

TRAINING OF GROUP MODEL CLINIC SUPERVISION IN DOCUMENTATION OF NURSING CARE AT SANSANI HOSPITAL, PEKANBARU

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Abstract

Documentation of nursing care is the responsibility of nurses in improving the quality of nursing services. Nursing documentation is an indicator of quality in assessing the quality of services provided by nurses. Good supervision can improve the competence and performance of nurses in the room. Supervision is a manager's professional support in providing assistance and direction to nursing staff to develop their abilities and competencies of nursing staff. Sansani Hospital in documenting care has made a policy that the application of nursing care documentation is according to standards, but the implementation is still not up to standard. The implementation of supervision in the documentation by the supervisor has not been optimal. Therefore, the IbM team will conduct clinical supervision training for the model group in documenting nursing care. IbM is carried out for 1 year, while the targets in this IbM are the head of the room and the team leader at Sansani Hospital. The solutions offered are socialization of clinical supervision and documentation of nursing care and simulation of the implementation of group model clinical supervision. IbM's output target is clinical supervision training on a group model in nursing care documentation developed in the form of modules and publications in online media. After the training, it was found that there was an increase in knowledge about the supervision of the model group in the documentation of nursing care.

Keywords: nursing, clinical supervision, supervisor.

INTRODUCTION

Nursing documentation is a tool used to evaluate nursing care provided to patients. Documentation is an activity of recording, reporting, or recording an event and activity carried out in the form of providing services that are considered important (dalami, 2011). According to Lingggardini (2010), nursing documentation is written information about the patient's status. Meanwhile, according to Sabarulin (2013), nursing documentation is a record that contains nursing care given to patients. So, documentation is a record that contains the progress of the patient and all nursing care carried out by nurses.

Documentation of nursing care is the responsibility of nurses in improving the quality of nursing services. According to Syahrir (2012), nursing documentation is a quality indicator in assessing the quality of services provided by nurses. According to Wirawan (2013), documentation relates to the quality of nursing services received by patients. Based on this

opinion, nursing documentation is a reflection of the quality of nursing care provided by nurses to patients.

The low documentation of nursing care which is still less than the standard, which is 95%, is influenced by several factors. According to Suara (2013), the implementation of documentation in hospitals is influenced by factors of supervision, guidance, and direction from nursing managers. Suprihatin's research (2014) at the Sultan Agung Islamic Hospital, also said that supervision and motivation were related to documentation. The results of research from several researchers can be concluded that supervision affects the implementation of nursing care documentation

Supervision is one of the managerial efforts to improve the performance of nurses in the room. According to Western Health (2011), supervision is the professional support of managers in providing assistance and direction to nursing staff to develop their abilities and competencies of nursing staff. According to Sukarjo (2010), supervision is the process of directing nursing staff to achieve goals in providing nursing care to patients. In other words, supervision can be interpreted as supervision and direction from superiors to subordinates and one of them is by supervising the implementation of documentation.

Supervision is useful for increasing work effectiveness which is closely related to increasing the knowledge and skills of subordinates, as well as the establishment of a more harmonious working relationship and atmosphere between superiors and subordinates through interpersonal relationships and increasing work efficiency which is closely related to the reduction of mistakes made by subordinates in carrying out tasks. services (Saverinsson, 2013).

Supervision activities for the implementation of documentation can be carried out with several models, according to Packham (2014), the one-to-one supervision model and group supervision can be carried out in hospitals. Royal Cornwall Hospitals (2013), also proposed a model of group supervision, network supervision, and one-to-one supervision. Likewise, the Care Quality Commission (2013), suggests that the group supervision model is part of staff professional development and explains the benefits of the supervision group model in improving the ability of nursing staff through continuous monitoring and feedback from managers because in this model a discussion process occurs between supervisors and managers. staff. In the implementation of this supervision model, there is a continuous process of directing and learning from supervisors to staff which in turn can increase staff satisfaction and motivation at work.

The group supervision model is a clinical supervision model with a group approach, according to Western Health (2013), a supervisor supervises several staff intending to build the personal abilities of the supervisor and staff. The supervisor performs supervision in a planned and scheduled manner with a time contract and commitment that has been mutually agreed upon between the supervisor and his staff. Thus this model is more systematic and organized, and supervisors and staff have high integrity in the implementation of the supervision process so that the application of the group supervision model can improve the quality of the implementation of nursing care documentation in hospitals and this model can also be applied at Sansani Hospital Pekanbaru.

The implementation of nursing documentation is influenced by several factors, one of which is supervision from superiors. By looking at the problems that exist in the Sansani Hospital described in the situation analysis above, the following problems can be formulated:

- a. Pekanbaru Sansani Hospital has not carried out clinical supervision of the Model group in the implementation of nursing care documentation.
- b. The head of the room and the team leader did not understand the clinical supervision of the Model group in the implementation of nursing care documentation.

IMPLEMENTATION METHOD

At the preparatory stage, identification of the needs used during the implementation of service at Sansani Hospital Pekanbaru was carried out. This activity involves the entire service team. Next is the method design stage. At this stage, identification of the mechanism for implementing community service activities with partners is carried out. The mechanism in question includes the determination of the time of service implementation and the readiness of partners.

At the media design stage, media design is carried out by designing learning media and mentoring. Furthermore, socialization on the implementation of Model group supervision and a Workshop on mentoring the implementation of Model group supervision. This activity ended with the Evaluation of Model group supervision and planning of a sustainable program with the management of Sansani Hospital Pekanbaru regarding the implementation of Model group supervision.

RESULTS AND DISCUSSION

PKM The clinical supervision model group training was held on June 25, 2022, in the hall of the Sansani Hospital Pekanbaru. This PKM process is carried out for 1 year starting from submitting proposals to making reports. The mentoring process is carried out by the implementing team and resource persons. Participants in this activity by implementing the health protocol consisted of 1 (one) lecturer as a resource person, 2 lecturers, and 5 (five) students as facilitators, each room sent the head of the room, team leader, and implementing nurses with a total of 15 people. Before the training, participants were given a pretest and posttest under clinical supervision.

The implementation of the activity is divided into several sessions. In the first session, participants were provided with the concept of supervision theory, the second session was a simulation of the practice of clinical supervision of the model group and the third session was mentoring the practice of supervision of the model group. The material provided by the resource person ends with a conclusion, an evaluation of activities where the problems faced by nurses, or the success in documenting nursing care can be assessed.



Figure 1. The First Session of Providing Clinical Supervision Concept Materials



Figure 2. Second Session of Clinical Supervision Simulation



Figure 3. Second Session of Clinical Supervision Simulation

In the practice of clinical supervision of the group model, the participants were divided into 2 groups: group 1 (one) consisting of 7 people; one supervisor, and 6 supervisors (supervised persons), while group 2 consists of 6 persons; one supervisor and 5 supervisors, in the implementation of the clinical supervision practice simulation of the group model, accompanied directly by the resource person.



Figure 4. Supervision Practice Assistance

Table 1. Average distribution of respondents based on knowledge before and after clinical supervision training (n=15)

Variable	Mean	SD	95% CI		P value
			Lower	Upper	
Prior Knowledge	11,87	1,568	-	-	0,001
Knowledge After	13,93	1,033	3.277	0,989	

Based on table 1, it can be seen that the average/mean knowledge before being given training was 11.87 (SD 1.568) and the average/mean knowledge after being given training was 13.93 (SD 0.989). The results of the bivariate analysis showed a p-value of 0.001 (0.05) which means that there was a significant effect before and after training. During the activity, all participants participated in the activity from beginning to end. Participants enthusiastically participated in the activities held and were able to follow the activities well. This training activity was started by providing education or updating material on distribution planning, then continued with discussions related to the material presented.

Clinical Supervision is a term used to describe the formal process of professional support as a way to encourage self-assessment and development of staff skills (Royal Cornwall Hospitals, 2013). Clinical supervision is the process of providing professional and teaching support that allows for the development of knowledge, skills, competencies, and responsibility for the practice, a shared learning process occurs between supervisors and that supervised Western Health (2011).

Clinical supervision aims; to direct the nursing practice of subordinates or staff, provide support to avoid mistakes, create an environmental atmosphere so that nursing activities are more challenging, and more developed and increase a comfortable and healthier work environment. Encourage staff and supervisors to be able to carry out self-assessment, and improve analytical skills on problems found together.

Clinical supervision has many advantages including; building personal development, identifying learning needs, promoting positive working relationships, promoting development in practice and skills, providing feedback opportunities between staff and supervisors, providing emotional support for subordinates, creating subordinate satisfaction and reward from superiors, contribute to risk management and minimize injury to patients and nurses, maintaining standards and being able to improve service quality and being able to protect patients and nurses from errors in service delivery.

Clinical supervision also has other benefits, including; supervision can further improve work effectiveness and can improve work efficiency. If both benefits can be realized, it means that the organization's goals have been achieved. The main purpose of correct and appropriate supervision, in the sense of being more efficient and effective, is so that the goals set by the organization can be achieved with satisfactory results.

CONCLUSION

This activity was held on June 25, 2022. The activity ran smoothly and was attended by 15 online participants. The implementation of community service was delayed not according to the schedule that had been agreed upon earlier because the management who was also present at the PKM activity had a sudden meeting with the foundation, during the PKM activity, the clinical supervision training model was delayed by 1 hour because some participants had not come because of the busyness of the room, the target participants What is expected is that the head of the room and the team leader are not as expected.

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