

PRECEPTOR MENTOR TRAINING FOR MIDWIVES

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Abstract

Midwifery education programme is an educational forum that graduate professionals to support women throughout their life cycle, using the paradigm that the process women experience is a natural thing. Efforts must be made to improve midwife students' competencies through hands-on learning using the preceptorship method. The preceptorship is a form of clinical learning that helps students to be better prepared for organizational and professional structures and to become more productive. A preceptor's role is to provide support, supervision, monitor learning and assess student placements. Effective Preceptorship can be carried out by preparing Preceptors through an understanding of the duties, responsibilities and use of methods in accompanying students in clinics. Therefore, training is needed to improve the competency of supervising midwives as educators and mentors in clinics. The training was conducted online for 2 days. The assessment of competence improvement is carried out according to the method used in the training process, namely audio-visual. The results of the activities are effective and go in the right direction according to the objectives aimed at in the planning.

Keywords: Preceptorship, Training, Midwives.

INTRODUCTION

Midwifery educational programme is an educational forum that graduate professionals to support women throughout their life cycle, using the paradigm that the process women experience is a natural thing. Efforts must be made to improve students' competencies through hands-on learning using the preceptorship method. The preceptorship is a form of clinical learning that helps students to be better prepared for organizational and professional structures and to become more productive. The role of a teacher is to support, supervise and monitor the learning process. Midwifery degrees, particularly maternal and child, are supported by the quality of health resources in the delivery of health services. This can be achieved by implementing and managing the education of professional health workers in such a way that it can produce graduates who are competent according to the needs of the community (Pusdiklatnakes, 2010). As one of the health resources at the forefront of maternal and child health services, midwives must also have competent skills in the delivery of maternal and child health services. According to the International Confederation of Midwives (ICM), competency-based midwifery education requires students to be able to acquire the competencies required for midwifery practice (ICM, 2011). To improve competency, clinical learning is an important process so that students can truly understand midwifery knowledge and apply it

comprehensively and sustainably.

The preceptorship is a form of clinical learning that helps students to be better prepared for organizational and professional structures and to become more productive. A preceptor's role is to provide support, supervision, monitor learning and assess student placements. Midwifery regulations work with educational institutions to plan and provide appropriate learning opportunities for students in clinical midwifery settings. Meanwhile, a mentor and preceptor will support students to integrate all midwifery skills, attitudes and knowledge, including a full understanding of the role of midwives (ICM, 2020).

Effective teacher training can be accomplished by preparing teachers who meet the requirements of having andragogic competence, clinical teaching training, 2–5 years of clinical experience, teacher to student ratio of 1:2–5, and the study ensures that guides, tools, materials and assessment models and instruments are available and working (AIPKIND, 2012). In addition, the faculty should have balanced clinical and teaching responsibilities aimed at developing professional competency and being able to provide high quality, patient-centered care.

In order for the learning practices undertaken by midwifery students in the clinical setting to be of maximum benefit and achieve learning objectives, the students must be guided by a trained midwifery teacher. This support is necessary to achieve learning objectives, enable students to fully apply midwifery knowledge, develop self-confidence, and motivate students to continue learning and provide services properly and correctly.

Clinical learning practice is very important in preparing a student's competency as a prospective professional midwife. This process allows students to learn first-hand about midwifery care for patients in a clinical setting. Implementation requires a trained preceptor mentor who can guide students toward their learning goals, develop confidence and discipline, and increase students' motivation to continue learning. Based on the above situation analysis, there is a need to carry out community service activities in the form of midwife preceptor mentor training for clinical attending midwives so that the clinical learning process of the students can proceed optimally.

IMPLEMENTATION METHOD

This activity aims to train clinical attending midwives from the target area of the DIII Midwifery Study Program at St. Paulus Ruteng Catholic University to become Preceptor Mentors so that they can provide support and guidance to the students in the clinical learning process about the definition, needs and framework of midwifery education and mentoring programs, as well as the latest evidence based on midwifery services. It is hoped that students, as prospective professional midwives, can be assisted in achieving their learning goals with appropriate support and guidance. This activity also improving the psychomotor skills of clinical attending midwives by using the preceptorship and mentoring program framework to professionally develop clinical skills according to the learning goals. Improving the affective skills of clinical midwives in caregiving so that students become more motivated to continue learning and have self-confidence. All goals would make the students' skills become better and more qualified (Lennox & al, 2008).

The phases are carried out starting from the planning phase by preparing a proposal with

an assessment of the problematic of the training topic. This activity includes drafting proposals, agreeing on implementation time, preparing materials and timetable for activities. This phase ran from July 7th, 2021 to July 21st, 2021. Planning was done through coordination via WhatsApp group application and Zoom meeting. Conduct online training using the Zoom Meeting Conference application. In the training, all participants will perform 4 phases of activity, (1) Preliminary assessment through the provision of pre-test questions prior to the delivery of the training aimed at measuring participants' knowledge of the Preceptorship program; (2) Provide Preceptorship program development training to all trainees; (3) Role play to guide the preceptor using case guidelines. The role play will be carried out in 3 break rooms, accompanied by each facilitator, and aims to measure the psychomotor skills in the implementation of the mentoring with the Preceptorship program; and (4) Assessment by providing post-test questions to measure participants' knowledge level after attending the training.

Charitable activities are carried out according to the planned schedule and method. The main activity, namely the training, will take place on Monday, July 19, 2021 and Wednesday, July 21, 2021 from 08:30 until the end. Activities will be conducted online via the Zoom platform with link details: <https://us02web.zoom.us/j/82355582565?pwd=ZzNrSG5TanV4RmlRaHR0cytLQ2NoZz09> (Meeting ID: 823 5558 2565; Passcode: 566980).

RESULTS AND DISCUSSION

The number of registrants participating in this activity was 30 people. The participants' backgrounds were midwives with the main task of being implementing midwives in providing care services to women and children as well as midwives as educators.

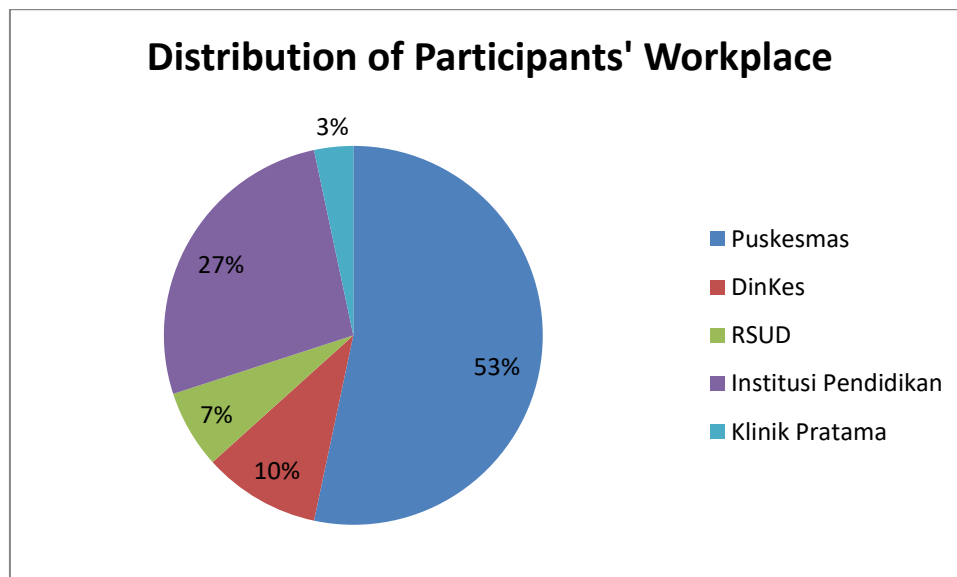


Figure 1. Distribution of Participants' Workplace

Figure 1 shows that more than half of the participants in the training worked at Public Health Center. 73% of participants introduced midwives as a practitioner. This consideration is of course based on the premise that health care institutions are an integral part of midwifery

education. Midwifery students training are required to participate in on-site practical activities to apply the theory acquired and to achieve the goals set by the institution. Of course, this activity involves direct contact with midwives who act as implementers in healthcare facilities, since most interactions are carried out by students and implementing midwives.

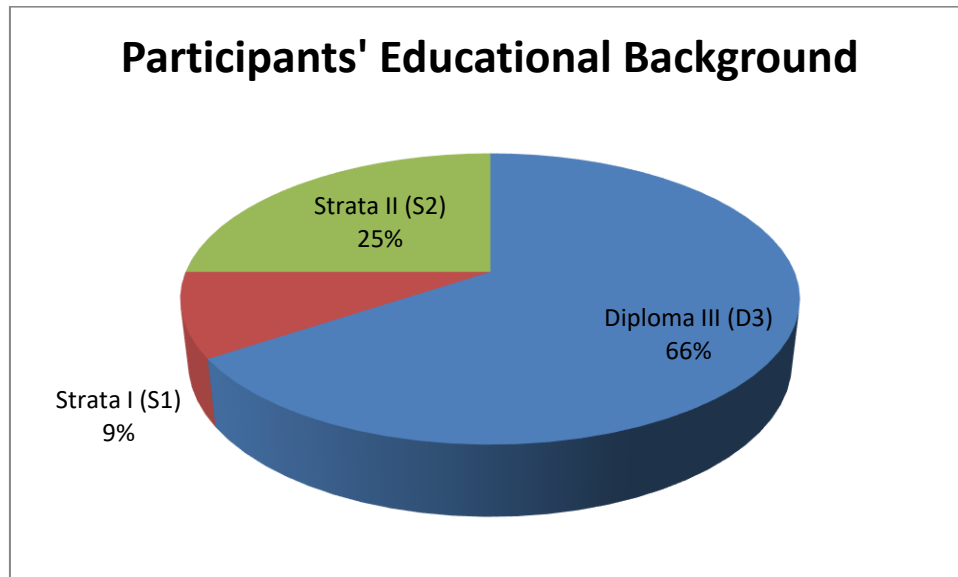


Figure 2. Distribution of participants' educational background

The training participants consist of various different educational backgrounds. Most of the participants' backgrounds were Diploma III in Midwifery, this followed government regulations which stated that midwives working in health facilities had at least Diploma III education (Indonesia, 2019). Following up on this, the additional requirements set are that with a minimum of 5 years work experience, the midwife is entitled to take part in preceptor mentor training in collaboration with educational institutions to assist midwifery students on the diploma and professional route.

Activities on the first day of the training began with registration of participants and filling in the pretest at 08.30 - 09.00. Beginning with the opening and building learning commitment agreed upon by the participants in order to smooth the training process for 2 days.

The introduction to the first day of the training began with the presentation of material by the midwifery professional organization, the Indonesian Midwives Association (IBI) on the topic of the Concept of Midwifery Education in Indonesia and Ethics in the Clinical Learning Process. These two topics are provided as a basis and paradigm that will be upheld by the preceptor mentor to facilitate students regarding the clinical learning process. Of course this is also related to the role of the midwife herself as an executor in a health facility that has direct contact with clients. This must be understood as the two roles can be carried out in accordance with their respective objectives. What needs to be paid attention again is related to the midwife's code of ethics, rights and obligations relating to midwives and patients.

The next activity was the presentation with the topic of Creating a Conducive Learning Environment; Methods/Clinical Learning Strategies Preceptorship and Mentoring Methods and Clinical Learning Management. Submission of material starts at 12.45 – 17.30 WIB. The first day's activities were carried out online and attended by all training participants.

The second day of the training started at 07.45 WIB, the participants who took part in the activity totaled 28 people, 2 others were unable to attend due to illness and urgent personal needs. The initial activity that was followed was a reflection of the material that had been given on the first day. Furthermore, the presentation regarding Evidence Based Antenatal, Intranatal, Postnatal and Newborn Babies. Submission of material is carried out for 2 hours 15 minutes, starting at 08.00 – 10.15 WIB.

Later, the next presenter sharing topic of Discussion on Clinical Learning Practices (Pre, Process and Post-Clinic). Submission of material starts at 10.15 – 11.45 WIB. The participants were given time to break for 1 hour after the second material was given.

After break, the participants were divided into 3 groups consisting of representatives of institutions where they work. 3 groups are facilitated to enter the Break Out Room which will be accompanied by facilitators. This activity was carried out from 14.15 to 17.30 in each room. Participants play roles based on the case scenarios given per each group. The role played by the participants included 1 person being the preceptor. The last session is closing. This opportunity was utilized by distributing post activity questionnaires via chat zoom.

Table 1. Comparison of Pre and Post Test Correct Scores

Item Question Number	Pre test Correct Score	Post test Correct Score	Increase Score
1	69	82	13
2	71	87	16
3	71	94	23
4	67	78	11
5	73	75	2
6	78	88	10
7	81	88	7
8	78	88	10
9	65	80	15
10	78	80	2
11	59	75	16
12	77	88	11
13	73	91	18
14	80	97	17
15	69	75	6
16	50	82	32
17	62	74	12
18	80	97	17
19	64	Do not participate	
20	62	81	19
21	77	88	11
22	63	Do not participate	
23	78	94	16
24	79	91	12
25	78	77	-1
26	85	85	0
27	81	91	10
28	69	88	19

Item Question Number	Pre test Correct Score	Post test Correct Score	Increase Score
29	71	83	12
30	75	80	5

Based on these details, it is known that the lowest score during the pre-test is 50 and the highest score during the pre-test is 85. The lowest score during the post-test is 74 and the highest is 97. It is also known that the average value during pre- and post-test has increased. During the pre-test the average value was 72.10 and during the post-test the average value was 84.89. This is in accordance with the theory of learning experience introduced by Edgar Dale (1946), that with the audiovisual method, individuals will retain the information conveyed ((Susanti & al, 2016)).

The training method using a student centered learning basis makes participants motivated to be active in learning activities. In this case, the teaching and learning process is closely related to the learning pyramid which is used to create innovations in learning strategies so that the average student retention rate can be obtained as much as possible (Assadi, 2018).

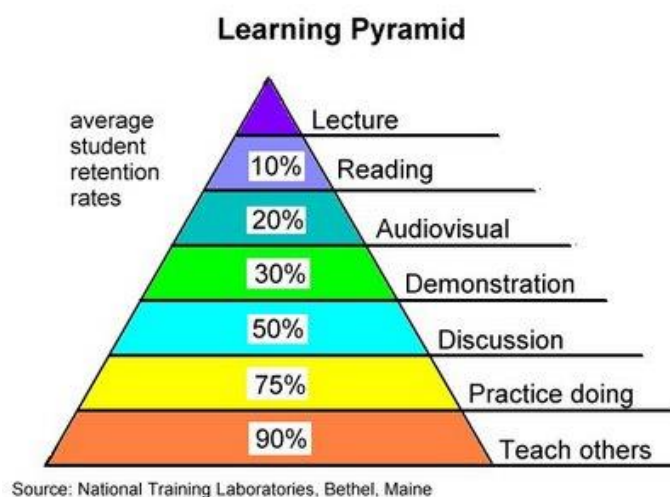


Figure 3. Learning Pyramid bu Edgar Dale

CONCLUSION

The activity was carried out on July 19th and July 21st 2021 starting at 08.30-17.30 WIB, taking place on time and smoothly. The results of educational activities can be evaluated directly through an analysis of the difference in the increase in correct scores during the pre-test and post-test. Evaluation of improvement according to the method used during the educational process, namely audiovisual. The results of the activities are effective and in the right direction in accordance with the intended goals during planning. Similar activities can be carried out with an approach and a combination of methods in preceptor and mentor activities that are adapted to the pandemic situation and the new normal.

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