

Collaboration Based Clinical Learning Model For Ners Professional Education Students At RSUP M.Djamil Padang

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Abstract

Clinical learning is an educational process that must be passed by undergraduate nursing students at the nursing professional education level, with a study period of 2 semesters, by applying a collaboration-based clinical learning model, but in reality students experience obstacles in achieving learning objectives, resulting in low learning outcomes in clinic. This research is intended to apply the Collaboration-based Clinical Learning Model to Nursing Education students. This research method uses pre-experimental research conducted in the Surgery Room of M.Djamil Hospital, Padang. The samples in this study were selected purposively. Respondents included 12 students who took the Medical Surgical Nursing course for 8 effective weeks. The research data was collected through participatory observation and distributing questionnaires. Data were analyzed using descriptive analysis and dependent T-test. The results of this study indicate that the learning methods applied include: conferences twice a week, clinical tutorials conducted twice for 8 weeks, teaching actions and bedside observations once a week, client care, resumes, and case seminars conducted once for 8 weeks. Among the methods that scored high were: conference 54.5%, BST 54.5%, tutorial clinic 45.4%, client care 72.7%, and case seminar 45.5%. The results of the T-test showed a significant effect of collaboration-based integrated clinical learning methods on learning methods ($p=0.006$; correlation 43.2%). Discussion of Collaboration-based clinical learning models for Nursing students to be able to apply learning methods that enable students to achieve maximum learning competence. Therefore, this model needs to be continuously developed to help improve optimal learning according to each competency level.

Keywords: Learning Model, Collaboration, Nursing, Integrated

INTRODUCTION

The learning method in nursing clinical practice is a strategy used to achieve competency in nurse professional education. This method is of course different from that applied to academic education both in class and in the laboratory. Competence in the professional education of nurses is at level seven, namely: 1) mastery of knowledge: able to solve problems in science, technology, and/or art in their scientific field through a monodisciplinary approach, 2) work and managerial skills: able to plan and manage resources under their responsibility he replied, and evaluate accordingly comprehensive work by utilizing science and technology to produce organizational strategic development steps, and 3) responsibility at work: able to conduct research and make strategic decisions with accountability and full responsibility for all aspects that are under the responsibility of his area of expertise.

Competence at level seven requires learning methods that provide the widest possible opportunity for students to explore and deepen the knowledge gained during their academic education. In addition, the ability to work in a team must also be continuously carried out as an effort to adapt the profession which is required to be able to manage the resources under its responsibility. In relation to her area of expertise as a professional nurse who interacts with humans as recipients of nursing services, the learning method designed must also be able to

train sensitivity, empathy, caring, patience, responsiveness, caring, discipline, trustworthiness, and full responsibility.

Until now, the problems in clinical nursing learning are still quite complex, including: 1) being treated like a nurse/doctor's assistant, 2) doing work outside of competence, 3) very few learning opportunities, 4) there is no mentor who can be used as a model, 5) Rarely visited and guided by academic supervisors, 6) inadequate facilities, 7) often have different perceptions between clinical supervisors and academic supervisors, 8) unsatisfactory grades, 9) feedback is often late, and 10) information systems and administration are unclear (Afandi, 2014). One of the causes of the above problems is the inaccuracy of the learning method used.

The impact caused by the inaccuracy of learning methods will be felt by students, lecturers/nurse supervisors, clients and families. For students it will hinder the achievement of learning competencies, the learning atmosphere is not pleasant, the grades achieved are not optimal, and the adaptation process is not carried out properly. For supervising nurses the presence of students is not felt as part of the education of prospective professional nurses but instead adds to the workload and interferes with the performance of care. For clients and families, learning methods that are not appropriate will have an impact on the perception that clients are test subjects for students in practicing nursing science. As a result, the client and family will feel doubtful whether they/their family can recover, when care is given by students.

Seeing the various problems and impacts that have arisen, an appropriate learning method is needed, one that can be developed is a collaboration-based clinical nursing learning model. This model seeks to optimize student independence, client/family interaction with students, student reasoning and mindset, ethical and professional attitudes. This model was developed using a preceptorship approach that uses a variety of learning methods including: clinical conferences, clinical tutorials, bedside teaching action and observation, client care, case presentations, journal presentations, and clinical enrichment. Therefore it is necessary to do research on the integrated nursing clinical learning model on its effect on the applied learning method.

RESEARCH METHODS

Pre-experimental research design with a pre-post test design without a control group. The population is students who carry out nursing clinical practice activities at M.Djamil Hospital, Padang, especially in the Surgery Room. Respondents were selected purposively, with criteria from the professional education of the Nurse STIKES Syedza Saintika Padang who took the Medical Surgical Nursing course. The number of samples is 12 respondents. The time for data collection is for 6 effective weeks from 31 October – 24 December 2022. The time for data collection is calculated according to the study load for the medical surgical nursing course 6 credits, namely 6 credits x 170 minutes = 1020 minutes: 60 minutes = 17 x 16 weeks = effective 272 hours/7 hours per day = 38.8 days/ 6 effective days in 1 week = 6.4 weeks. So the student study period is 8 weeks effectively. Treatment is given in the form of applying a collaboration-based clinical learning model with a preceptorship approach. Data was collected through participatory observation and questionnaires. Data were analyzed by descriptive analysis and dependent t test.

RESULT AND DISCUSSION

Results

Table 1. Learning Methods in the Nursing Clinical Learning Model based on the Collaborative Preceptorship Approach in Medical Surgical Nursing Courses

No	Method	Target	Execution
1.	Pre and post conference	16x	16x
2.	Clinical tutorials	2x	2x
3.	<i>Bedsite teaching action and observation</i>	8x	8x
4.	Patient care	8 upbringing	8 upbringing
5.	Case seminars	1x	1x
6.	resume	8 x resumes	8 x resumes

Table 1 describes the 6 kinds of learning methods used in clinical nursing learning

Table 2. The Quality of Learning Methods in the Collaboration-Based Collaboration-Based Clinical Nursing Learning Model Preceptorship Approach for Medical Surgical Nursing Courses

No	Method	Category		
		Very good	Well	Pretty good
1.	Pre and post conference	64.5%	35.5%	0%
2.	Clinical tutorials	52.2%	45.5%	0%
4.	<i>Bedsite teaching action and observation</i>	53.7%	46.3%	0%
5.	Patient care	49.2%	42.6%	8.2%
6.	Case seminars	57.5%	42.5%	0%
7.	resume	69%	24.2%	6.8%

Table 2 explains that all methods get good and very good ratings, only two methods get pretty good ratings.

Table 3. The Influence of the Preceptorship Approach Nursing Clinical Learning Model on the Quality of Learning Methods

	N	Std Deviation	Correlation
Learning Method Before Preceptorship	12	10.41	0.432
Learning Methods After Preceptorship	12	14.05	

Table 3 shows that there is an influence of the nursing clinical learning model on the quality of learning methods with a moderate level of influence.

Discussion

The results of the study show that the clinical nursing learning model based on integrated collaboration with the preceptorship design applies several methods methodlearn

to earn very good ratings from students. The methods referred to include: conferences 64.5%, BST 53.7%, clinical tutorials 52.2%, patient care 49.2%, resumes 69%, case seminars 57.5%, t-test results state that a significant effect of integrated collaboration-based clinical learning models on the quality of learning methods ($p = 0.006$; correlation 43.2%).

The terms preceptoring and mentoring are often used to mean almost the same thing. The different is; in the mentoring program, the mentoring process lasts a long time while in preceptoring it is short in duration and the mentoring is given intensely. This guidance method is a system and process of delegating authority gradually from preceptors/mentors. The goal is for students to become mature and mature in nursing professionalism so that when they graduate they are able to become competent and professional graduates. This goal can be achieved by equipping students with a structured and supportive "intermediate" program as a bridge towards efforts to produce reliable and competent practitioners, especially to be able to work in high-level service situations (AIPNI, 2010).

Preceptee(student) is someone who has been equipped with the necessary competencies and is proficient to run them, so that they can function as accountable practitioners. Therefore, all students who will act as preceptees are individuals who are just about to enter the real world and need guidance but already have all the necessary competencies. The need for preceptors occurs because efforts to maintain quality patient services and the presence of students are not the parties that are utilized because of insufficient staff or are considered free staff. Conversely, preceptors are also needed to reduce stress that students may experience as new nursing graduates who are not familiar with the real world of work. Besides that, the existence of the preceptor is also to ensure that the responsibility does not rest entirely on the learner, is not given earlier or should not be given in an inappropriate manner. This is of course to reduce the occupational risks that occur in students and patients, especially in a more complex health care environment (AIPNI, 2010).

Several learning methods initiated by the preceptorship include: pre and post conference, bed site teaching, individual tutorials given by the preceptor, case discussions, direct observational procedural skills, small seminars on cases or science and technology in health or nursing latest, gradual delegation of authority, learn to innovate in the management of care, case reports and service overan. The selection of this method is based on the learning competencies to be achieved.

The clinical teaching method is a method that is carried out in order to achieve the goals that have been determined in the semester learning plan so as to produce a specific learning experience. Clinical teaching is needed because the conditions of the educational field are different, the abilities of the students are different, and the abilities of the supervisors are different (Susilo, 2011).

The details regarding the implementation of the methods implemented in the integrated collaboration-based clinical learning model are as follows. The pre-post conference method is carried out at the beginning and end of the practice. In general, on Monday morning before interacting with clients and ending Saturday afternoon after completing the entire series of practices in one learning cycle for one week. The pre-conference is intended to explore student knowledge in achieving competency and the ability to adapt professionally. Interaction

Among preceptor (supervisor) and preceptee (student) enable a satisfactory learning contract to be concluded. The preceptor can explain the details of the implementation of the practice and the rules that apply, the precept also has the right to provide confirmation of all tasks and competencies to be achieved. During the post conference students can actively convey all their competency achievements and learning experiences and clarify matters that require additional explanation.

The supervisor can also make a final assessment of the aspects of student cognition and affection during practice and submit follow-up plans. This method has several advantages including: 1) availability of learning resources, 2) clarity of competencies to be achieved 3) clarity of learning tasks to be carried out, 4) continuity of assignments, 5) clarity of guidebooks, and 6) clarity of step by step achievement of learning competencies .

The second method is bed site teaching (BST). BST is divided into action BST and observation BST. BST action is a possible client-side learning activity student get direct demonstrations from supervisors related to clinical nursing skills. Nursalam and Efendi (2008) stated that BST is a clinical learning method that is carried out at the client's bedside, including activities to study the client's condition and the nursing care needed by the client. The BST action was carried out on the first day of practice with the competence of nursing physical examination skills. The BST observation is carried out the following day with the competencies agreed between the supervisor and the student. The learning process takes place in two directions because the direct supervisor provides demonstrations, mentoring, direction, and training in achieving the desired nursing skills. The advantages of this method are: 1) the learning process is directly beside the client,

Djamarah, (2008) defines learning as a process in which behavior is generated or changed through training or experience. Through the BST method, nursing skills are trained in a measurable manner with adequate assistance and guidance.

The third method is the clinical tutorial. This tutorial is carried out after the second BST observation and tutorial activity on Saturday (at least two days after the first tutorial session). The steps in the first tutorial session include: 1) problem: students present findings of focused data in the form of subjective and objective data, 2) hypothesis: students identify problems that might arise from the data that has been found, 3) mechanism: students explain in detail the mechanism of the occurrence of problems that are expected to appear related to the data that has been found, 4) more info: students explain what additional data is needed to support the nursing diagnosis that will be enforced, 5) don't know: design strategy development to solve problems. While the steps for the second tutorial session include: 1) problem: students mention nursing diagnoses that have been raised (primary, secondary, changes in body function), 2) problem solving: students mention steps for handling problems (main, supporting, specific), 3) mechanism: students explain the rationale and mechanism (pathway) of the actions that have been taken so that they are able to overcome the problems that occur, 4) evaluation: students explain the evaluation of the results of the care that has been carried out (SOAP). The advantages of this method include: 1) exploring students' abilities to think critically and professionally, 2) learning based on problems andat a timesolve problems, 3) students become more confident because they are trained to make diagnoses and perform rational nursing actions.

The fourth method is a case seminar. Case presentations were carried out after students provided nursing care for three days. The cases presented are in accordance with the competencies to be achieved and carried out individually in front of other students. The advantages of this method include: 1) sharing experiences of caring for patients, 2) exploring presentation, discussion, and argumentation skills, 3) learning to respect the opinions of others, be honest, and control emotions. The advantages of the case seminar method besides optimizing hard skills are also soft skills. Soft skills are strategies needed to achieve success in life and life in society. Soft skills include: critical thinking, creative, enthusiastic, honest, tough and tenacious attitude (Widoyoko, 2009). Through presentations students practice expressing opinions, arguing about their opinions, being honest with the data presented, being creative when translating their parenting experiences into verbal language. This is an excellent capital

for students when entering the world of work.

The fifth method is journal presentation. The steps in the journal presentation include: (1) compiling clinical scenarios based on the problems that have been identified in the care being prepared, 2) conducting a PIO/PICO analysis, 3) journal search, 4) conducting a journal review, and 5) presenting results journal review. The advantages of this method include: 1) learning based on evidence, (2) training students to look for evidence and support from relevant, up-to-date and reliable research results, 3) the results of the study become material for making changes in clinical settings based on evidence based nursing.

The sixth and seventh methods are nursing care and resume. Students are given the task of caring for patients in a complete way through the nursing process approach. The stages include: 1) assessment, 2) nursing diagnosis, 3) planning, 4) implementation, and 5) evaluation. The target competency of care is two patients. While the case variations were obtained through compiling resumes with a target of 12 patients. The competencies targeted in this method are critical thinking, professional attitude, problem solving skills, collaboration and coordination with the health team, education of client care in hospitals and post-hospitalization, and specific nursing interventions based on cases and developmental age. The advantages of this method include: 1) the availability of learning facilities 2) the clarity of the evaluation/assessment system,

Several things are the advantages of the nursing care method which includes health education competencies which are complex activities, because they are related to client and family education while in the hospital as well as post-hospital education. This indicates that health promotion efforts in the community also receive support from the nursing team since the patient is treated. Achmadi (2013) states that an essential element in public health is community involvement or participation in any effort to improve the health of a community group. This is closely related to individual health efforts.

The involvement of the patient's family in care is also very important to emphasize in patient care. Bezt and Sowden (2002) state that the family is always involved when the client needs physical, psychological, social and spiritual care, both in acute and chronic conditions. Students will learn how to communicate therapeutically with clients and families so as to create a professional relationship.

Nursing care methods and resumes also have a very large role in the student learning experience. Learning experiences are all student activities in interacting with the environment. The learning experience is not the content or subject matter nor is it the activity of the supervisor giving lessons. The learning experience is more indicative of student activity in the learning process (Sanjaya, 2009). Many of the activities of nurses in providing services to patients are obtained through direct interaction of students with patients and families when providing nursing care and resumes so that many students' capital as professional nurses is initiated using this method.

These seven kinds of methods each get their own portion of the assessment with different percentages. This is in accordance with the opinion of Sudjana (2009) which states that the assessment of learning outcomes should be an integral part of the teaching and learning process. Assessment is always carried out at any time in the teaching and learning process so that the implementation is continuous. So as a whole the method used is not just a teaching and learning process but at the same time an assessment process. This allows students who have weaknesses in oral presentations to get additional assessments from other methods, and vice versa

CONCLUSION

It can be concluded that the learning methods used include: conferences, clinical tutorials, bedside teaching action and observation, patient care, resumes, and case seminars. And there is a significant influence of integrated collaboration-based clinical learning models on learning methods. So that this method needs to be continuously developed to improve optimal learning outcomes according to the level of competence.

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