai, norma, dan latar belakang lingkungan—berfungsi sebagai pembatas yang dapat secara drastis mengubah bagaimana sebuah pesan edukasi kesehatan diterima dan diinterpretasikan oleh pasien.”



Hambatan Interaksi Verbal: Jebakan Semantik

1



Polarisasi

Kecenderungan mengelompokkan individu/situasi ke dalam lawan kata yang ekstrem (misal: sehat vs. sakit absolut), menyebabkan pergeseran makna yang drastis.

2



Orientasi Intensional

Perilaku melihat dan menilai hanya berdasarkan ciri fisik individu yang menonjol, menurunkan efektivitas komunikasi.

3



Evaluasi Statis

Komunikasi merasa jenuh; satu kali informasi dianggap tidak menarik, seterusnya mereka menolak memberikan perhatian pada interaksi tersebut.

4

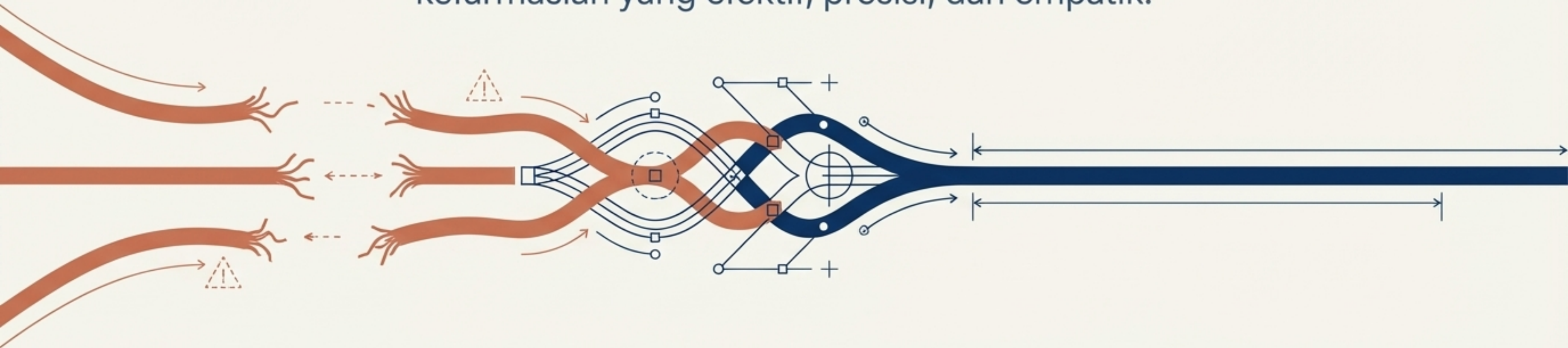


Indiskriminasi

Bentuk "pemukulan rata" terhadap semua individu berdasarkan latar belakang, memunculkan penilaian prematur sebelum komunikasi berlangsung.

Membangun Ulang Jembatan Koneksi

Faktor-faktor fundamental untuk menunjang komunikasi kefarmasian yang efektif, presisi, dan empatik.



Memperkuat Sinyal, Menembus Kebisingan

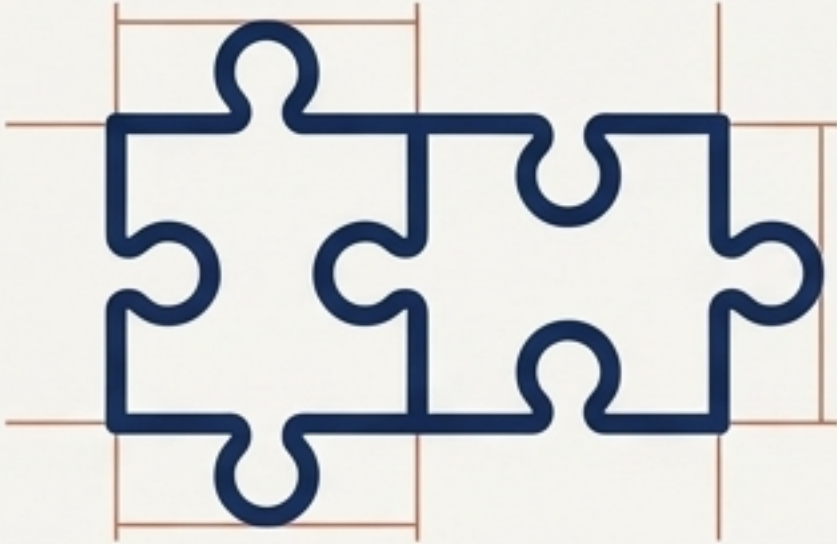
Mengatasi Kebisingan

Sifat yang mengganggu. Jika pesan mengalami 'bentrok' dengan pesan lain (contoh: pasien menerima terlalu banyak instruksi medis/memo), komunikator harus memikirkan saluran atau cara alternatif yang lebih jernih.

Mengatasi Kesulitan Mendengar

Kenali bahwa komunikan mungkin mengalami tekanan kerja, masalah pribadi, atau information overload (kelebihan komunikasi). Sesuaikan timing dan cara penyampaian untuk memastikan sinyal diterima.

Presisi dalam Penyampaian Pesan



Kalibrasi Bahasa

Komunikasi sukses mengharuskan pengirim menyandikan pesan menggunakan bahasa yang dikuasai dan dipahami oleh penerima pesan. (Hindari jargon medis yang tidak dimengerti pasien).



Hindari Sikap Bertele-tele

Pembuka memang penting untuk membangun interaksi, namun jangan sampai inti pesan hilang. Penyampaian yang berputar-putar membuat pasien kesulitan mengidentifikasi instruksi utama.

Arsitektur Kepercayaan dan Emosi

Membangun Kepercayaan

Ketidakpercayaan menghancurkan pesan. Pengirim harus terbuka.

Hindari taktik yang merusak kredibilitas, seperti melabeli semua pesan sebagai "Sangat Penting" secara berlebihan, atau menutup-nutupi informasi pada interaksi sebelumnya.



Mengelola Emosi

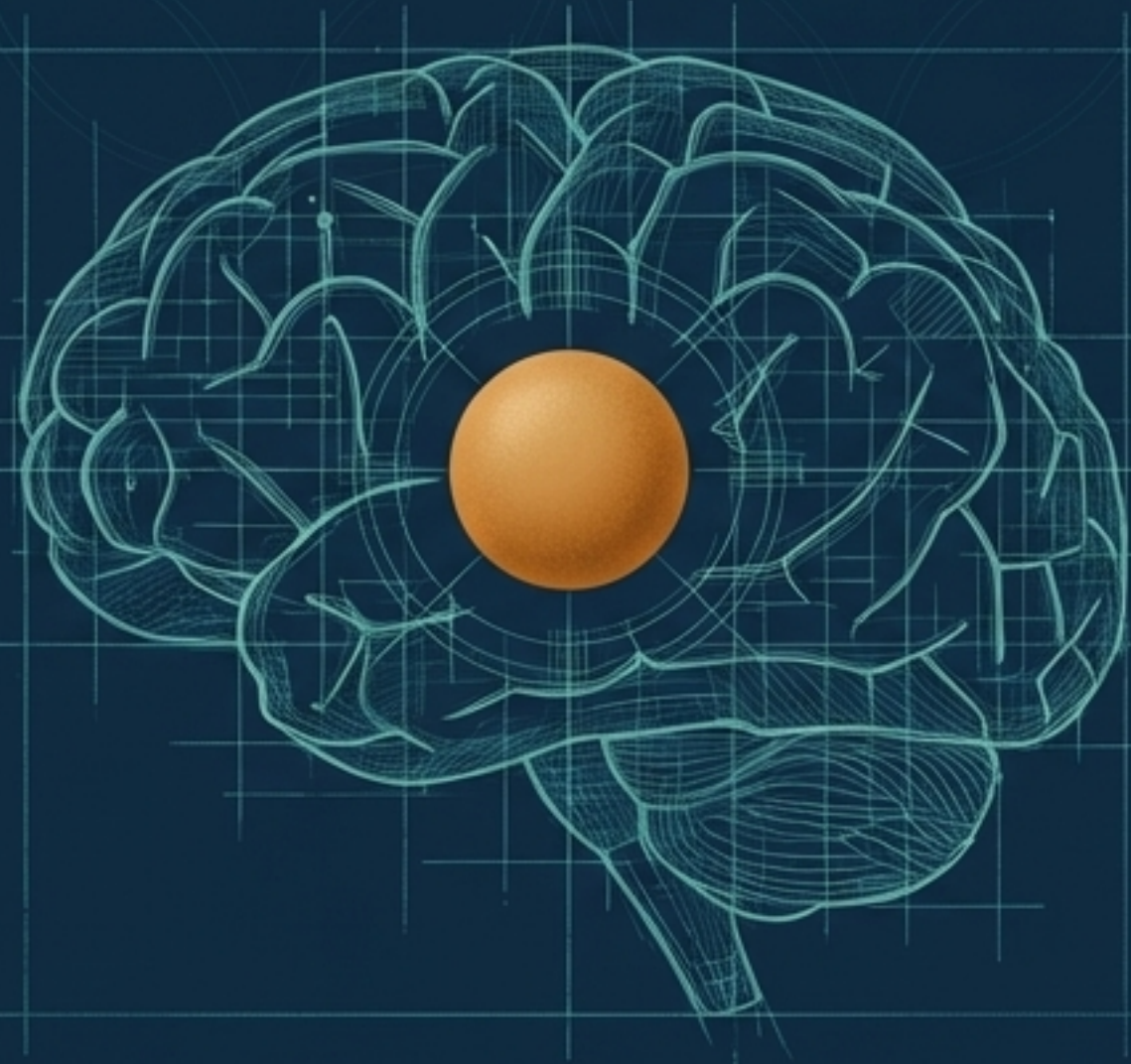
Emosi adalah pedang bermata dua.

- **Risiko:** Situasi sarat emosi menciptakan distorsi dan penyimpangan makna.
- **Kekuatan:** Namun, cara paling efektif untuk menggerakkan seseorang melakukan tindakan klinis (kepatuhan) adalah dengan menyentuh emosi mereka secara positif.

Matriks Solusi Komunikasi Kefarmasian



Komunikasi klinis yang efektif adalah perpaduan antara empati psikologis dan presisi verbal.



Communication Apprehension

Membedah Akar Ketakutan & Kecemasan Berkomunikasi



Melacak Akar Teori: Nature vs. Nurture

Secara historis, riset era 70-an hingga 80-an terbagi ke dalam dua paradigma utama untuk menjelaskan asal mula Communication Apprehension:



Teori Kepribadian & Biologi Komunikasi (Communibiology)

Melihat kecemasan sebagai sebuah sifat bawaan (trait). Menekankan peranan kuat biologi dan genetika dalam membentuk perilaku komunikasi manusia.



Proses Belajar Sosial (Social Learning Process)

Melihat kecemasan sebagai hasil dari pembelajaran eksternal. Kecemasan dan ketakutan dipelajari dari pengalaman dan observasi terhadap lingkungan sosial sekitar.

Mengapa Dipandang Sebagai Sifat Bawaan (Trait)?

Perspektif McCroskey dan Beatty (1977)

Struktur Genetis & Neurobiologis

Aspek genetis mendasari perbedaan watak dasar setiap individu.

Fungsi Aktivitas Otak

Seluruh proses psikologis (kognitif, afektif, psikomotorik, dan interaksi sosial) sangat bergantung pada bagaimana otak kita beraktivitas.

Perilaku Komunikasi

Perbedaan perilaku individu dalam berkomunikasi secara mendasar merupakan konsekuensi langsung dari perbedaan fungsi neurobiologis tersebut.

Fakta Kunci:

Dalam perspektif ini, lingkungan eksternal hanya memberikan pengaruh yang sangat kecil pada perkembangan sifat cemas individu.

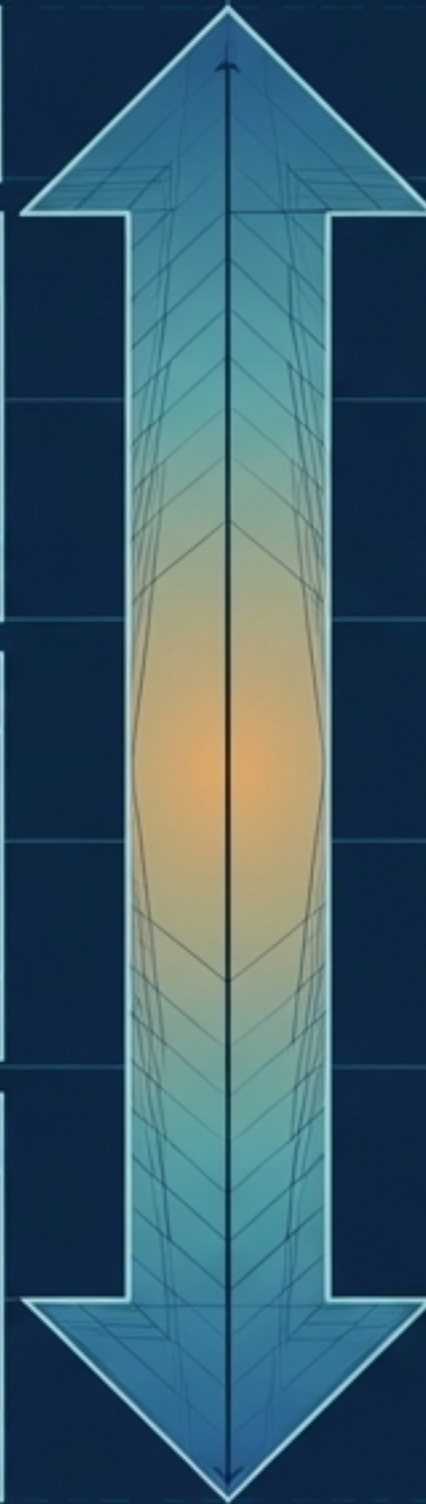
Matriks Spektrum Kecemasan

Trait Apprehension (Sifat)

Karakteristik: Ketakutan berkomunikasi yang seringkali muncul pada situasi apapun dan kapanpun.

Konteks: Berlaku konsisten melintasi berbagai batasan (baik dyadic/2 orang, kelompok kecil, maupun berbicara di depan publik).

Sifat: Melekat pada individu sebagai bagian dari kepribadian dasar.



State Apprehension (Kondisi)

Karakteristik: Ketakutan berkomunikasi yang hanya muncul pada situasi spesifik tertentu.

Konteks: Sifatnya reaktif terhadap tekanan momen atau lingkungan.

Sifat: Normal dan universal. Jenis ketakutan ini dimiliki oleh hampir semua orang.

Faktor Pemicu Kecemasan (Apprehension Triggers)

Degree of Evaluation (Tingkat Evaluasi)



Semakin sering kita dievaluasi, semakin tinggi ketakutan untuk berkomunikasi.

Sub-ordinate Status (Status Subordinat)



Kondisi ketika kita merasa komunikan (lawan bicara) lebih tahu, lebih superior, atau lebih paham.
Dampak: Memunculkan rasa rendah diri dan lonjakan kecemasan yang signifikan.

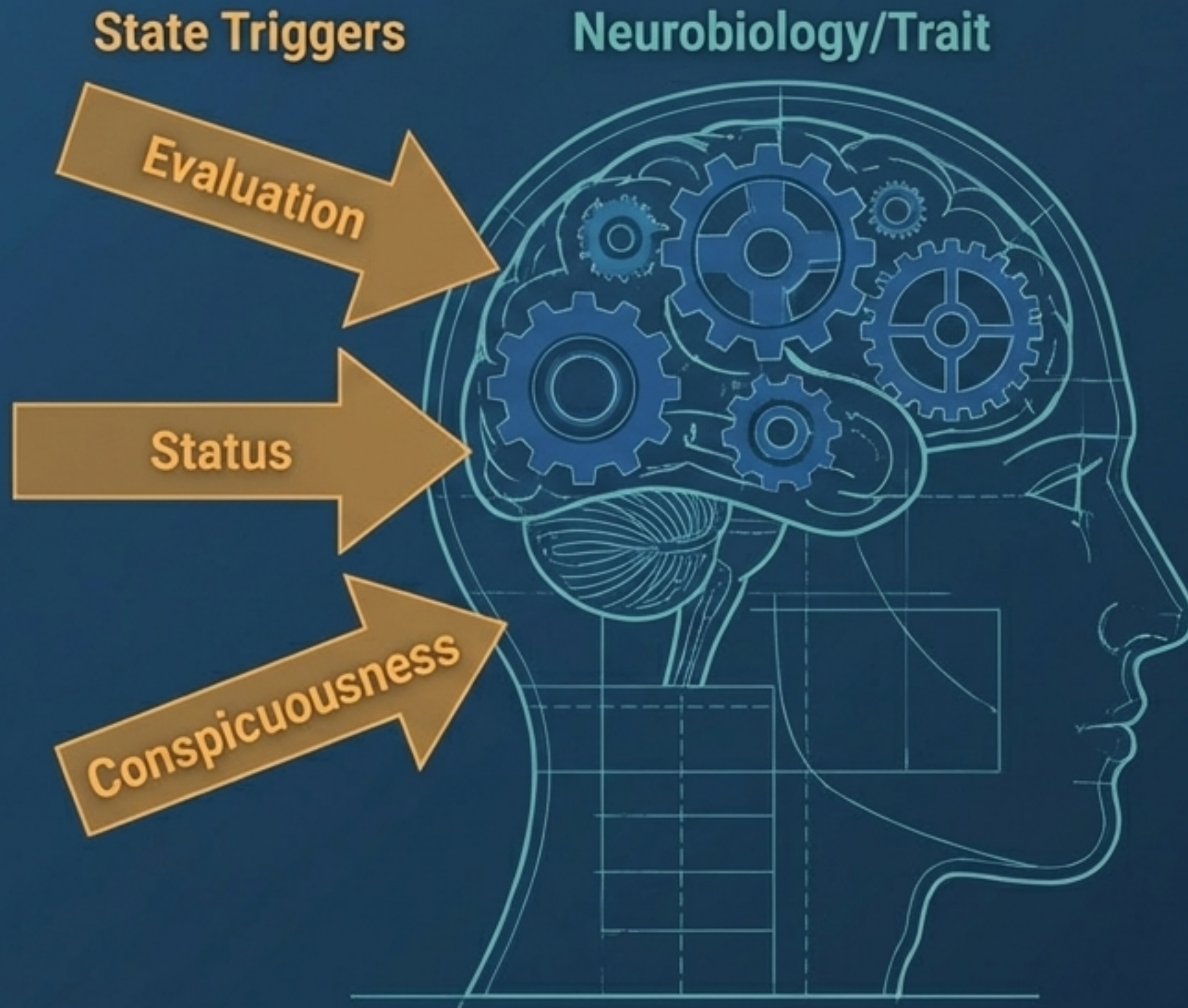
Degree of Conspicuousness (Tingkat Mencolok)



Semakin kita menjadi pusat perhatian publik secara mencolok, semakin besar ketakutan yang melanda.

Pengalaman masa lalu yang negatif seringkali menjadi bingkai (frame) yang memperparah sensitivitas terhadap ketiga pemicu di atas.

Sintesis: Anatomi Utuh Sebuah Ketakutan

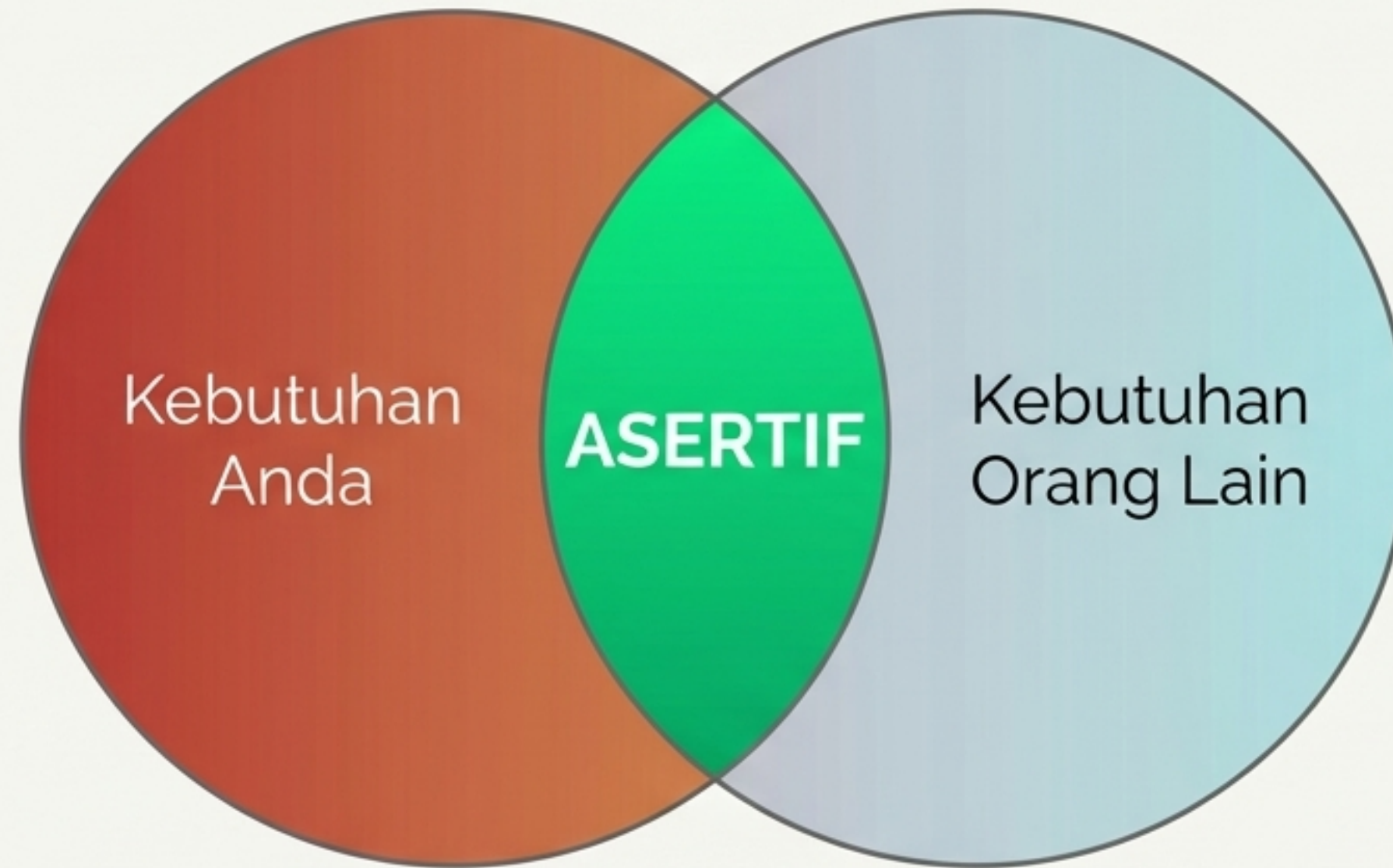


Ketakutan berkomunikasi bukanlah sekadar "rasa gugup" biasa yang bisa diremehkan.

Ia adalah hasil interaksi yang sangat kompleks antara cetak biru neurologis bawaan kita (Trait/Nature) yang berbenturan dengan tekanan situasi di sekitar kita (State/Triggers).

Kesimpulan: Memahami akar kecemasan ini—apakah ia berasal dari sifat biologis atau sekadar reaksi situasional—adalah langkah pertama yang mutlak menuju komunikasi yang efektif, terbuka, dan kepuasan dalam berelasi.

ASERTIVITAS (KETEGASAN)



Seni Menyuarakan Hak, Menjaga Rasa Hormat, dan Menemukan Keseimbangan dalam Komunikasi.

Dari Ruang Terapi ke Kehidupan Sehari-hari



Akar Historis

Dimulai dari studi terapi behavioral oleh Salter (1949) dan Wolpe (1958).



Masalah Inti

Identifikasi bahwa banyak individu di masyarakat kesulitan menyuarakan dan mempertahankan hak-hak dasar mereka.

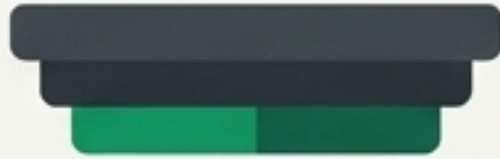


Solusi Pemberdayaan

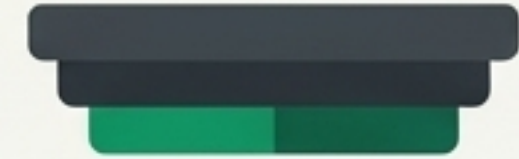
Diperkenalkannya *Skill of Assertiveness* (Keterampilan Asertivitas) dalam ranah terapi untuk membantu individu memberdayakan diri (Hargie & Dickson, 2005).

Asertivitas bukanlah genetik; ini adalah keterampilan komunikasi yang dapat dipelajari dan dilatih.

Membedah Anatomi Definisi Asertivitas



"I win, You win"



Ekspresi Langsung & Jujur

(Hartley, 1999).

Upaya menjalankan hak pribadi dalam mengekspresikan pemikiran dan perasaan secara langsung dan jujur, tanpa melanggar hak orang lain.

Rasa Hormat Timbal-Balik

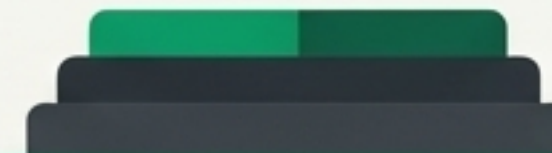
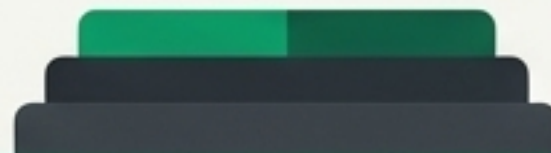
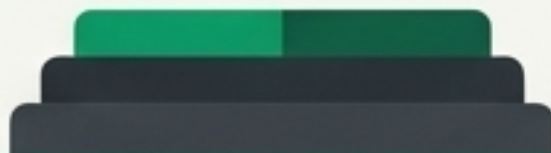
(Lange & Jakubowski dalam Hargie & Owen, 2005).

Mempertahankan hak secara tepat (*appropriate ways*) yang mencerminkan rasa hormat mutlak pada hak orang lain.

Promosi Kesetaraan

(Alberti & Emmons dalam Hargie & Owen, 2005).

Mendorong kesetaraan dalam hubungan antarmanusia, memampukan individu bertindak untuk kepentingan terbaiknya.



HAK DASAR MANUSIA

Tiga Wajah Perilaku Komunikasi



SUBMISIF (PASIF)

Mengorbankan hak diri sendiri demi menghindari konflik.

Fokus: Orang Lain

ASERTIF

Mengekspresikan hak diri sekaligus menjaga hak orang lain.

Fokus: Keseimbangan

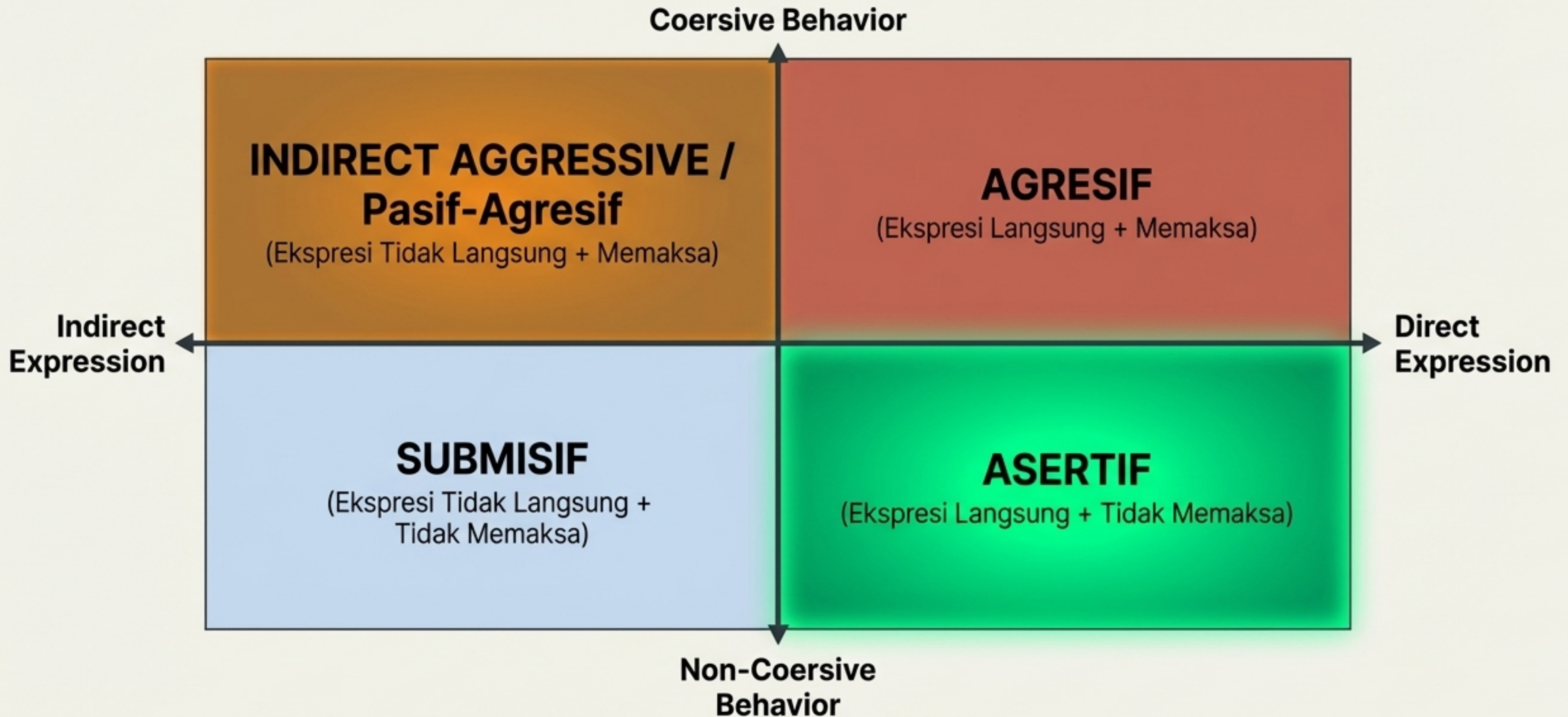
AGRESIF

Menginjak hak orang lain demi memenangkan agenda pribadi.

Fokus: Diri Sendiri

Ketiga tipe perilaku ini seringkali dipertukarkan atau disalahartikan dalam interaksi sehari-hari.

Memetakan Taktik Perilaku (Kerangka Hartley, 1999)





Jebakan Perilaku Submisif

Motivasi Utama	Seringkali dipicu oleh ketakutan dan keinginan mutlak untuk menghindari konflik.
Isyarat Non-Verbal	Suara terlalu pelan (<i>Soft-speech</i>) Nada bicara dipenuhi penyesalan dan was-was Gestur gugup dan keengganan menatap mata
Dampak Akhir	Keengganan mengemukakan pendapat menciptakan bias persepsi. Individu dipandang lemah dan sangat rentan untuk dimanipulasi oleh lingkungan sekitarnya.



Ilusi Kekuatan Perilaku Agresif

Motivasi Utama	Terobsesi pada kemenangan personal tanpa menghiraukan perasaan atau hak orang lain. Melibatkan bentuk ancaman dan pengambilalihan paksa.
Isyarat Non-Verbal	- Berbicara dengan keras dan kasar - Sering memotong pembicaraan (Interupsi) - Kontak mata intimidatif (melotot) dan kritik berlebihan
Dampak Akhir	Memang sering menikmati kemenangan, tetapi murni bersifat jangka pendek . Secara jangka panjang, ini menumbuhkan ketidaksukaan mendalam dan mengundang respon balasan yang lebih agresif.



Postur dan Karakter Individu Asertif

Karakteristik Komunikasi

Ekspresi disampaikan secara terbuka dan jelas.
Berbicara dengan lancar, tegas, serta memberikan jawaban yang cepat dan spontan (tanpa keraguan berlebih).

Isyarat Non-Verbal (Non-verbal Cues)



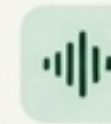
Medium levels of eye contact
(Kontak mata yang nyaman dan stabil)



Appropriate facial expression
(Ekspresi wajah yang selaras dengan pesan)

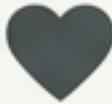
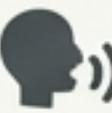


Relaxed but upright body posture
(Postur tubuh tegak, menandakan wibawa, namun tetap rileks)

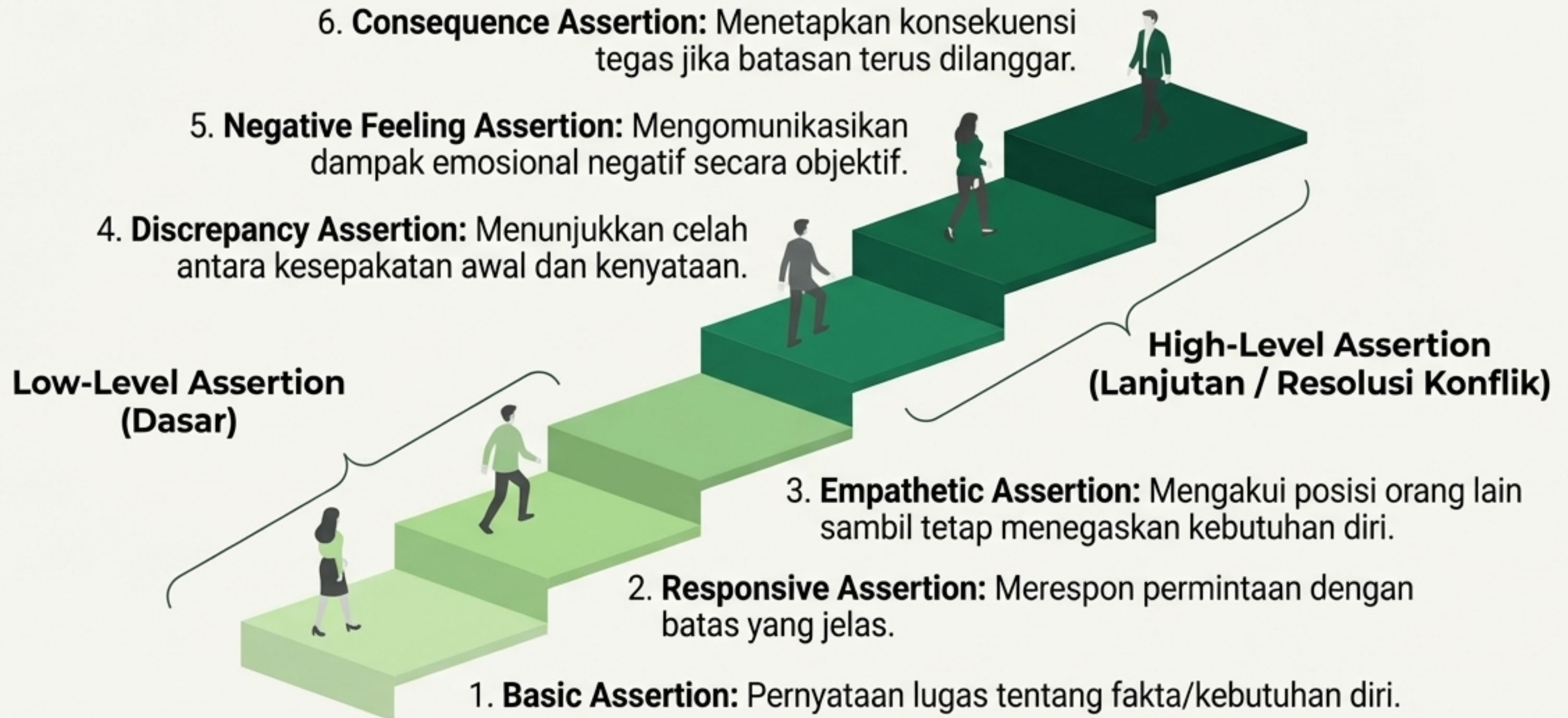


Penggunaan parabahasa (intonasi, volume) yang proporsional

Matriks Diagnostik Spektrum Komunikasi

	PASIF/SUBMISIF	ASERTIF	AGRESIF
 Fokus Kebutuhan	Hanya Orang Lain	Keseimbangan Keduanya	Hanya Diri Sendiri
 Bahasa Tubuh	Gugup, mengecil, menghindari tatapan	Tegak, rileks, kontak mata medium	Melotot, menginvasi ruang, tegang
 Gaya Bicara	Pelan, ragu, banyak meminta maaf	Jelas, lancar, spontan, tenang	Keras, menginterupsi, kasar
 Filosofi Akhir	I lose, You win	I win, You win	I win, You lose

Eskalasi Perilaku Asertif (Ken & Kate Back)



Konteks Sosio-Kultural (DeVito, 2013)

Apakah Asertivitas Selalu Relevan di Setiap Tempat?

Kultur Individualis



Menekankan kompetisi, kebebasan, dan kesuksesan individu.

Status: Asertivitas dipandang sangat bernilai dan didorong sebagai kunci kesuksesan personal.

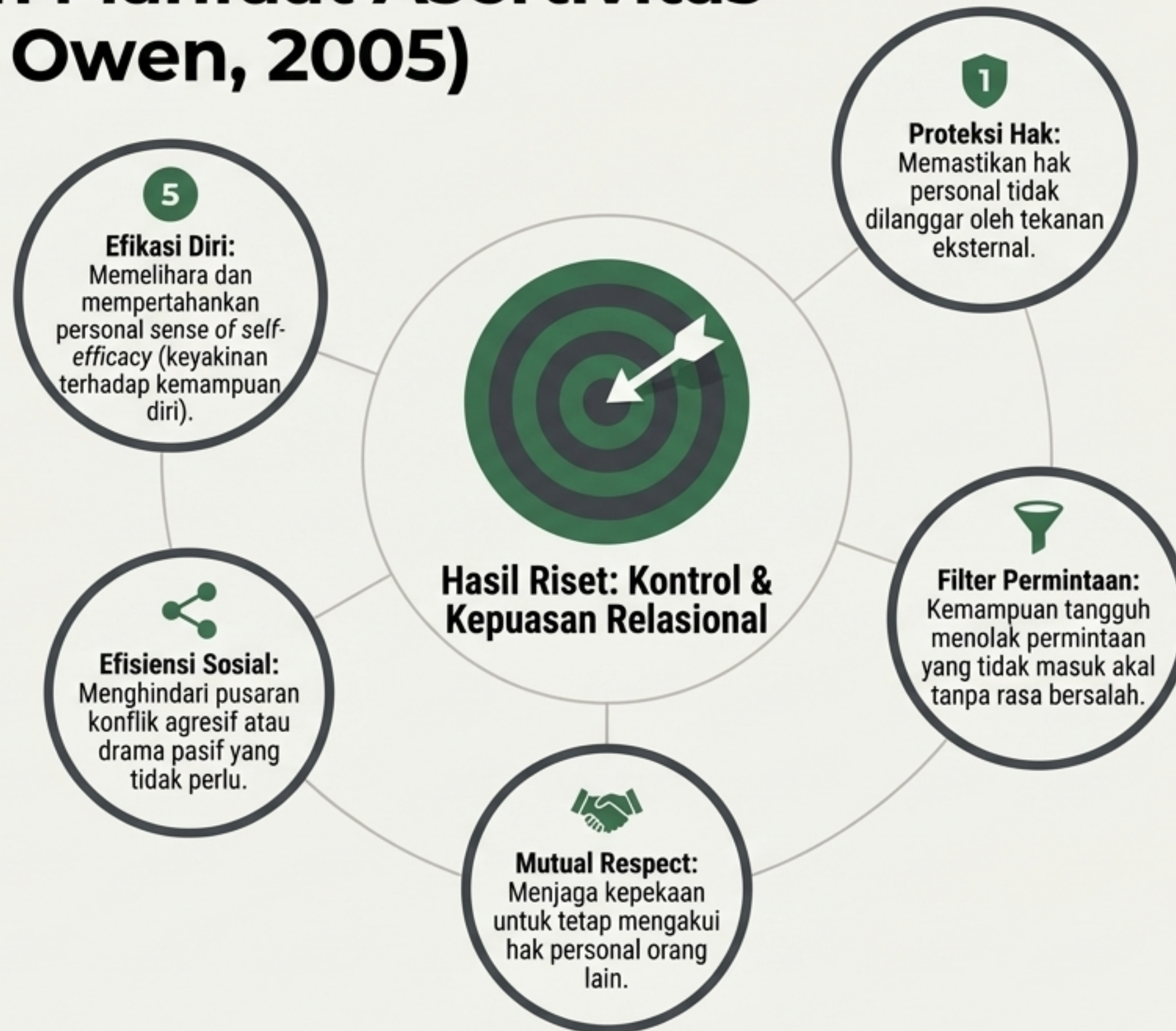
Kultur Kolektifis



Menekankan kerjasama, harmoni, kesalingtergantungan, dan kesuksesan kelompok.

Status: Asertivitas terkadang kurang dihargai. (Catatan: Berlaku asertif terhadap orang yang lebih tua atau figur otoritas dapat dianggap sebagai perilaku kasar atau tidak sopan).

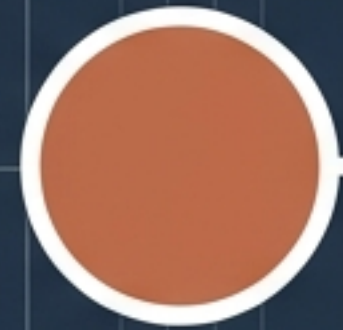
Ekosistem Manfaat Asertivitas (Hargie & Owen, 2005)



Di Manakah Posisi Komunikasi Anda Saat Ini?

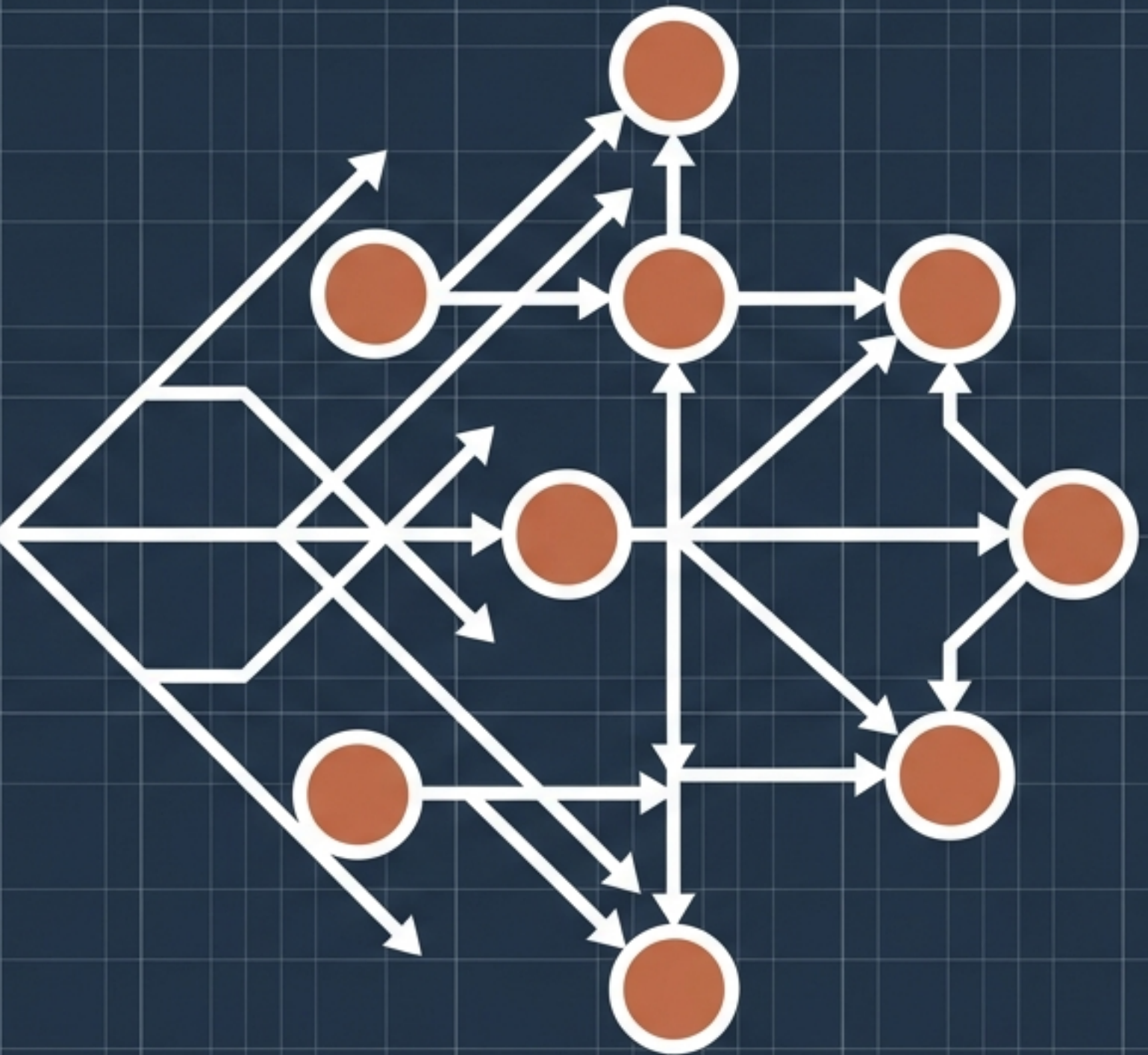
- ☐ Beranikah Anda menyampaikan pendapat meski bertolak belakang dengan mayoritas?
- ☐ Dapatkah Anda berkata TIDAK pada permintaan yang tidak diinginkan, tanpa rasa bersalah?
- ☐ Mampukah Anda menyampaikan pendapat pada figur yang lebih superior/otoritas?
- ☐ Bisakah Anda memulai percakapan dengan orang asing tanpa rasa takut?
- ☐ Beranikah Anda menolak perilaku orang yang jelas-jelas melanggar hak Anda?

Komunikasi yang efektif selalu bertujuan membangun ikatan saling percaya—tanpa merendahkan diri sendiri, maupun menyerang orang lain.

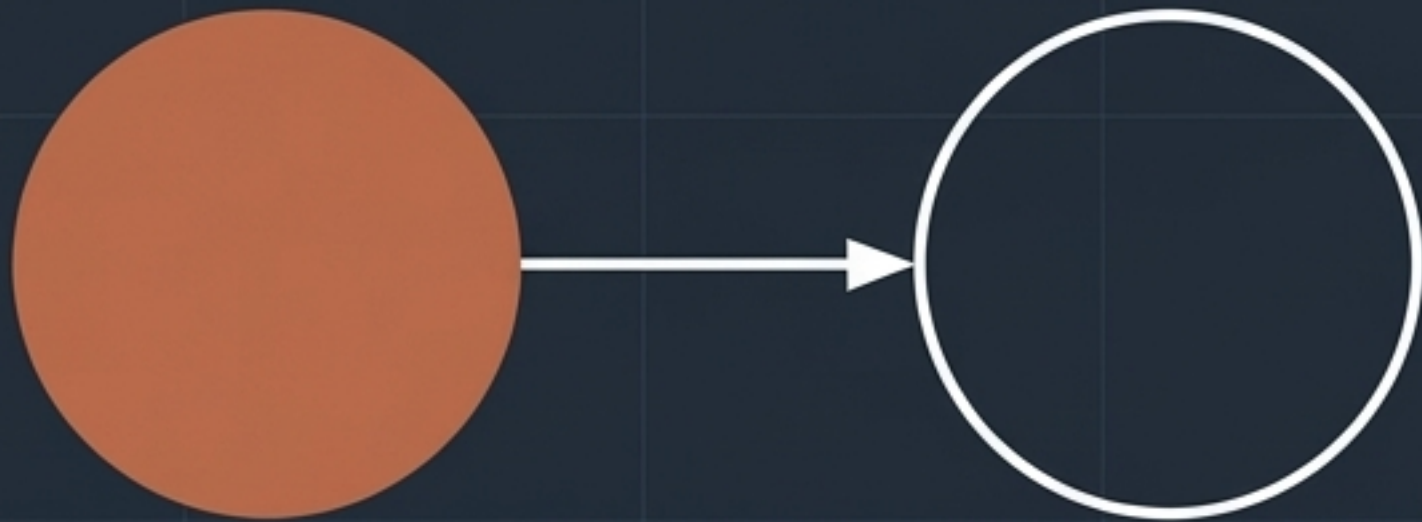


Skematik Koneksi Manusia

Evolusi Model Komunikasi dari Transmisi
Linier Menuju Transaksi Makna Serentak.



Representasi Visual Peristiwa Komunikasi



Model komunikasi adalah gambaran sederhana dari proses komunikasi yang memperlihatkan kaitan fungsional antara satu komponen dengan komponen lainnya.

Alih-alih melihat komunikasi sebagai kejadian magis, model berfungsi sebagai "peta" atau representasi dari suatu peristiwa komunikasi, memungkinkan kita membongkar dan menganalisis cara kerja interaksi tersebut.

Skala Manfaat Pemodelan Komunikasi

Bagi Diri Sendiri (Mikro)

Mengembangkan kreativitas imaji, mengendalikan diri, dan mencapai kematangan berpikir.

Bagi Orang Lain (Interpersonal)

Meningkatkan human relations, mengatasi konflik, serta berbagi pengalaman dan pengetahuan.

Bagi Publik (Kolektif)

Membangun dan menjaga semangat solidaritas kelompok.

Bagi Massa (Makro)

Sistematisasi fungsi untuk memberi informasi, mendidik, dan menghibur.

Era Panah: Paradigma Komunikasi Satu Arah



Konsep paling awal memandang komunikasi sebagai proyektil. Fokus utama pada era ini adalah kontrol, penyampaian pesan, dan persuasi mutlak terhadap target. Model-model ini mengasumsikan penerima pesan bersikap pasif.

Model S-R

Aristoteles

Lasswell

Berlo

Model Stimulus-Respon (S-R)



Akar dari disiplin psikologi behavioristik. Komunikasi direduksi menjadi proses aksi-reaksi yang sangat sederhana. Mengasumsikan isyarat verbal, non-verbal, atau tindakan akan otomatis merangsang orang lain memberikan respon.

Kelebihan	Kekurangan
- Sangat sederhana dan mudah diingat. - Pertukaran timbal balik dapat mengubah tindakan komunikasi. - Dapat diterapkan pada sistem mekanis (seperti pengendalian suhu udara).	- Mengabaikan kemauan bebas (<i>free will</i>) manusia. - Menganggap komunikasi statis dan dipaksa oleh kekuatan luar. - Terlalu sederhana untuk hubungan manusia yang sebenarnya.

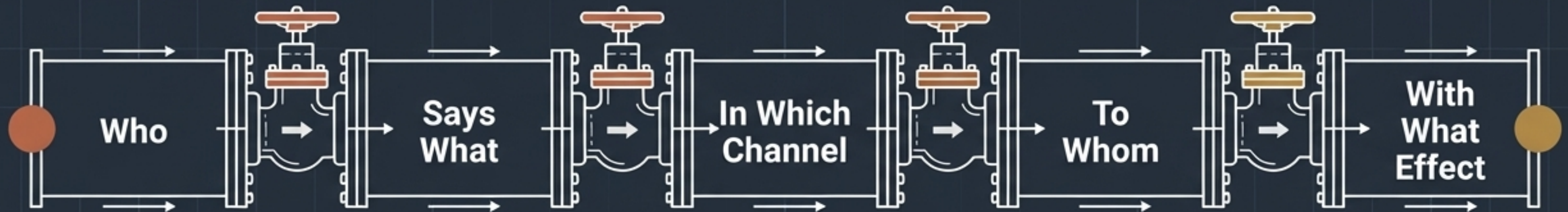
Model Aristoteles: Arsitektur Retorika



Model pionir yang berpusat pada pidato. Inti utama adalah persuasi—upaya sengaja pembicara untuk mengubah sikap atau perilaku khalayak.

Kelebihan	Kekurangan
- Merupakan pedoman abadi seni berpidato. - Merangsang pertanyaan kritis untuk menyempurnakan proses komunikasi.	- Amat statis. - Hanya berlaku pada komunikasi yang disengaja/bertujuan. - Mengabaikan saluran, umpan balik, efek, dan gangguan.

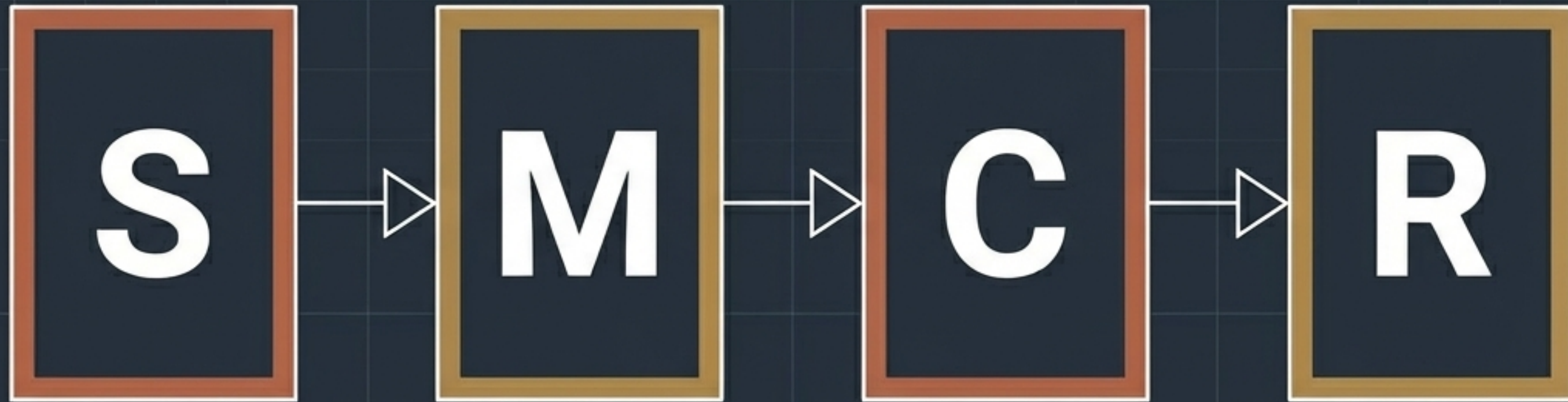
Saluran Transmisi Lasswell



Menguraikan proses komunikasi melalui **lima pertanyaan berurutan**. Sangat populer dalam analisis komunikasi massa.

Kelebihan	Kekurangan
- Memfokuskan pada aspek krusial komunikasi. - Membantu menemukan dan mengendalikan faktor pengganggu. - Diklaim melibatkan feedback dari komunikan dan membantu mengkorelasikan respons massa.	- Masih terlalu menyederhanakan fenomena kompleks. - Selalu mengisyaratkan kehadiran komunikator dan pesan yang sangat bertujuan.

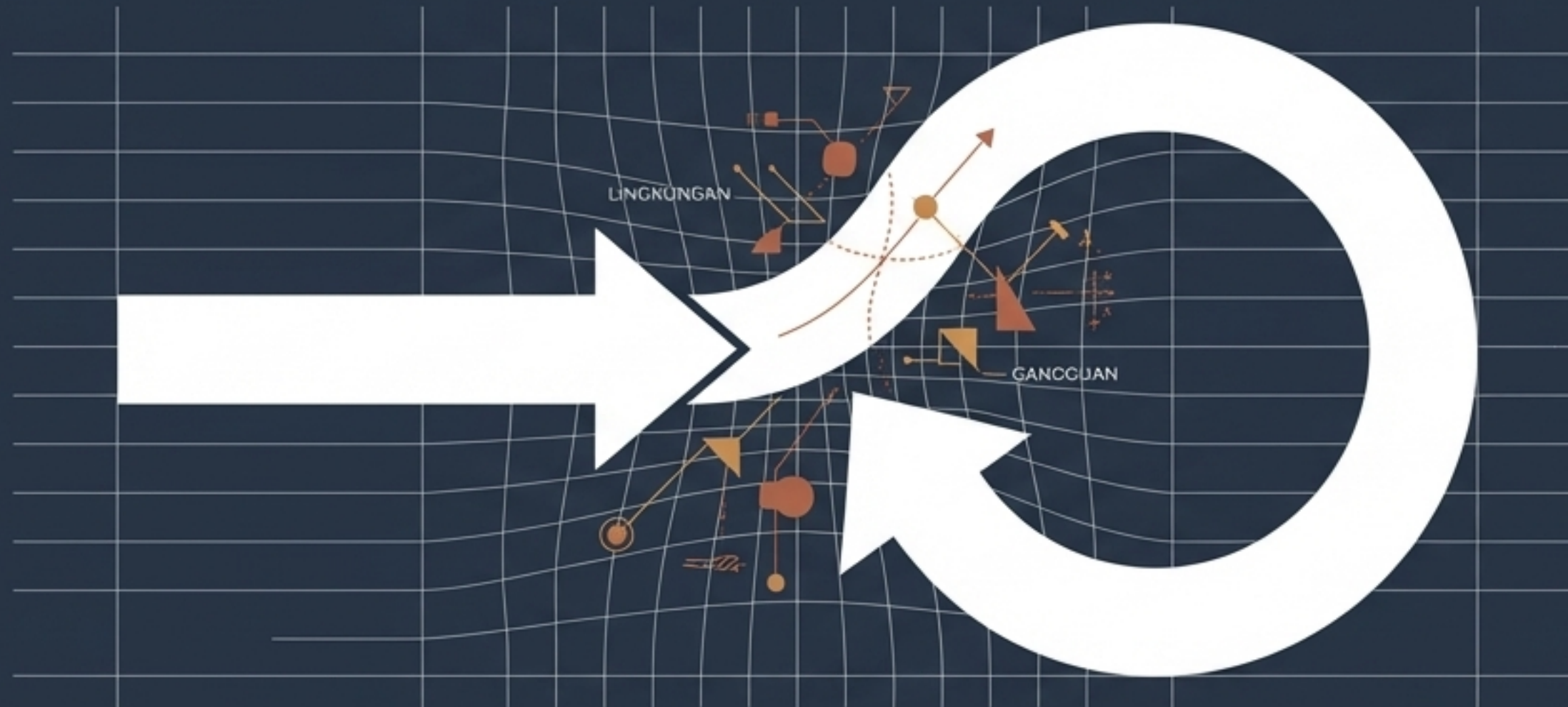
Standarisasi SMCR Berlo



Model Berlo memperlihatkan proses komunikasi satu arah yang sangat terstruktur, memecah fenomena interaksi ke dalam empat komponen absolut.

- ⌋ **Source**
(Sumber - Titik mula)
- ⌋ **Message**
(Pesan - Kode yang dikirim)
- ⌋ **Channel**
(Saluran - Medium transmisi)
- ⌋ **Receiver**
(Penerima - Titik akhir)

Era Lingkaran: Mengakui Adanya Hambatan



Realitas komunikasi manusia tidak pernah steril. Era ini memperkenalkan variabel baru yang mengubah segalanya: "Lingkungan" dan "Gangguan." Komunikasi bukan lagi sekadar peluru yang ditembakkan, melainkan transmisi yang rentan rusak.

Shannon & Weaver

Schramm

Model Shannon & Weaver: Sirkuit dan Gangguan



Membedakan konsep **Source** dengan **Transmitter**, dan **Receiver** dengan **Destination**. Fungsi pengiriman dan penerimaan dipisahkan. **Inovasi Utama:** Memperkenalkan **Noise (Gangguan)**—rangsangan tambahan tak dikehendaki yang merusak kecermatan pesan.

Kelebihan	Kekurangan
- Relevan lintas konteks (antarpribadi, publik, massa). - Menyoroti krisis akurasi penyampaian pesan. - Konsep noise tidak tertandingi oleh model lain.	- Terlalu statis dan satu arah (tanpa konsep feedback). - Mengabaikan transaksi penyandian balik. - Formula asli Weaver dikritik karena terlalu matematis dan sulit dipahami.

Model Schramm: Area Pengalaman Bersama

Menggeser fokus dari mesin kembali ke manusia. Menetapkan bahwa komunikasi sesungguhnya hanya terjadi pada area kesamaan pengalaman (Field of Experience) antara sumber dan sasaran.

Komponen Dasar:

- Sumber (individu/organisasi)
- Pesan (tinta, gelombang suara, gestur)
- Sasaran (pendengar, penonton, massa)

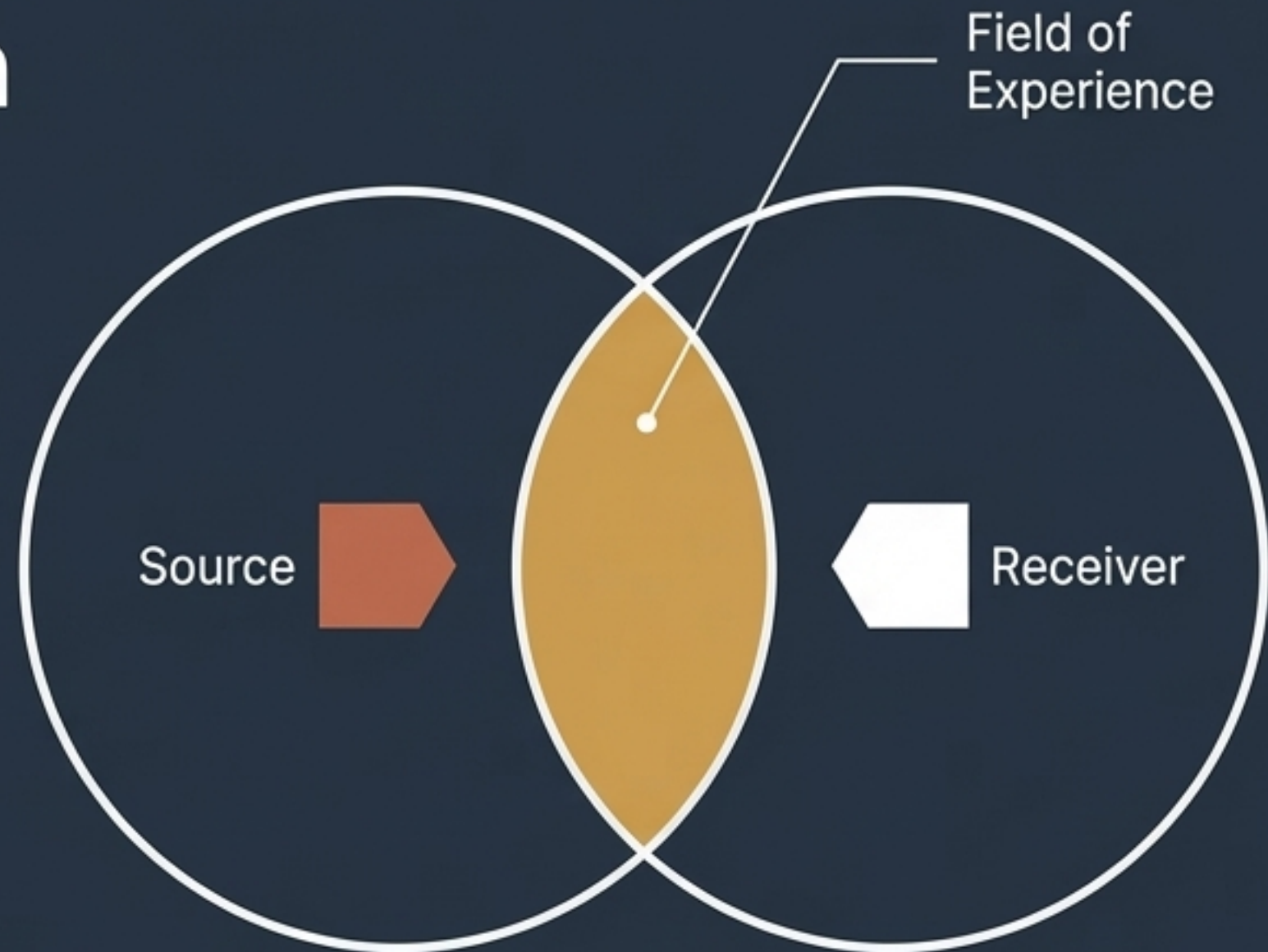
Kelebihan & Kekurangan:

Kelebihan:

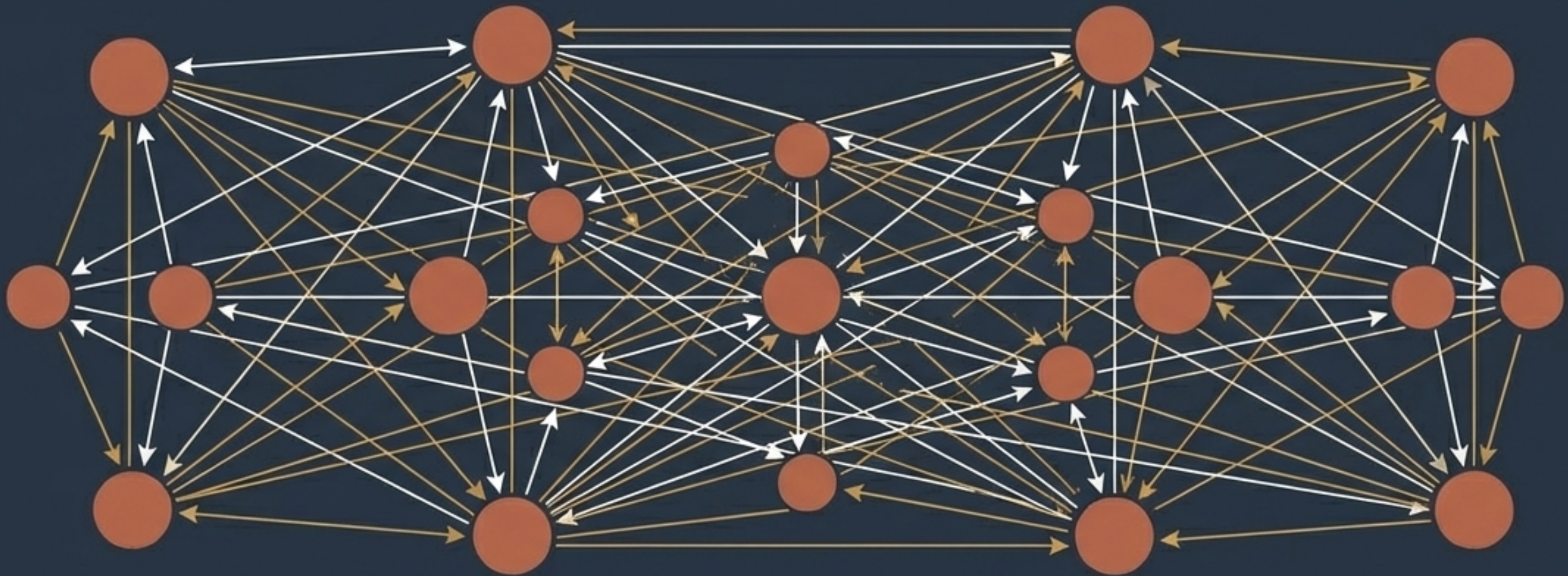
Memperkenalkan interaksi utuh (menyandi, menafsirkan, mentransmisikan). Menghadirkan loop umpan balik berkelanjutan.

Kekurangan:

Menuntut pembaruan konstan untuk menyesuaikan dengan perubahan fenomena masyarakat.



Era Jaringan: Transaksi Makna Serentak



Paradigma puncak. Mematahkan gagasan bahwa komunikasi adalah permainan bergilir. Di era ini, komunikator dan komunikan melakukan pengiriman, penerimaan, dan negosiasi pesan secara simultan dan berkesinambungan.

Memperluas Variabel Sistem



Westley & MacLean (Fungsi Evaluasi)

Komunikasi antarpribadi di mana sumber langsung memanfaatkan umpan balik dari penerima untuk mengukur akurasi sasaran dan tujuan.



Gerbner (Persepsi & Konteks)

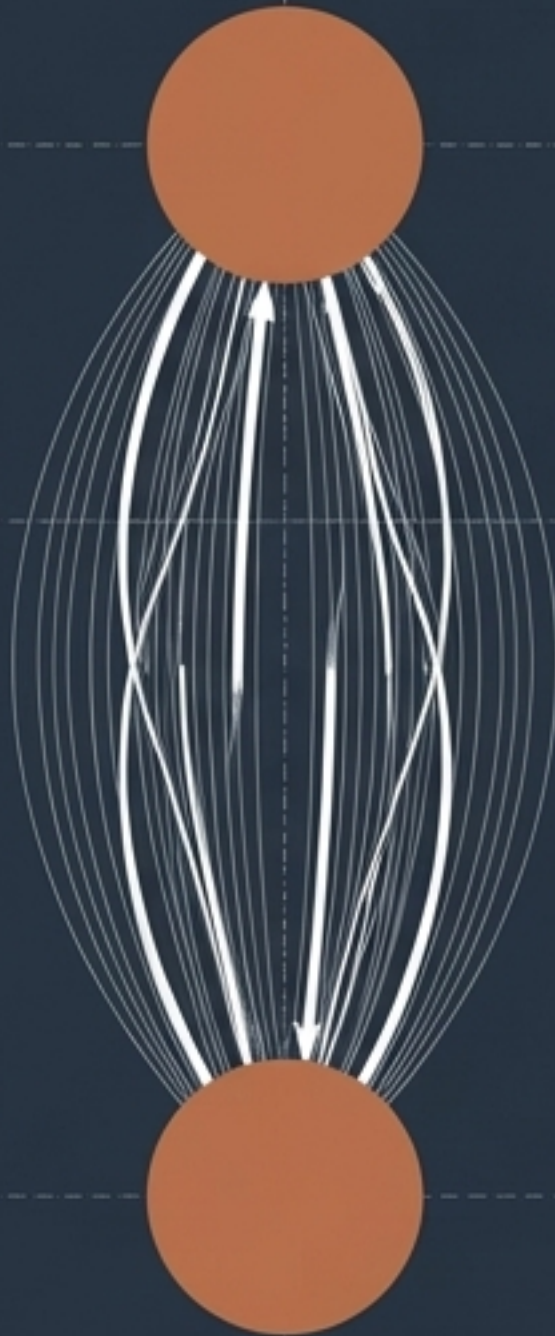
Titik berat pada bagaimana seseorang mempersepsikan suatu objek peristiwa dan bereaksi menggunakan saluran tertentu agar pesan “menjadi ada” dengan makna spesifik.



DeFleur (Isomorfisme Internal)

Komunikasi beroperasi lewat sistem teoretis yang menuntut isomorfisme (kesesuaian mutlak) di antara respon internal pengirim dan penerima terhadap seperangkat simbol.

Model Tubbs & Gudykunst-Kim: Transaksi Timbal Balik



Memandang komunikasi murni sebagai sebuah transaksi simultan.

Poin Kunci Tubbs:
Pelaku interaksi berasumsi peran ganda: sumber merangkap sasaran secara serentak.
Transaksi ini terjadi otomatis—bahkan saat mendengarkan, kita tanpa sadar memproses persepsi, mengamati lawan bicara, dan memberikan respon real-time.

Konteks Tambahan (Gudykunst & Kim):
Menggarisbawahi kompleksitas ini semakin meningkat secara eksponensial saat model diterapkan pada komunikasi antar budaya yang berlainan.

Matriks Diagnostik Koneksi Manusia

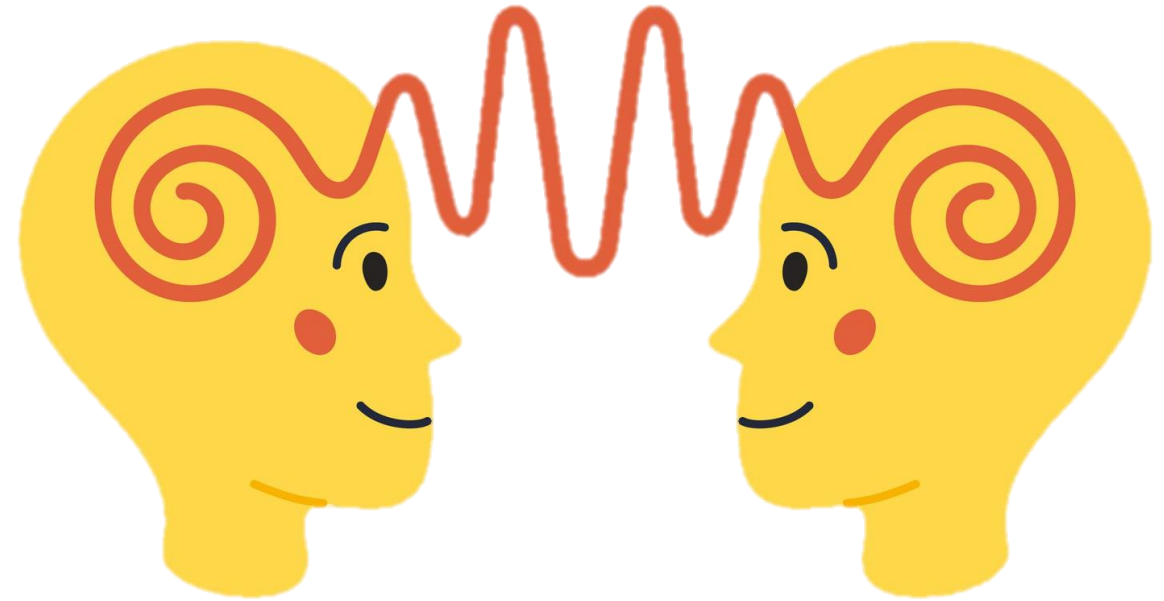
Model	Fokus Utama		Kekuatan Utama (Diagnostic Use)	Kelemahan Fatal
S-R	Aksi-Reaksi Mekanis		Observasi Perilaku	Mengabaikan Kehendak Bebas
Aristoteles	Orasi Persuasi		Desain Argumen Publik	Mengabaikan Saluran & Noise
Lasswell	Transmisi Terukur		Evaluasi Media Massa	Oversimplifikasi Sistem
Shannon-Weaver	Sirkuit Transmisi		Deteksi & Isolasi Gangguan (Noise)	Terlalu Statis & Matematis
Schramm		Empati & Pengalaman	Identifikasi Area Pemahaman	Menuntut Pembaruan Konstan
Tubbs		Transaksi Simultan	Analisis Respon Bawah Sadar	(Sangat Kompleks)

Pilih peta (model) yang tepat untuk mendiagnosis kerusakan spesifik dalam komunikasi Anda.

KIE

Clinical Empathy

apt. Citra Kurnia Solihat, M. Clin. Pharm.



Apa Itu Empati dalam Kesehatan dan Mengapa Penting?

Empati klinis adalah kemampuan tenaga kesehatan untuk:

- **Memahami** kondisi dan perasaan pasien.
- **Mengkomunikasikan** pemahaman itu kembali kepada pasien.
- **Bertindak** sesuai pemahaman tersebut dalam perawatan.

Empati bukan sekadar ramah atau “baik hati”. Ia adalah keterampilan yang bisa dilatih.

Penelitian menunjukkan:

- Kepuasan pasien meningkat 5–20% bila dokter berempati.
- Pasien yang menilai dokternya sangat empatik punya **80% lebih rendah kemungkinan melaporkan kesalahan medis.**

Tiga Komponen *Clinical Empathy*

- **Kognitif** → kemampuan mengenali dan memahami perasaan pasien secara objektif, tanpa ikut larut.
- **Afektif** → ikut merasakan secara emosional bahwa pasien sedang menderita (resonansi emosional).
- **Perilaku** → mengkomunikasikan pemahaman itu, mengecek apakah benar, lalu menyesuaikan rencana perawatan. Tanpa komponen perilaku, empati hanya jadi pengamatan pasif.

Perbedaan Empati dan Simpati

- **Simpati:** reaksi emosional spontan, biasanya dari sudut pandang diri sendiri (“saya tahu rasanya”). Bisa salah asumsi, bahkan membuat jarak dengan pasien.
- **Empati:** berfokus pada sudut pandang pasien. Klinisi tetap tenang secara emosional, tapi benar-benar memahami pengalaman pasien.
- Simpati bisa berubah jadi rasa kasihan (*pity*), yang mengubah dinamika kekuasaan.
- Empati menjaga posisi “concern yang terkontrol” (*detached concern*).
- Empati bisa dilatih, simpati hanya reaksi otomatis.

Perbedaan Empati dan Simpati

Ilustrasi Sederhana

Empati: Klinisi berkata, *“Saya mendengar Anda merasa takut dengan hasil pemeriksaan ini. Apakah benar begitu? Mari kita bahas langkah yang bisa membantu.”*

Simpati: Klinisi berkata, *“Saya tahu rasanya takut, saya juga pasti begitu kalau di posisi Anda.”*

- Pada empati, klinisi **memvalidasi perasaan pasien** dan tetap fokus pada pasien.
- Pada simpati, klinisi **mengasumsikan perasaan pasien sama dengan dirinya**, yang bisa salah dan membuat komunikasi kurang tepat.

Aspek	Empati	Simpati
Fokus	Berpusat pada pengalaman pasien dari sudut pandang pasien itu sendiri.	Berpusat pada perasaan diri sendiri (“kalau saya di posisi itu, rasanya begini”).
Orientasi	Other-oriented → mencoba memahami dunia pasien.	Self-oriented → membayangkan diri sendiri dalam situasi pasien.
Respon	“Saya ingin memahami apa yang Anda rasakan, apakah benar seperti ini?”	“Saya tahu bagaimana rasanya” (padahal belum tentu sama).
Dampak pada pasien	Pasien merasa benar-benar dipahami, komunikasi lebih akurat, kepercayaan meningkat.	Bisa membuat pasien merasa dikasihani atau disepelkan.
Risiko	Jika dijaga dengan batas sehat → melindungi dari burnout.	Bisa berubah jadi pity (rasa kasihan), menciptakan jarak emosional.
Keterampilan	Bisa dilatih: kognitif (memahami), afektif (merasakan), perilaku (bertindak).	Refleks emosional spontan, tidak butuh latihan khusus.

Mengapa Empati Meningkatkan Hasil Pasien

- Analisis 28 uji klinis (6.000 pasien): komunikasi empatik → kepuasan lebih tinggi, kualitas hidup sedikit lebih baik.
- Pada pasien nyeri: tambahan penurunan nyeri rata-rata 0,5 poin (skala 10). Tidak besar, tapi nyata.
- Pasien yang menilai dokter empatik → **80% lebih rendah melaporkan kesalahan medis.**
- Artinya, empati bukan menggantikan terapi medis, tapi menambah “lapisan kualitas” pada cara perawatan diberikan.

Empati di Otak

- **Empati kognitif** → aktifkan area *frontal cortex* (rasional, evaluasi).
- **Empati afektif** → aktifkan area emosi dan sensasi tubuh.
- **Stres** → mengganggu komunikasi antar area otak ini, sehingga empati menurun.
- Penelitian: semakin tinggi hormon stres (kortisol), semakin rendah empati terhadap rasa sakit orang lain. Ini relevan bagi tenaga kesehatan yang bekerja di bawah tekanan.

Hambatan Sistemik yang Mengikis Empati

Rekam medis elektronik (EHR): klinisi habiskan hampir 6 jam per hari di komputer.

Dampak: lebih sedikit kontak mata, komunikasi berkurang, pasien merasa kurang diperhatikan.

Survei:

- 71% dokter → waktu dokumentasi bertambah setelah EHR.
- 81,8% → menilai menulis manual lebih cepat.
- 70% → merasa stres terkait sistem.
- Burnout dua kali lebih banyak pada pengguna EHR (27,2% vs 13,6%).

Waktu untuk mendengar pasien habis oleh tuntutan dokumentasi.

Empati dan Burnout

- Anggapan umum: empati membuat tenaga kesehatan cepat lelah.
- Fakta: **empati justru menurunkan burnout.**
- Empati meningkatkan komitmen kerja → melindungi dari kelelahan.
- Yang melelahkan adalah **menyerap emosi pasien** (simpatik), bukan memahami secara kognitif.
- Dokter yang berfokus pada perspektif pasien (tanpa larut emosinya) lebih tahan lama dalam pekerjaannya.

Garis Tipis antara Empati dan Kelelahan Emosional

Walaupun bukti menunjukkan betapa pentingnya empati, tenaga kesehatan perlu ingat bahwa “ikut merasakan” perasaan orang lain harus dilakukan dengan batas yang jelas.

Jika tidak, bisa muncul **kelelahan empati** atau **mati rasa emosional**.

Terutama saat menghadapi pasien yang berduka, empati harus dipraktikkan dengan kesadaran penuh agar tidak menguras energi.

Cara Praktik Empati Sehat

- **Membuat batasan yang jelas**

Batasi berbagi hal pribadi dengan pasien. Fokus pada masalah dan perasaan pasien saja. Dengan begitu, tenaga kesehatan tetap punya energi emosional untuk pasien berikutnya, dan pelayanan penuh kasih bisa terus diberikan tanpa cepat kelelahan.

- **Fokus pada perasaan pasien, bukan ikut larut**

Dengarkan dan pahami pengalaman pasien, tapi jangan sampai ikut terbawa atau menanggung beban emosinya. Ini membantu tenaga kesehatan tetap hadir secara penuh tanpa kehilangan keseimbangan emosional.

- **Latih mendengarkan aktif**

Dengarkan dengan sungguh-sungguh, jaga sikap profesional, dan berikan respon penuh perhatian. Namun, jangan menyerap rasa sakit atau frustrasi pasien ke dalam diri sendiri. Dengan cara ini, batas emosional tetap terjaga, tapi pasien tetap merasa dipahami.

Cara Mengukur Empati

Jefferson Scale of Empathy: kuesioner 20 item, skor 20–140. Mengukur:

- Perspektif,
- Kepedulian,
- “Berjalan di sepatu pasien”.

Skor tinggi → kompetensi klinis lebih baik, hasil pasien lebih baik.

Pentingnya Mencintai Diri Sendiri (*Self-Compassion*)

Memiliki belas kasih yang tulus kepada orang lain dimulai dari **memiliki belas kasih pada diri sendiri**. Jika kita sendiri kelebihan beban dan tidak seimbang, mustahil membantu orang lain menemukan keseimbangannya.

Self-compassion mencakup hal-hal sederhana seperti:

- Tidur yang cukup dan berkualitas.
- Mengambil jeda istirahat di tengah aktivitas.
- Melepaskan kebiasaan mengkritik diri sendiri secara berlebihan.

Apa yang Terjadi jika Kurang *Self-Compassion*?

Ketika kita tidak punya belas kasih pada diri sendiri, biasanya karena menuntut kesempurnaan dari diri maupun orang lain. Akibatnya:

- Jadi kaku dan terlalu keras pada diri sendiri.
- Terlalu banyak bekerja, tidak mau istirahat.
- Pola makan dan olahraga berantakan.
- Mengandalkan alkohol atau zat lain untuk “menumpulkan” perasaan.
- Menekan emosi, tidak mau mengakui perasaan sendiri.
- Hasilnya: energi habis, dan kita tidak punya tenaga untuk berempati kepada orang lain.

Aspek	<i>Self-Compassion</i> (Menyayangi Diri Sendiri)	<i>Self-Criticism</i> (Mengkritik Diri Berlebihan)
Fokus utama	Menerima diri apa adanya, menjaga keseimbangan, dan merawat diri.	Menuntut kesempurnaan, fokus pada kekurangan diri.
Energi & keseimbangan	Terjaga, punya tenaga untuk berempati kepada orang lain.	Cepat habis, tidak ada energi untuk peduli pada orang lain.
Kebiasaan sehari-hari	Tidur cukup, istirahat teratur, makan sehat, olahraga, refleksi diri positif.	Kurang tidur, tidak istirahat, pola makan buruk, jarang olahraga.
Sikap terhadap diri	Melepaskan kritik berlebihan, menerima keterbatasan, lebih fleksibel.	Kaku, keras pada diri sendiri, menekan emosi, menolak kelemahan.
Dampak emosional	Lebih tenang, stabil, mampu hadir penuh untuk pasien/klien.	Mudah stres, frustrasi, bisa mati rasa emosional.
Hubungan dengan empati	Menjadi fondasi untuk bisa berempati kepada orang lain.	Menghambat empati, karena energi habis untuk mengkritik diri sendiri.

Terima kasih



Interprofessional Collaboration (IPCC)

Synergy of **Pharmacists**, Nurses, and Laboratory in Transforming Patient Care Outcomes.



Berdasarkan riset International Journal of Health Sciences (Alhawsawi et al., 2023).

Interprofessional communication and cooperation (IPCC) is defined as the **exchange of information and joint efforts** among diverse healthcare professionals, such as pharmacists, nurses, and laboratory experts. It is not just about talking, it is about active partnership and using **collective expertise** to deliver the best possible care.

A key takeaway from this concept is the focus on patient-centered collaboration. This means the entire team, including the patient and their family, works together toward a shared goal: the patient's well-being.

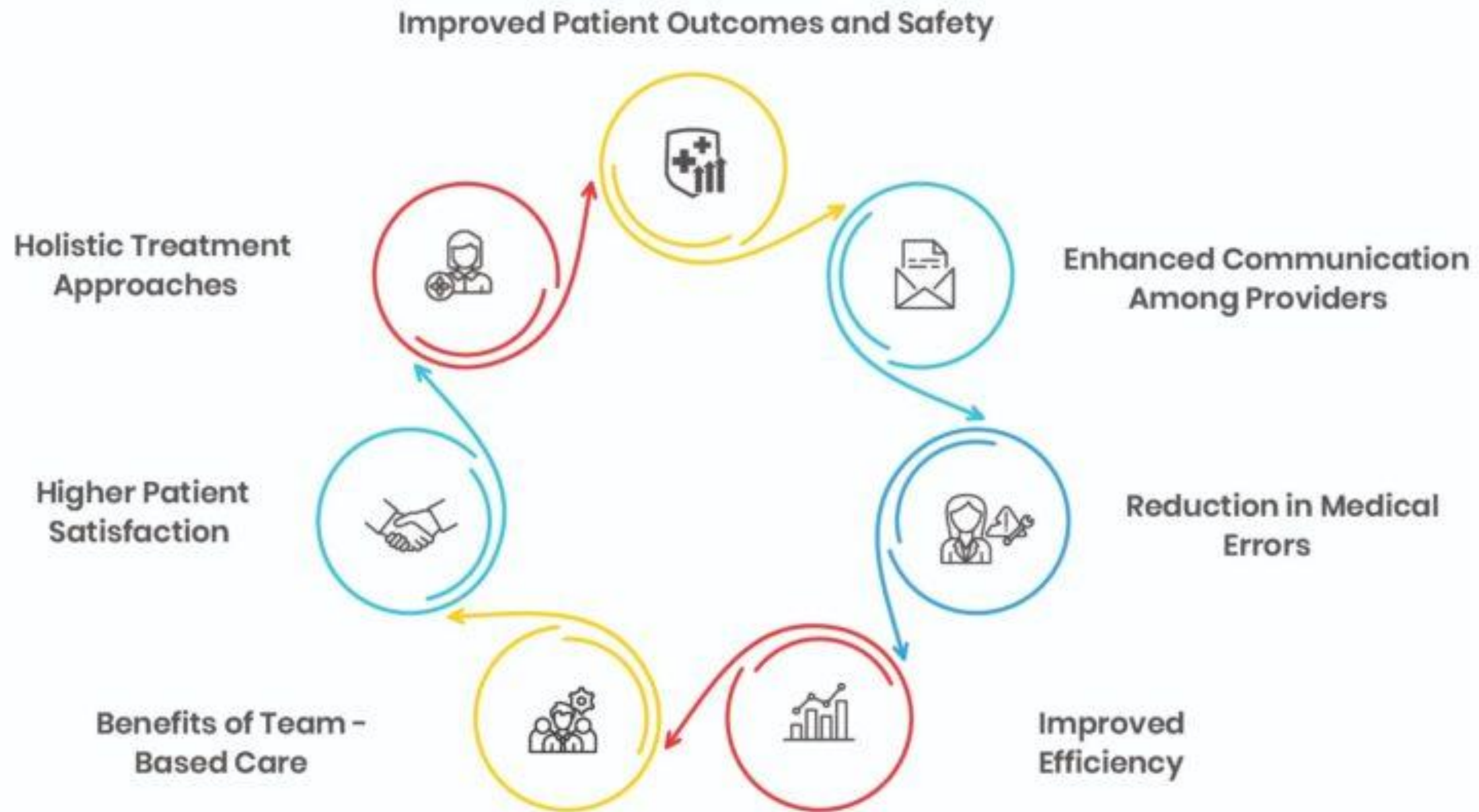


Why It Is Essential

The synergy is critical because it directly impacts clinical outcomes. Effective IPCC leads to:

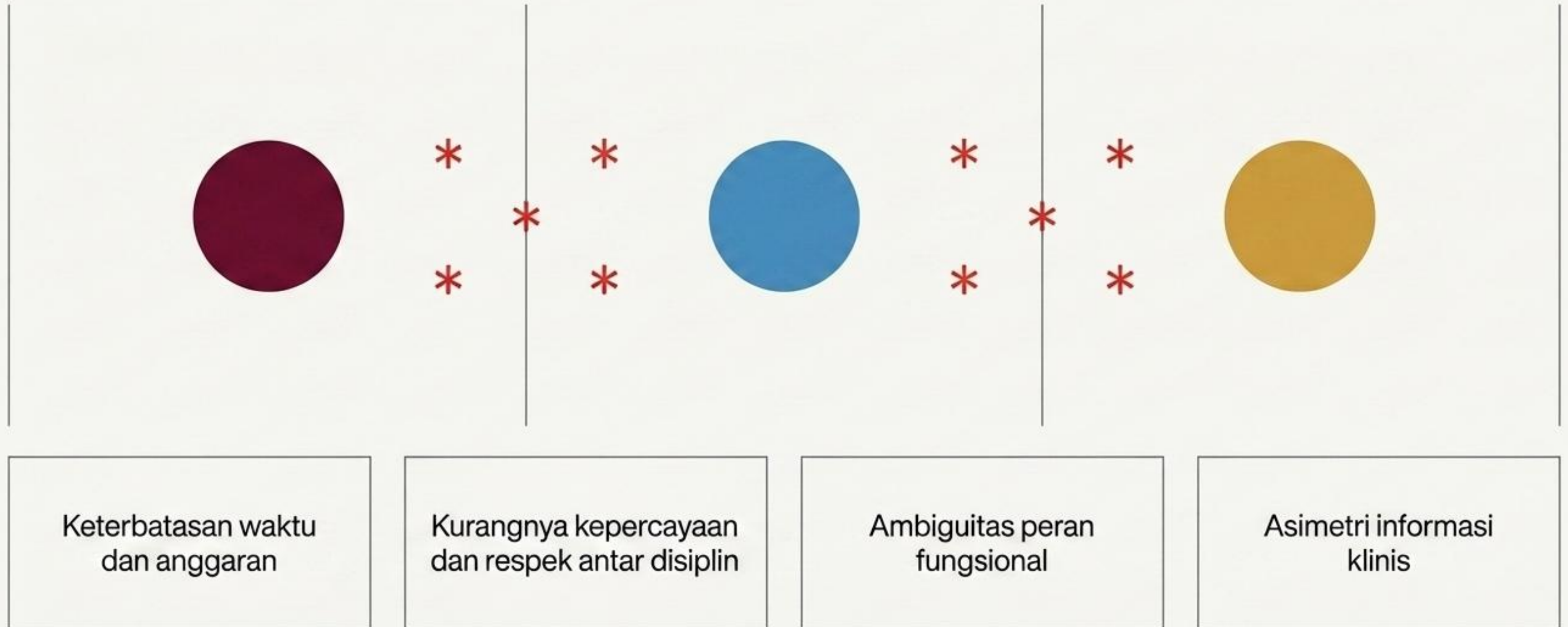
- **Enhanced treatment quality:** Combining different perspectives leads to more comprehensive care
- **Decreased medical errors:** Teamwork creates a safety net that catches potential mistakes
- **Better hospital efficiency:** Successful collaboration is linked to shorter hospital stays and lowered death rates
- **Safety in "High-Stakes" Scenarios:** Collaboration is particularly vital in complex situations like medication administration, where the risk of error is high

Benefits of Interprofessional Collaboration



Perawatan yang terfragmentasi mengundang risiko fatal bagi pasien

Tanpa Komunikasi dan Kolaborasi Interprofesional (IPCC), sistem perawatan menjadi terfragmentasi. Pasien menanggung beban dari titik buta (blind spots) sistemik.



- **Systemic blind spots** are critical gaps in patient care that occur when Interprofessional Communication and Cooperation (IPCC) **is absent**.
- When healthcare professionals work in isolation rather than as a cohesive team, the care system becomes fragmented, and the patient ultimately "bears the burden" of these oversights.

Why They Are Dangerous

Fragmented care caused by these blind spots invites fatal risks for the patient.

Because no single professional has a complete view of the patient's treatment journey, errors, such as incorrect medication dosages, dangerous drug interactions, or misread laboratory results, can slip through the cracks unnoticed.

What Causes Systemic Blind Spots?

- **Time and Budget Constraints:** Insufficient resources prevent teams from coordinating effectively.
- **Lack of Trust and Mutual Respect:** Friction between different disciplines (such as nursing and pharmacy) stops the free flow of vital information.
- **Functional Role Ambiguity:** When professionals do not clearly understand each other's specific duties, it creates "blind spots" where certain tasks are assumed to be someone else's responsibility.
- **Clinical Information Asymmetry:** This occurs when critical patient data is known to one professional (like a lab technician) but is not effectively communicated to those administering the treatment (like a nurse or pharmacist)

Kasus di Rumah Sakit: Pasien dengan Diabetes dan Infeksi Luka.

Seorang pasien bernama Pak Budi dirawat di rumah sakit karena luka kaki diabetik yang terinfeksi. Ia ditangani oleh beberapa tenaga kesehatan: dokter penyakit dalam, perawat, apoteker, dan analis laboratorium.



Bagaimana Titik Buta Sistemik Terjadi

1. *Time & Budget Constraints*

Karena jadwal dokter sangat padat, ia tidak sempat ikut rounding bersama tim. Perawat hanya menerima instruksi singkat tanpa diskusi detail.

2. *Lack of Trust & Mutual Respect*

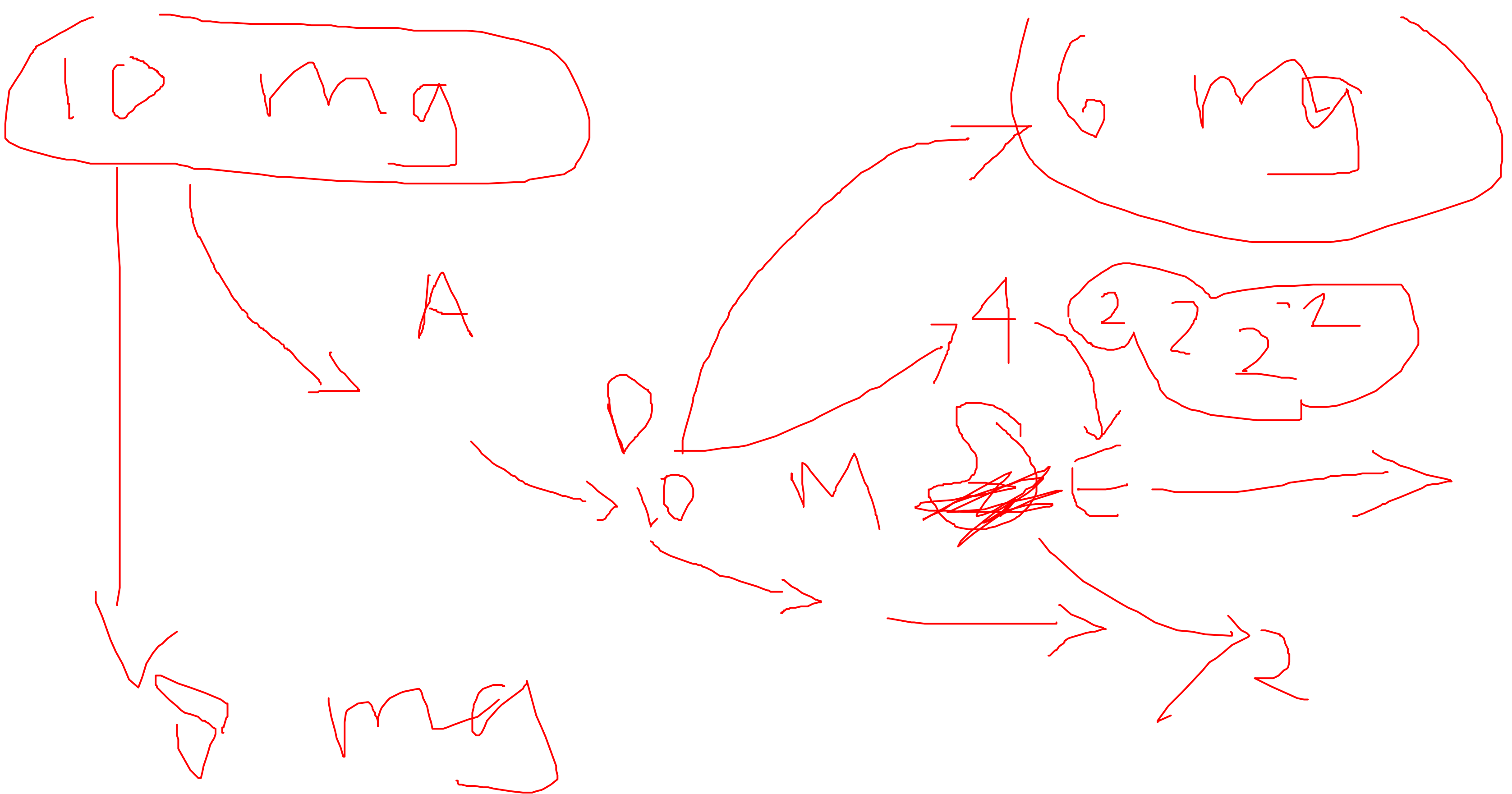
Perawat merasa dokter jarang mendengar masukan mereka, sehingga enggan melaporkan perubahan kondisi luka yang mereka amati.

3. *Functional Role Ambiguity*

Dokter mengira apoteker sudah mengecek interaksi obat, sementara apoteker mengira dokter sudah menyesuaikan dosis antibiotik dengan fungsi ginjal pasien.

4. *Clinical Information Asymmetry*

Hasil laboratorium menunjukkan fungsi ginjal Pak Budi menurun, tetapi laporan itu hanya sampai ke dokter jaga malam dan tidak diteruskan ke apoteker.



Akibatnya (Mengapa Berbahaya)

- Antibiotik yang diberikan tetap dengan dosis standar, padahal ginjal pasien tidak mampu mengeliminasi obat dengan baik.
- Akibatnya, kadar obat menumpuk → pasien mengalami nefrotoksisitas (kerusakan ginjal lebih parah).
- Luka tidak membaik, pasien harus dirawat lebih lama, bahkan hampir mengalami sepsis.
- Pasien “menanggung beban” dari *blind spot* ini: ia menerima terapi yang tidak aman karena informasi tidak mengalir antarprofesi.

Bagaimana Seharusnya

- Jika tim menerapkan ***patient-centered collaboration***:
- Dilakukan ***multidisciplinary rounds***: dokter, perawat, apoteker, dan analis lab duduk bersama membahas kondisi pasien.
- ***Shared health information system***: hasil lab otomatis terintegrasi ke sistem yang bisa diakses apoteker, sehingga dosis antibiotik langsung disesuaikan.
- Perawat menyampaikan observasi luka, apoteker memastikan interaksi obat, dokter menyusun rencana terapi, dan semua informasi terhubung.
- Hasilnya: pasien mendapat terapi yang aman, luka membaik, dan risiko komplikasi berkurang.

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Kasus: Pasien Stroke di RS

Seorang pasien bernama Ibu Sari masuk IGD dengan gejala stroke akut. Penanganan stroke membutuhkan koordinasi cepat antara dokter saraf, radiologi, perawat, dan farmasi.



Situasi *Budget Constraints*

- Keterbatasan anggaran membuat rumah sakit hanya memiliki satu mesin CT-Scan yang harus dipakai bergantian dengan pasien lain.
- Tim radiologi tidak bisa segera melakukan pemeriksaan karena mesin sedang dipakai untuk pasien trauma.
- Selain itu, jumlah tenaga perawat terbatas karena kebijakan efisiensi biaya, sehingga perawat yang ada harus menangani beberapa pasien sekaligus.
- Apoteker tidak ikut rounding karena jam kerjanya dibatasi untuk menghemat biaya lembur.

Titik Buta yang Terjadi

- Keterbatasan anggaran membuat rumah sakit hanya memiliki satu mesin CT-Scan yang harus dipakai bergantian dengan pasien lain.
- Dokter saraf menunggu hasil CT-Scan untuk memastikan jenis stroke (iskemik atau hemoragik).
- Karena hasil terlambat, pasien tidak segera mendapat terapi trombolitik (yang harus diberikan dalam “*golden hour*”).
- Perawat sibuk dengan pasien lain, sehingga tanda vital Ibu Sari tidak terpantau ketat.
- Apoteker tidak sempat memeriksa interaksi obat, sehingga obat antihipertensi yang diberikan berpotensi menurunkan tekanan darah terlalu cepat.

Dampak

- Pasien kehilangan kesempatan mendapat terapi trombolitik tepat waktu.
- Risiko kecacatan meningkat karena keterlambatan intervensi.
- Semua ini bukan karena kurangnya kompetensi, melainkan keterbatasan waktu dan anggaran yang menghambat koordinasi tim.

Solusi

- Multidisciplinary rounds dengan jadwal tetap, meski staf terbatas, agar informasi tetap mengalir.
- Prioritas anggaran untuk alat diagnostik kritis (seperti CT-Scan tambahan).
- Sistem informasi terintegrasi sehingga apoteker bisa memantau resep meski tidak hadir langsung.

IPCC mengubah komunikasi pasif menjadi pertukaran dinamis yang berpusat pada pasien

Bukan Sekadar Berbicara: IPCC adalah pertukaran informasi strategis dan upaya bersama lintas disiplin ilmu.



Hasil Transformasi:
Dokter, perawat, apoteker,
dan analis laboratorium
menggunakan keahlian
keahlian kolektif mereka
untuk mengeliminasi
kesalahan medis.

Tiga pilar ini memiliki keahlian spesifik yang saling melengkapi sebagai satu kesatuan

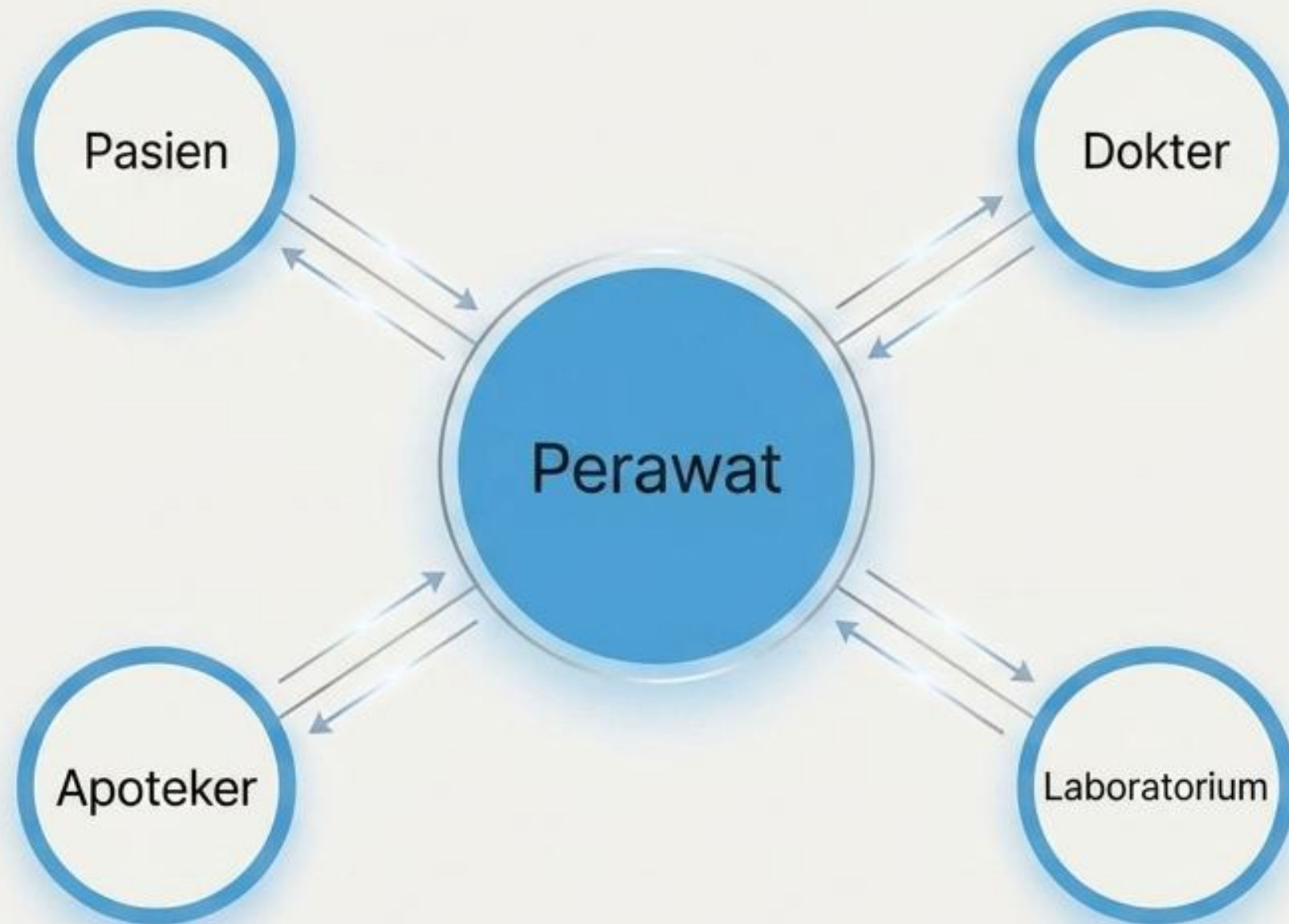
	Farmasi	Keperawatan	Laboratorium
Fokus Utama	Manajemen Terapi Obat (Pharmaceutical Care).	Perawatan Holistik & Advokasi Pasien.	Akurasi Diagnostik & Analisis Spesimen.
Tanggung Jawab IPCC	Verifikasi resep, mitigasi interaksi & alergi obat.	Titik kontak sentral, administrasi, pemantauan respons.	Validitas sampel biologis, kalibrasi instrumen uji.
Output ke Tim	Panduan Dosis dan Efek Samping.	Pembaruan status real-time kepada seluruh spesialis.	Rentang referensi dan peringatan bahaya (Red Flags).

Apoteker bertindak sebagai penjaga gerbang medikasi melalui Pharmaceutical Care



- Bekerja sama dengan dokter dan perawat untuk memastikan penggunaan obat yang aman, efisien, dan rasional.
- Memodifikasi perawatan berdasarkan data klinis dan laboratorium terbaru, serta masukan dari pasien.

Perawat adalah mata, telinga, dan pusat kendali informasi di garis depan

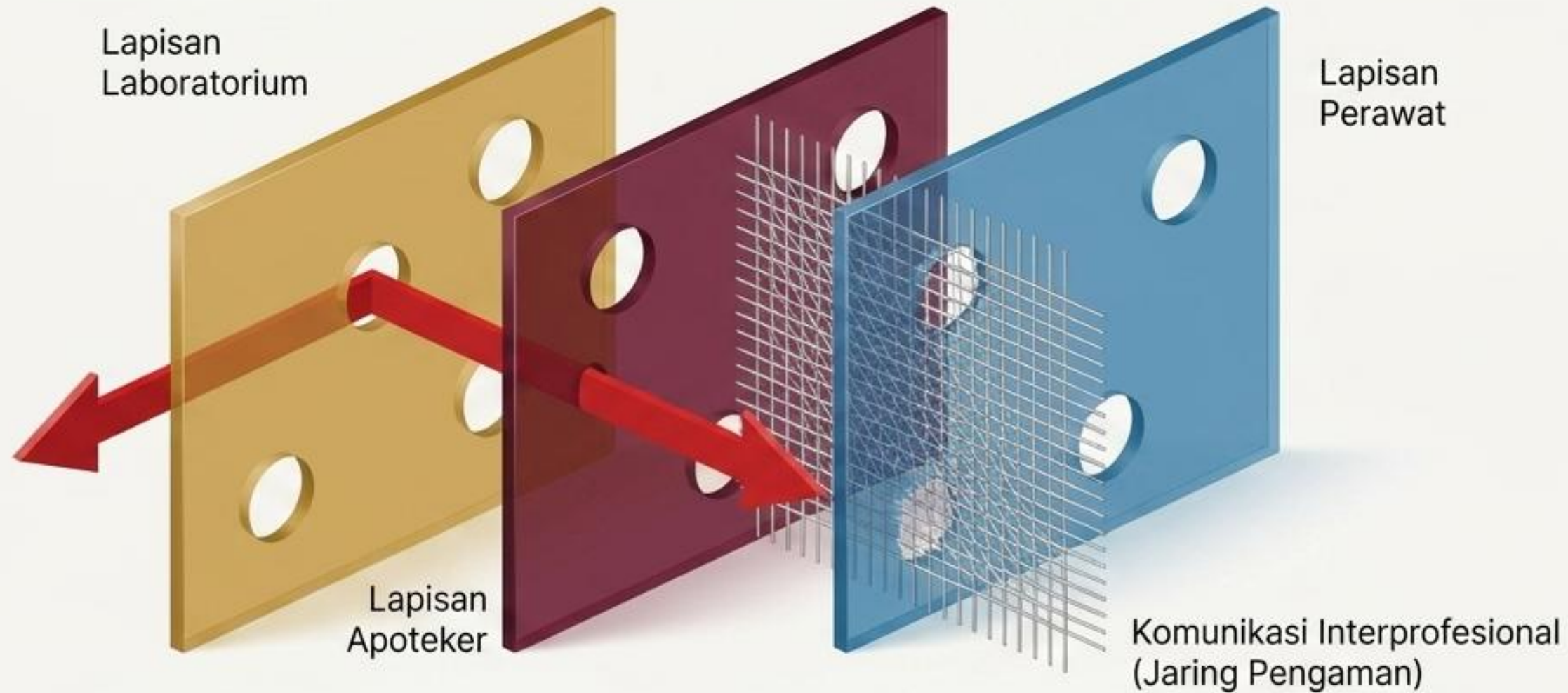


- **Advokat Utama:** Menjadi perwakilan sentral bagi pasien untuk mengevaluasi kebutuhan dan harapan perawatan.
- **Surveilans Konstan:** Mengawasi dan mencatat respons langsung terhadap obat atau perawatan, mendeteksi reaksi merugikan.
- **Jembatan Komunikasi:** Menyelaraskan informasi kritis secara instan kepada dokter, apoteker, dan laboratorium untuk respons cepat.

Laboratorium memberikan jangkar diagnostik yang mendasari setiap keputusan klinis



Kolaborasi interprofesional menutup celah kesalahan yang mustahil diatasi secara individu



Mencegah efek samping yang berpotensi fatal melalui lapisan pertahanan ganda. Kesalahan administratif atau misdiagnosis yang menembus satu profesi akan dicegat oleh ketelitian profesi lain berkat pertukaran data yang transparan.

Sinkronisasi tim secara langsung menekan mortalitas dan mengefisienkan sumber daya

Dampak IPCC terbukti secara empiris melampaui sekadar kepuasan staf kerja.



Penurunan Dramatis Kesalahan Medis & Durasi Rawat Inap



Peningkatan Signifikan Akurasi Diagnostik



Peningkatan Kepuasan & Kualitas Hidup Pasien

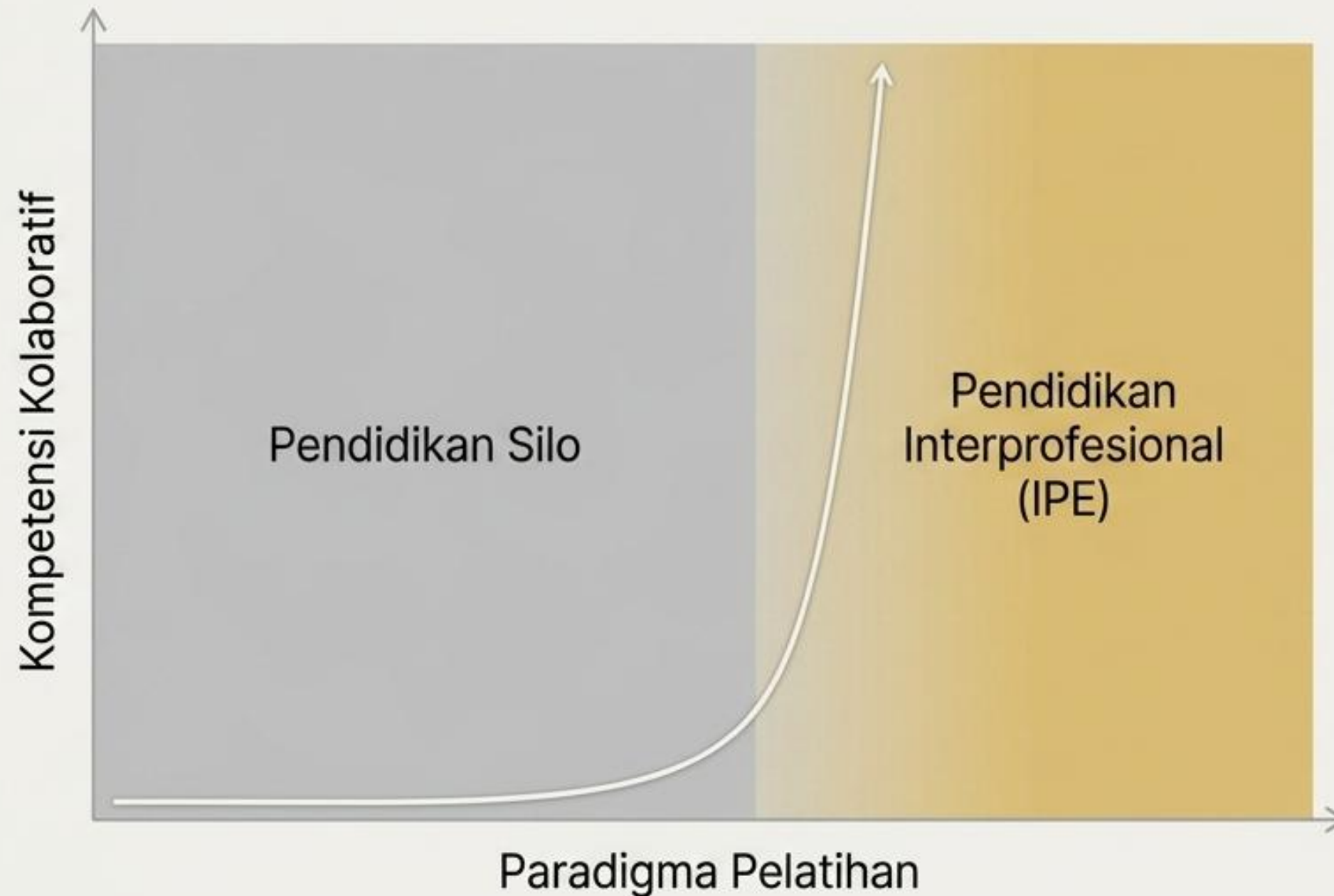
Kegagalan kolaborasi berakar pada hambatan psikologis dan struktural yang tersembunyi

Gejala Permukaan: Miskomunikasi Klinis & Keengganan Berkolaborasi



Keterbatasan pemahaman akan tanggung jawab dan tingkat keahlian spesifik dari profesi lain menciptakan dinding pemisah. Solusi permanen harus dimulai dengan membongkar dinding ini di meja pendidikan, bukan hanya di ruang gawat darurat.

Memahami batasan profesi lain adalah prasyarat mutlak untuk komunikasi yang efektif

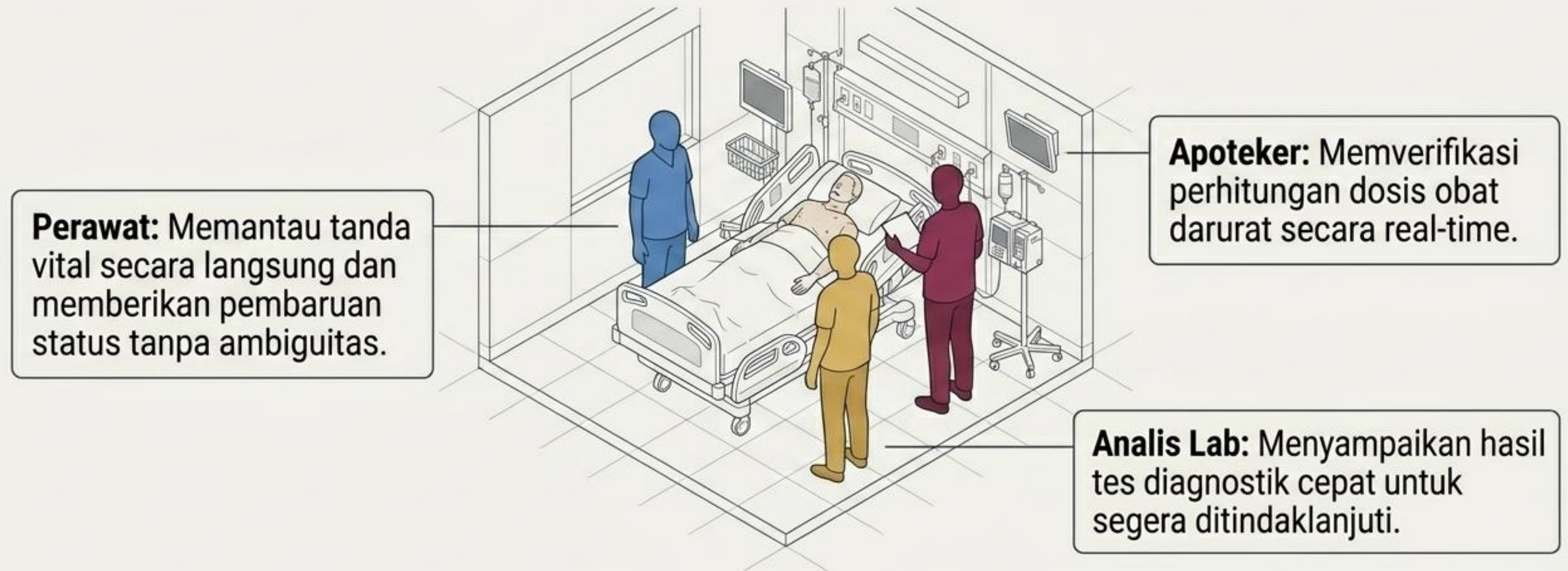


Kolaborasi adalah keterampilan teknis yang harus dilatih, bukan insting alami.

Program IPE mengintegrasikan mahasiswa kedokteran, perawat, dan farmasi sejak dini.

Menumbuhkan rasa hormat, mendobrak hierarki, dan membangun identitas tim yang berpusat pada keselamatan pasien.

Simulasi klinis membangun memori otot untuk komunikasi tajam di bawah tekanan tinggi



Simulasi menyediakan lingkungan terkendali untuk mengasah penyelesaian konflik, negosiasi klinis, dan pengambilan keputusan kolektif pada skenario kritis.

Infrastruktur digital memastikan pertukaran data kritis terjadi secara instan tanpa friksi



Niat berkolaborasi akan gagal tanpa sistem yang memfasilitasi pertukaran informasi secara instan. Infrastruktur ini memastikan riwayat pasien selalu terkini saat pergantian staf kerja dan memberikan visibilitas penuh lintas departemen tanpa titik buta.

Cetak biru operasional untuk meresapkan IPCC ke dalam DNA rumah sakit



1. Struktur Lintas-Disiplin

Wajibkan ronde multidisiplin harian dan bangun kerangka kerja formal untuk pengambilan keputusan bersama.



2. Sistem & Teknologi

Investasikan anggaran pada portal pertukaran informasi (HIE) yang terintegrasi untuk menghilangkan silo data antar departemen.



3. Kultur Inklusivitas

Runtuhkan hierarki feodal di lingkungan medis; bangun kesetaraan, rasa hormat, dan kompetensi kompetensi budaya dalam seluruh tim.

Kualitas perawatan akan bersinar terang saat batas-batas profesi melebur menjadi satu



Keselamatan pasien tidak pernah menjadi tanggung jawab satu individu atau satu profesi saja. Ia adalah mahakarya dari sebuah tim interprofesional yang berkomunikasi tanpa hambatan, saling mengantisipasi, dan bergerak sebagai satu kesatuan.

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Exploring interprofessional communication and collaboration among pharmacists, nurses, and laboratories enhancing patient safety and healthcare outcomes

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Abstract---Background: The efficiency of healthcare delivery is closely connected to the quality of interprofessional communication and cooperation among healthcare workers. The purpose of this research is to examine the diverse effects of interprofessional cooperation including pharmacists, nurses, and laboratory experts on patient safety and healthcare outcomes. Aim: This extensive study aims to consolidate current literature, empirical data, and theoretical models to provide a clear comprehension of the importance of efficient interprofessional communication and cooperation in healthcare environments. The objective of the evaluation is to assess the influence of cohesive teamwork, communication, and cooperation among healthcare professionals on several aspects of healthcare, including patient safety, medication management, care coordination, diagnostic accuracy, and overall healthcare quality. Method: A methodical search technique was used to locate relevant studies in electronic databases, such as PubMed, MEDLINE, and Cochrane Library. The inclusion criteria include research that provide insights into the influence of interprofessional cooperation on patient safety, healthcare outcomes, and the involvement of pharmacists, nurses, and laboratory experts in improving healthcare delivery. Results: The analysis emphasizes the crucial significance of pharmacists, nurses, and laboratory experts in improving patient safety and healthcare results by means of efficient interprofessional communication and cooperation. This study combines evidence-based findings and

theoretical viewpoints to illustrate the diverse influence of cohesive teamwork and cooperation on healthcare quality, patient happiness, and resource usage. Conclusion: The analysis of current literature highlights the importance of efficient interprofessional communication and collaboration in healthcare environments, emphasizing the requirement for unified teamwork, communication, and collaboration among healthcare practitioners to guarantee the best possible patient care and healthcare quality.

Keywords--interprofessional communication, laboratory, nurse, pharmacist, patient safety, healthcare outcomes, medication management, care coordination, healthcare quality.

Introduction

The cooperation among healthcare professionals enables the delivery of more thorough care to patients, leading to enhanced treatment quality, decreased occurrence of medical errors, shorter hospital stays, and lowered death rate [1]. Consequently, the prevalence and significance of interprofessional cooperation (IPC) are on the rise. The primary focus is to foster a patient-centered collaboration among various healthcare team members, using their collective expertise and abilities to enhance patient care [2]. According to specialists from the World Health Organization, implementing IPC is essential in-patient care to maintain the high standard of medical care [1]. An instance of a patient-centered interprofessional service is pharmaceutical care, which involves the establishment of partnership among a doctor and a pharmacist to ensure the delivery of high-quality health services [3].

Interprofessional communication and cooperation (IPCC) refers to the exchange of information and joint efforts among diverse healthcare professionals with the aim of delivering the best possible care for patients. The IPCC plays a crucial role in safeguarding patient well-being and enhancing healthcare results, particularly in intricate and high-stakes scenarios related to drug administration. Nevertheless, several obstacles and difficulties impede the efficacy of the IPCC, including insufficient time, money, trust, respect, role clarity, and coordination among pharmacists, nurses, and laboratory personnel [4]. Hence, it is necessary to examine the present condition of IPCC among these experts, ascertain the elements that promote or hinder IPCC, and suggest tactics to improve IPCC in practice.

Statement of the problem

Pharmacists, nurses, and laboratory personnel do not agree on the meaning and extent of the IPCC. The current definitions are often unclear, contradictory, and dependent on the unique situation. The authors also discovered that the existing research on the advantages and results of IPCC is restricted and mostly focused on the patient level, while the organizational and professional levels are overlooked. Furthermore, the authors have identified many obstacles and enablers of IPCC, which may be classified into human, interpersonal,

organizational, and environmental aspects. Nevertheless, the authors observed that there is a dearth of comprehensive and cohesive literature about interventions and suggestions to enhance the IPCC. Furthermore, there is a paucity of information regarding the efficacy and long-term viability of these interventions.

Objective of the Study

The aim of this research is to provide a thorough and evaluative examination of the literature on IPCC within the fields of pharmacy, nursing, and laboratory work. Additionally, it seeks to identify and emphasize the deficiencies and constraints in the existing understanding and implementation of IPCC. The authors seek to increase awareness and provoke discussion among healthcare professionals, researchers, educators, and policy makers regarding the significance and difficulties of IPCC. They also propose potential avenues for future research and practice to enhance IPCC, with the ultimate goal of enhancing patient safety and healthcare outcomes.

Methodology

The literature review includes academic papers, empirical research, critiques, and theoretical frameworks pertaining to interprofessional communication and cooperation among pharmacists, nurses, and laboratories. The evaluation will concentrate on publications that examine the contribution of these healthcare professionals in improving patient safety and healthcare outcomes via efficient communication and cooperation. The inclusion criteria will include studies that provide insights into the effects of interprofessional cooperation on patient safety, medication management, care coordination, diagnostic accuracy, and healthcare quality. The review will include publications in English and maybe other languages, with translations provided for sources that are not in English. The exclusion criteria will include sources that have not undergone peer review, unpublished materials, and literature that is not relevant to the particular subject of the study.

Search Strategy and Utilized Databases

The search technique will include a methodical investigation of diverse academic databases, such as PubMed, CINAHL, Scopus, Web of Science, and other pertinent healthcare and transdisciplinary resources. The search will include a blend of standardized terminology and unrestricted text-based keywords pertaining to "interprofessional communication," "pharmacist-nurse collaboration," "laboratory communication," "patient safety," "healthcare outcomes," and other pertinent topics. The use of Boolean operators (such as AND and OR) will be applied to enhance the search and guarantee a full coverage of the literature. In addition, the search will include articles from multidisciplinary domains such as pharmacy, nursing, laboratory medicine, and healthcare administration in order to encompass a wide range of viewpoints on the issue.

Inclusion and Exclusion Criteria

The inclusion criteria for the literature review shall include scholarly papers, empirical research, reviews, and theoretical frameworks that have been published in peer-reviewed journals, academic publications, and respected conference proceedings. The review will include articles that provide evidence-based insights, theoretical views, and practical consequences for interprofessional communication and cooperation in healthcare settings. The exclusion criteria will include sources that have not undergone peer review, unpublished materials, and literature that is not relevant to the particular subject of the review.

The Role of Pharmacist, Nurses, and Laboratories in Interprofessional Collaboration

Pharmacists are healthcare specialists with particular expertise and abilities in the realm of pharmaceuticals. Pharmacists may play a crucial role in IPC by delivering pharmaceutical care, which refers to the responsible administration of medication treatment with the aim of obtaining certain outcomes that enhance a patient's quality of life [5]. Pharmaceutical care entails working along with doctors, nurses, laboratory staff, and other healthcare providers to guarantee the secure, efficient, and logical utilization of medications for patients. Pharmacists in IPC have the ability to carry out several duties, such as examining and confirming the prescriptions and medication orders, while ensuring accuracy and identifying any potential mistakes, drug interactions, allergies, contraindications, or duplications [6].

Moreover, pharmacists offer comprehensive guidance on the indications, doses, administration methods, frequencies, durations, and potential adverse reactions of medications, while addressing any inquiries or apprehensions from patients or other healthcare practitioners [7]. They also supervise the curative and detrimental impacts of medications, and modifying the treatment as necessary according to the clinical and laboratory information, as well as the patient's input and provide instruction and guidance to patients and their caregivers on the proper use, storage, and disposal of medications, as well as promoting adherence to the prescribed treatment and prompt reporting of any issues or alterations. They engage in the creation and execution of clinical guidelines, procedures, and policies pertaining to medication use, while guaranteeing adherence and enhancing quality and in research and evaluation to assess the effects and consequences of medication use, and sharing the results and suggestions with the appropriate stakeholders [8].

Nurses are healthcare practitioners that provide comprehensive and hands-on care to patients, promoting their physical, mental, and social welfare. They may fulfill a crucial function in IPC by serving as the main point of contact and representative for the patients, as well as by organizing and facilitating the exchange of information and cooperation among various healthcare specialists [9, 10]. According to Dilles et al. [11], nurses routinely do pharmaceutical action, including informational sessions, therapy adherence surveillance, and adverse drug response recognition. In addition, several nurses consistently work in close proximity to patients, making them well-suited to provide patient care [12, 13].

Nevertheless, nurses encounter several obstacles when it comes to ensuring safe patient care in relation to medication monitoring and interprofessional teamwork [14]. Furthermore, the tasks of nurses are not consistently explicit, unique, and evident to other professions, which hinders interprofessional cooperation. Examples of duties that nurses may carry out in IPC include:

- Evaluating the requirements and inclinations of the patients and their families, and discerning their objectives and anticipations for the provision of healthcare.
- Developing and executing the treatment plan for patients, and assigning and overseeing the duties and obligations of other medical professionals as necessary.
- Delivering and recording the nursing care for patients, including providing medications, conducting procedures, monitoring symptoms, and avoiding problems.
- Monitoring and documenting the patients' reactions and results from medications and treatments, and promptly notifying the appropriate healthcare experts of any modifications or issues.
- Providing education and assistance to patients and their families to help them effectively manage their illnesses, handle their emotions, and access necessary resources and support services.
- Engaging in interprofessional team meetings, rounds, and consultations, and exchanging information and feedback from patients and their families, while actively participating to decision-making and problem-solving processes [15, 16].

Laboratories are specialized institutions that conduct a wide range of examinations and evaluations on biological specimens obtained from patients, including blood, urine, saliva, and tissue. They may contribute significantly to IPC by furnishing precise and prompt data and information that can aid in the diagnosis, monitoring, and treatment of patients [17, 18]. Several tasks that labs may carry out in IPC include:

- Receiving and analyzing the samples obtained from the patients, while guaranteeing their high standards, reliability, and ability to be tracked.
- Conducting tests and analyses on the samples, using suitable procedures, tools, and standards, and guaranteeing their validity, reliability, and repeatability.
- Presenting and analyzing the outcomes and discoveries of the tests and analyses, while including the reference ranges, units, and flags as necessary.
- Engaging in communication and consultation with doctors, pharmacists, nurses, and other healthcare professionals about the choice, execution, and understanding of tests and analyses, and addressing any inquiries or concerns.
- Engaging in quality assurance and improvement endeavors, such as calibrating and upkeeping the equipment, performing internal and external audits, and executing corrective and preventative measures.

- Engaging in research and innovation to create and assess novel or enhanced tests and analyses, and sharing the resulting knowledge and evidence with key stakeholders [19, 20].

Enhancing Patient Safety

Improving patient safety is a crucial aim in healthcare, and the cooperation of pharmacists, nurses, and laboratory specialists is essential in accomplishing this goal [21]. Efficient communication and teamwork among these healthcare experts are vital for guaranteeing that patients get secure and top-notch treatment. Interprofessional cooperation is the collaborative endeavor of healthcare experts from many disciplines, working together to provide complete and coordinated treatment to patients [22]. Within the realm of patient safety, interprofessional cooperation seeks to mitigate the likelihood of mistakes, adverse events, and patient damage by fostering proficient communication, collective decision-making, and harmonious teamwork among healthcare professionals.

Pharmacists, nurses, and laboratory specialists play vital roles in the healthcare team, and their cooperation is crucial for guaranteeing the secure and efficient use of pharmaceuticals, precise diagnostic tests, and the provision of top-notch patient care. Each of these professions have distinct knowledge and viewpoints, and their cooperation may result in enhanced patient outcomes and safety [23].

Pharmacists have a vital role in improving patient safety by using their knowledge in drug management. Their responsibility is in ensuring that patients are administered the correct prescriptions in appropriate dosages and frequency, while minimizing the occurrence of possible drug interactions and bad effects. Pharmacists engage in interprofessional cooperation, closely cooperating with nurses and laboratory experts to assess drug orders, observe patients' reactions to medicines, and provide instruction to patients and healthcare team members about the proper use of pharmaceuticals [24].

Nurses play a crucial role in patient care and are often the first individuals to detect possible safety issues. Nurses have a crucial function in the delivery of medicine, monitoring patients, and communicating with both patients and their families. Nurses cooperate with pharmacists to authenticate medicine orders, dispense drugs securely, and monitor patients for any unfavorable responses. In addition, nurses collaborate closely with laboratory specialists to ensure precise collection of specimens, suitable transportation, and efficient communication of test findings to the healthcare team [25].

Laboratory personnel have the duty of performing diagnostic tests and delivering precise and prompt findings to assist in patient care [26]. Collaboration between pharmacists and nurses is crucial in assuring the right ordering of laboratory tests, the collection and labeling of specimens, and accurate interpretation and communication of test findings. Laboratory workers have a crucial role in discovering any medication-related problems, such as drug interactions or therapeutic monitoring, by using their knowledge in interpreting laboratory data [27].

The collaboration among these specialists guarantees the safe prescription, dispensing, administration, and monitoring of pharmaceuticals. This encompasses the tasks of checking prescription orders, doing medication reconciliation, and monitoring patients for any adverse drug reactions or interactions [28].

Interprofessional cooperation enhances communication and information exchange among healthcare team members, resulting in better coordination of care and prompt actions to address patient safety issues [29]. Through collaborative efforts, pharmacists, nurses, and laboratory specialists may detect and rectify possible mistakes in medicine administration and diagnostic tests, therefore averting adverse events and minimizing damage to patients. The combined efforts of these specialists may improve patient education and empowerment, guaranteeing that individuals comprehend their prescriptions, the significance of diagnostic testing, and the methods to successfully manage their health [30].

Training and Education for Interprofessional Collaboration

Training and education in interprofessional cooperation are crucial for equipping healthcare workers with the necessary skills to properly function in team-based care environments [31]. Interprofessional collaboration entails the cooperation of healthcare experts from many disciplines in order to provide complete treatment to patients. Successful cooperation necessitates a profound comprehension of one another's duties, obligations, and proficiency, along with exceptional communication and teamwork abilities. Training and education programs are essential for providing healthcare workers with the required information and abilities to effectively participate in successful interprofessional cooperation [32].

An essential aspect of training for interprofessional cooperation is cultivating a comprehensive understanding of the distinct roles and responsibilities associated with different healthcare professions [33]. Healthcare professionals, such as doctors, nurses, pharmacists, social workers, and others, possess specialized knowledge and specific responsibilities within their respective fields. Gaining a comprehensive understanding of these roles and their intersections is crucial for facilitating efficient communication. Training programs provide healthcare workers the chance to acquire knowledge about the responsibilities of their peers, gain understanding of the distinct contributions each field makes to patient care, and cultivate admiration for their colleagues' skills [34].

Furthermore, training and education programs aimed at fostering interprofessional cooperation prioritize the cultivation of effective communication and teamwork aptitudes. Efficient communication is vital for the dissemination of information, the process of decision-making, and the synchronization of care among members of the healthcare team [35]. Training programs may prioritize instructing healthcare workers in the skills of effective communication, active listening, and clear information delivery that can be comprehended effortlessly by all members of the team. Moreover, acquiring proficiency in collaboration abilities may enable healthcare practitioners to effectively cooperate, address disputes, and provide mutual assistance in giving exceptional healthcare [36].

Interprofessional education also highlights the significance of collaborative practice and collective decision-making. Healthcare practitioners acquire the skills to actively include patients in their treatment, engage them in decision-making, and demonstrate respect for their choices and beliefs. The patient-centered approach to treatment is essential for interprofessional cooperation and has the potential to enhance patient outcomes and satisfaction [37].

Simulation-based training is an effective method for equipping healthcare personnel with the necessary skills for interprofessional cooperation. Simulated scenarios provide a controlled environment for healthcare professionals to collaborate and use their expertise in genuine patient care circumstances [38]. These simulations provide healthcare workers the chance to enhance their cooperation, communication, and problem-solving skills, so fostering the confidence and proficiency required for successful collaboration in actual clinical environments [39].

In order to optimize the efficacy of training and education for interprofessional cooperation, healthcare organizations and academic institutions might use many strategies, including interprofessional training programs, which are systematic training initiatives that facilitate the integration of healthcare professionals from diverse disciplines [40]. These programs aim to enhance understanding of each other's responsibilities, foster collaboration, and cultivate essential teamwork skills. Integrate interprofessional cooperation information into the curriculum of healthcare education programs, such as medical schools, nursing programs, pharmacy schools, and other allied health professions. Provide continuous educational and professional development programs that enable healthcare professionals to participate in interprofessional education and training throughout their careers, fostering the acquisition of advanced collaborative skills and knowledge [41].

Conclusion and Recommendation

In summary, this review emphasizes the vital significance of collaboration and interprofessional communication between laboratories, nurses, pharmacists, and other healthcare professionals in order to improve patient safety and overall healthcare results. The amalgamation of current research and empirical data has shown the diverse influence of efficient interprofessional cooperation on healthcare provision, patient contentment, and healthcare excellence. The study emphasizes the need of cohesive cooperation, effective communication, and collaboration among healthcare workers to provide the best possible patient care.

According to the results of this analysis, there are numerous suggestions that may be proposed to promote interprofessional cooperation and improve healthcare results. Healthcare institutions should give priority to the establishment of collaborative frameworks that enable efficient communication and collaboration among pharmacists, nurses, and laboratory specialists. This may include implementing multidisciplinary rounds, collaborative educational efforts, and shared decision-making procedures to cultivate a culture of cooperation and mutual respect.

Moreover, allocating resources towards technology and health information systems may significantly enhance interprofessional collaboration and the exchange of information. Healthcare businesses are advised to use cutting-edge technologies, telehealth platforms, and health information exchange systems to facilitate smooth communication and improve care coordination among healthcare providers. Healthcare curriculum and ongoing education activities should include professional development and interprofessional education programs. Healthcare organizations can promote effective collaboration and communication across professional boundaries by offering cross-disciplinary learning and training opportunities for pharmacists, nurses, and laboratory professionals. This ensures that teams are equipped with the essential skills and knowledge.

Finally, it is crucial to emphasize endeavors aimed at fostering fairness and inclusivity within interprofessional teams. Interprofessional cooperation should prioritize cultural competency, diversity, and inclusion to create healthcare environments that foster successful communication and collaboration among professionals with varied backgrounds. By applying these suggestions, healthcare organizations may augment the influence of interprofessional cooperation on patient safety and healthcare outcomes, eventually enhancing the quality and effectiveness of healthcare delivery.

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GLOBAL SITUATION REPORT ON PHARMACY 2025

WORKFORCE, PRACTICE, POLICY

*Evidence, investment and solutions
to strengthen health systems*





CHAPTER 6

Collaborative practice across health professions and pharmacy roles

This chapter explores interprofessional and intra-professional collaboration, showcasing pharmacy's integration into multidisciplinary teams and teamwork with pharmacy technicians. It presents evidence of improved health outcomes and efficiency through collaborative service delivery models.



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High level summary



1. Interprofessional collaboration (ICP) encompasses a wide range of collaborative efforts among healthcare professionals from different professional backgrounds.
2. Pharmacists play a crucial role in ICP by contributing their expertise in medication management, patient education, and clinical decision-making. Their involvement extends across hospital settings, primary care, long-term care facilities, and community pharmacies, where they work alongside other professionals to optimise medication therapy, enhance patient safety, and improve overall health outcomes.¹
3. By actively participating in team-based care, pharmacists help facilitate seamless communication, ensure the safe and effective use of medications, and support holistic, person-centred approaches to treatment and disease prevention. However, governments and agencies must provide appropriately structured health systems to support ICP with processes defining professional competencies, practice standards, and scopes of practice, that permit and facilitate effective collaborative practice.
4. Intraprofessional collaboration between pharmacists and pharmacy technicians is essential to increase healthcare efficiency, improve patient care and optimise the use of workforce skills. Effective collaboration allows pharmacists to focus on clinical and patient-centred services, while technicians manage technical and operational tasks to ensure the safe and efficient use of medicines. The extent of this collaboration varies around the world, influenced by regulatory frameworks, workforce capacity and training systems. Strengthening this collaboration through clear role definitions, supportive policies and professional development opportunities can improve pharmacy services and contribute to better health outcomes.²

Key message



Pharmacists are essential team members of **interprofessional collaboration** as they bring valuable **expertise in medication management, patient education, and clinical decision-making**. Their collaboration with other healthcare professionals is critical to optimise medication therapy and support better health outcomes.



Related FIP Development Goals



This chapter aligns with [FIP Development Goal 8: Working with others](#) as it ensures inter- and intra-professional collaboration and multi-disciplinary healthcare.

Call to action

1. Interprofessional collaboration

Global health stakeholders—including governments, policymakers, professional bodies, educators, and patient organisations—should advance interprofessional collaboration by:



- Structuring health systems to support ICP through adequate funding, policy, and governance mechanisms.
- Actively engaging health professional associations in developing ICP frameworks and funding models.
- Providing pharmacists with guidance and training to integrate team-based care into routine practice.
- Ensuring pharmacists have timely, secure access to patient data to support collaborative decision-making.
- Defining healthcare roles based on the competencies needed for quality care, avoiding over-reliance on task shifting as a substitute for building sustainable, skilled workforces.

2. Intraprofessional collaboration

- Policymakers, pharmacy organisations, regulators, and educators should enhance pharmacist-technician collaboration by:
- Establishing clear roles and responsibilities to facilitate efficient task division and team-based care.
- Developing structured education and professional development pathways for pharmacy technicians.
- Updating regulatory frameworks to enable appropriate task expansion while safeguarding patient safety.
- Promoting team-based approaches that foster mutual respect, communication, and shared accountability between pharmacists and pharmacy technicians to improve care delivery and outcomes.

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Global pharmacy workforce snapshot:

Today, our data suggest that at least 6 million pharmacists and pharmacy technicians provide medicines support for health systems across 79 countries. Yet inequalities are stark: high-income countries have an average of 12.1 pharmacists per 10,000 population, compared to just 3.8 in low-income countries.¹

Pharmacy education and training capacity is also uneven, with 71% of countries falling below the average global benchmark of around 1 pharmacy faculty or school per million population. Although women represent 65% of the pharmacy workforce—a figure expected to reach 69% by 2030—progress towards leadership equity remains incomplete.¹

FIP urges health ministries, funders, and education leaders to scale up pharmacy education, strengthen rural workforce incentives, and include pharmacy in national UHC and workforce investment strategies.

Strengthening the pharmacy workforce is not just a professional imperative—it is a moral and public health necessity to achieve health for all.



1. Introduction: Interprofessional collaborative practice

Pharmaceutical care is based on a patient-centred approach, collaboration with carers, prescribers and other healthcare professionals (i.e., integrated care), prevention, detection and resolution of medication-related problems, and taking responsibility for optimising medication use in order to improve health outcomes and quality of life.²

According to the World Health Organization (WHO), collaborative practice "happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings".¹

The World Health Professions Alliance (WHPA), of which FIP is a founding member, together with the International Council of Nurses, FIP, World Physiotherapy, FDI World Dental Federation and the World Medical Association expands "interprofessional collaboration" to refer to teamwork among licensed health professionals who follow strict ethical standards. In contrast, "health workers," a term widely used by WHO and at the global policy level, includes unregulated providers such as personal care and community health workers with varying training and accountability.³ Confusing these roles can impact care quality and patient safety. While collaboration between professionals and health workers is crucial for supervision and patient-centred care, it differs from interprofessional collaboration (ICP), and these terms should not be conflated.⁴

2. FIP contributions in promoting interprofessional collaborative practice

Acknowledging the importance of interprofessional collaborative practice (ICP), FIP has established "Working with others" as its 8th [Development Goal](#).^{5,6} Development Goal 8 aspires to strengthen the contributions of pharmacists by enhancing their effective collaboration with other healthcare professionals across the health system. The [FIP Statement of Policy on ICP](#) calls for such collaboration, where pharmacists are being recognised as a core member of the multidisciplinary team.⁷

3. Key evidence to support and enhance pharmacists' role in interprofessional collaborative practice

3.1 Pharmacists as part of multidisciplinary teams

ICP in healthcare encompasses a wide range of collaborative efforts among various healthcare professionals, including physicians, nurses, pharmacists, physiotherapists, dentists, and other allied health professionals. ICP can occur in both hospital and community or primary health care settings. The collaboration can be formal, with defined roles and protocols, or informal, through ongoing communication and shared decision-making among healthcare professionals. The formal includes structured team-based approaches such as multidisciplinary rounds in hospitals, collaborative medication reviews in pharmacies, integrated chronic disease management in primary care, and coordinated public health initiatives.⁸

Examples of such collaborations include a medication management service, with a prescriber (often a physician), an administrator (often a nurse) and a pharmacist. For example, a scoping review found that nurse-pharmacist collaborations in community settings improved disease management,



prevented adverse drug events, and reduced hospitalisations. They also enhanced medication safety, shortened wait times for general practitioners, and improved chronic disease self-management.⁹

Antimicrobial stewardship is an example in the hospital setting, where pharmacists work with medical professionals and review patient antimicrobial therapy using the hospital's electronic medical record to ensure that antimicrobial orders are appropriate in terms of dose, dosage form, route of administration, frequency, duration of therapy, and the indication for antimicrobial therapy.¹⁰

Furthermore, interprofessional collaboration that supports patients with chronic diseases, reducing polypharmacy, managing rare diseases, and individualisation of pharmacotherapy are also examples of interprofessional practice where multiple healthcare professionals are involved, with clear roles within the team.

As the global shortage of qualified health workers remains a major challenge for healthcare systems, redefining and redistributing tasks is key to meeting patient needs. With advancing education and the integration of new technologies, it is critical to allow professionals to practice at the top of their training and expertise to optimise patient outcomes. In this context, pharmacists—especially in community settings—play a vital yet often overlooked role in strengthening healthcare delivery.¹¹

When designing interprofessional collaboration infrastructure, it is crucial to establish clear roles, responsibilities, and support systems to ensure task-sharing. One study found that failing to do so leads to frustration as the workload increases without corresponding adjustments to the remuneration. In the study, many reported feeling that tasks were being “dumped” on them without recognition or reward for their efforts.¹¹ To prevent such issues, collaboration must involve equitable task sharing, adequate training, and appropriate compensation to sustain effective and fair teamwork, fostering mutual accountability among healthcare professionals.

Another example of task-sharing is collaborative medication review and medication management programmes (MMPs). These are well-established, usually pharmacist-led strategies for improving medication safety and effectiveness. When conducted interprofessionally, these programmes may yield even better outcomes, with studies recommending further exploration of how general practitioners (GPs) and pharmacists can best complement each other in MMPs.¹¹

3.2 Collaborative practice in primary care

In recent years it has been shown that pharmacist involvement in multidisciplinary teams through interprofessional collaboration can avoid medication errors or harm, while increasing access to health services for patients.¹² In ICP, pharmacists can either work at the same setting with other health care professionals or support collaboration remotely.

In the UK, embedding clinical pharmacists into general practice has improved patient safety and health outcomes through a person-centred approach and better management of chronic conditions by providing advice for patients who take multiple medications.¹³⁻¹⁵ Meanwhile, in Canada, pharmacists have been integrated into Canadian family practices as part of a large-scale demonstration project.^{15,16} This model of working has allowed pharmacists to perform medication reviews and assessments, develop therapeutic plans with family physicians and patients, and provide education to patients and healthcare professionals to improve patient outcomes.^{16, 17}

In the Netherlands, groups of general practitioners and pharmacists meet regularly to exchange views and information about prescribing medicines. The aim is to ensure good prescribing and dispensing policies, and thus better patient care.¹⁸



Studies show that pharmacists in an interprofessional healthcare team can improve access to primary healthcare as well as patient outcomes,^{19, 20} and by supporting the management of chronic diseases, pharmacists can provide medicines information to patients and other healthcare professionals in addition to advising on treatment-related issues.^{19, 20} In Australia, pharmacists provide a variety of non-dispensing services to support GPs and improve patient care.¹⁹

Patients also appreciate the input of pharmacists in the primary care setting. They report satisfaction with aspects such as the personal nature of the care, and the pharmacists' ability to both listen and explain why medications have been prescribed and how to take them.²¹

3.3 Collaborative practice in secondary care

The importance of collaborative working is reflected in the FIP Basel Statement, which states that the overarching goal of hospital pharmacists is to optimise patient outcomes through collaborative, interprofessional, responsible use of medicines and medical devices.²² In order to promote interprofessional education and team-based care, the statement also indicates that the role of hospital pharmacists, including collaborative prescribing, should be included in the curriculum of other healthcare professionals, and vice versa—that the roles of other healthcare professionals should also be included in the pharmacy curriculum.^{22, 23}

Close interprofessional and interdisciplinary collaboration between healthcare professionals is of great importance to ensure the ongoing effectiveness of antibiotics and reduce the rate of antimicrobial resistance.²² The appropriate implementation of antimicrobial stewardship programmes in hospitals—which function to monitor and record all aspects of antibiotic use, with a focus on clinical parameters, antibiotic resistance, and cost—requires the involvement of a multidisciplinary team including pharmacists, physicians and other professionals.²³ Studies have shown that interprofessional collaboration between physicians, nurses, and hospital pharmacists can significantly reduce the consumption of broad-spectrum antibiotics such as carbapenems.²⁴

The involvement of pharmacists in interprofessional collaborative practice can also alleviate stress and burnout among healthcare professionals, minimise the risk of overprescribing or mis-prescribing, improve access to medications, and contribute to a comprehensive, coordinated, and safe healthcare system that effectively responds to the needs of both the population and individual patients.⁷

4. FIP contributions in promoting intraprofessional collaborative practice

4.1 Collaboration between pharmacists and pharmacy technicians

Collaboration between pharmacists and pharmacy techniciansⁱ (intraprofessional collaboration) plays a crucial role in optimising healthcare delivery, improving patient outcomes, and enhancing operational efficiency. Pharmacy technicians assist pharmacists in dispensing medications, managing inventory, and providing patient counselling. Additionally, they handle procurement and stock ordering, ensuring the continuous availability of medicines.²⁵ The extent of this collaboration varies significantly across countries, influenced by factors such as regulatory frameworks, training requirements, and workforce capacity.

The 2017 FIP report on [technicians and pharmacy support workforce cadres working with pharmacists](#),²⁶ alongside the 2023 report on [key priorities in education and training for pharmacy](#)

ⁱ Pharmacy technicians are individuals who have received basic level of training to assist pharmacists to perform pharmaceutical services.





[professionals across 21 countries](#)²⁷ and the 2018 [pharmacy workforce intelligence report](#) which presents global trends,²⁸ provide valuable insights into the roles and integration of pharmacy technicians worldwide. In lower-income countries, particularly in rural areas where access to pharmacists is limited, pharmacy technicians play a crucial role in supporting safe access to medicines. In higher-income countries, pharmacy technicians take on responsibilities that allow pharmacists to expand their scope of practice towards more clinical and patient-centred roles.²⁶⁻²⁸

4.2 FIP Advisory Committee for the Pharmacy Technicians and Support Workforce Strategic Platform

Recognising the vital role of the pharmacy support workforce in strengthening pharmaceutical services and advancing healthcare delivery, FIP established the Pharmacy Technician and Support Workforce Domain within the FIPED Education Development Team in 2011. Following FIPED's restructuring in 2019, the Pharmacy Support Workforce (PSW) domain transitioned to a Workforce Development Hub (WDH) with the pharmacy technician and support workforce as a focused strategic platform.

The essential role of pharmacy technicians in supporting both intraprofessional collaboration within pharmacy teams (pharmacists and pharmacy technicians) and interprofessional collaboration with other healthcare professionals is gaining recognition as a key factor in improving health outcomes and strengthening multidisciplinary care teams.

In 2019 the [Pharmacy Technician Advisory Committee](#) (PTAC) was formalised to provide strategic direction and expert guidance on the global development of the pharmacy support workforce. Currently, the committee includes 26 members (pharmacy technicians and pharmacists) from 10 countries and is aligned with FIP's workforce mission and [Development Goals](#). This advisory committee plays a crucial role in advancing pharmacy technician leadership, workforce development, and global integration within FIP.

5. Key evidence to support and enhance intraprofessional collaborative practice

In addition to FIP reports that provide a broad overview of workforce trends, other relevant studies have examined the dynamics of pharmacists' and pharmacy technicians' collaboration. One such study, conducted by Jetha and colleagues in Ontario, Canada, explored collaboration through interviews with pharmacists, pharmacy technicians, and educators.²⁹ The findings revealed several barriers to effective integration, including inconsistent collaboration, knowledge gaps, and a lack of professional identity among pharmacy technicians. Strategies to address these challenges include incorporating soft skills training—such as communication and conflict resolution—into pharmacy technician education.²⁹ Integrating pharmacy technicians improves workflow efficiency, reduces medication errors, and allows pharmacists to focus on clinical tasks.

Furthermore, an intraprofessional educational event called "Partners in Pharmacy" was evaluated by Guirguis and colleagues, demonstrating the value of structured collaboration in pharmacy education. This event brought together pharmacy and pharmacy technician students to engage in case discussions.³⁰ The results showed a positive reception, with a 49% response rate and over 85% of respondents agreeing that the event improved their confidence and learning experience.³⁰ Key takeaways from the event included a better understanding of each other's roles and scope of practice, enhanced teamwork and communication, and increased confidence in collaborative work.³⁰





Beyond education and training, a study by Oamen examined the relationship between behavioural antecedents, intraprofessional collaborative behaviour, and work performance among community pharmacists in southwestern Nigeria.³¹ Using structural equation modelling, the study found that knowledge-sharing behaviour, competitive behaviour, and customer-focused behaviour contributed to increased collaboration among pharmacists.³¹ However, only customer-focused behaviour had a direct impact on work performance, suggesting that while collaboration among pharmacists is beneficial, it does not automatically translate into better work performance outcomes.³¹

The integration of pharmacy technicians into clinical workflows improves operational efficiency, reduces medication errors, and enhances patient care. Several recommendations for strengthening pharmacist-pharmacy technician collaboration in the future are as follows:

1. **Strengthen regulatory frameworks:** Establish clearer guidelines for pharmacy technician roles and responsibilities to reduce inconsistencies in practice and ensure safe integration into pharmacy services.
2. **Enhance workforce planning:** Collect and integrate workforce data to support evidence-driven policy decisions, addressing pharmacist shortages and optimising the pharmacy technician workforce.
3. **Expand education and training:** Incorporate soft skills training (e.g., communication, teamwork, conflict resolution) into pharmacy technician curricula to improve collaboration with pharmacists.
4. **Promote interprofessional education:** Implement structured joint pharmacist-pharmacy technician learning events or workshops to foster mutual understanding, teamwork, and role clarity among pharmacist and pharmacy technician students.
5. **Encourage knowledge sharing:** Develop workplace initiatives that facilitate continuous learning and collaboration between pharmacists and pharmacy technicians to improve workflow efficiency and patient care.
6. **Improve role recognition:** Strengthen professional identity and recognition for pharmacy technicians to enhance motivation, job satisfaction, and retention within the workforce.

By prioritising these strategies, healthcare systems can leverage the full potential of pharmacy technicians, allowing pharmacists to focus on clinical and patient-centred roles while ensuring efficient and effective pharmaceutical services.

6. Case study

FIP received a case study from the [Community Pharmacy Section](#) which provides valuable insights into interprofessional collaboration between pharmacists and physicians.



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- **Konsep** adalah ide besar.
- **Dimensi** memecah konsep ke aspek spesifik.
- **Kategori** memperjelas indikator tiap dimensi.
- **Variabel** adalah hal konkret yang bisa diukur.
- **Pertanyaan kuesioner** dibuat dari variabel, dengan kombinasi *favorable & nonfavorable* untuk menguji konsistensi jawaban responden.

PEMBAGIAN KELOMPOK

1. Tingkat pengetahuan masyarakat tentang stunting
2. Tingkat pengetahuan masyarakat tentang anemia
3. Tingkat pengetahuan masyarakat tentang hipertensi
4. Tingkat pengetahuan masyarakat tentang diabetes mellitus
5. Tingkat pengetahuan pasien stroke tentang obat pengencer darah (anticoagulant)
6. Tingkat pengetahuan masyarakat tentang efek samping NSAID
7. Tingkat pengetahuan masyarakat tentang penggunaan obat generik
8. Tingkat pengetahuan masyarakat tentang kontrasepsi oral
9. Tingkat pengetahuan masyarakat tentang vaksinasi COVID-19
10. Tingkat pengetahuan masyarakat tentang penggunaan suplemen herbal

11. Tingkat pengetahuan masyarakat tentang bahaya merokok terhadap kesehatan
12. Tingkat pengetahuan masyarakat tentang penggunaan insulin pada diabetes
13. Tingkat pengetahuan masyarakat tentang terapi hipertensi non-farmakologis
14. Tingkat pengetahuan masyarakat tentang terapi TB (Tuberkulosis)
15. Tingkat pengetahuan masyarakat tentang penggunaan obat asma (inhaler)
16. Tingkat pengetahuan masyarakat tentang penggunaan obat diare pada anak