ABSTRAK

Pendidikan kedokteran saat ini menuntut lulusan yang tidak hanya memiliki penguasaan pengetahuan klinis, tetapi juga kemampuan clinical reasoning serta kompetensi kolaboratif antarprofesi. Early Clinical Exposure (ECE) merupakan pendekatan pembelajaran yang bertujuan memperkenalkan mahasiswa pada konteks klinis sejak tahap awal pendidikan, namun dalam praktiknya sering kali belum terintegrasi dengan pembelajaran interprofesional. Penelitian ini bertujuan untuk mengembangkan model Integrated Interprofessional Early Clinical Exposure (I-ECE) serta menganalisis pengaruh penerapannya terhadap kemampuan clinical reasoning dan kompetensi kolaboratif mahasiswa kedokteran. Penelitian ini menggunakan desain mixed-methods, dengan pendekatan kuantitatif untuk menilai perubahan kemampuan mahasiswa serta pendekatan kualitatif untuk mengeksplorasi pengalaman dan persepsi peserta terhadap implementasi model. Hasil penelitian menunjukkan bahwa penerapan model I-ECE berpotensi memberikan kontribusi positif terhadap peningkatan kemampuan clinical reasoning dan kompetensi kolaboratif mahasiswa, serta membantu mahasiswa memahami peran dan tanggung jawab profesi kesehatan lain sejak dini. Model I-ECE diharapkan dapat menjadi alternatif pendekatan pembelajaran yang relevan dalam pengembangan kurikulum pendidikan kedokteran.

Kata kunci: early clinical exposure, interprofesional, clinical reasoning, kompetensi kolaboratif, pendidikan kedokteran

ABSTRACT

Contemporary medical education requires graduates to possess not only strong clinical knowledge but also well-developed clinical reasoning skills and interprofessional collaborative competence. Early Clinical Exposure (ECE) is a learning approach designed to introduce students to clinical contexts at an early stage of education; however, its implementation is often not fully integrated with interprofessional learning. This study aimed to develop an Integrated Interprofessional Early Clinical Exposure (I-ECE) model and to examine its impact on medical students' clinical reasoning and collaborative competence. A mixed-methods design was employed, combining quantitative approaches to assess changes in students' competencies with qualitative methods to explore participants' experiences and perceptions of the model's implementation. The findings suggest that the I-ECE model contributes positively to the improvement of clinical reasoning and collaborative competence, while also enhancing students' understanding of the roles and responsibilities of other health professions from an early stage. The I-ECE model is expected to serve as a relevant alternative learning approach for curriculum development in medical education.

Keywords: early clinical exposure, interprofessional education, clinical reasoning, collaborative competence, medical education