

Evaluation of Preceptorship Implementation Process and Application of the Philosophy of Midwifery in the Cycle III (Midwifery Care for Physiological Delivery) at the Midwifery Independent Clinic (PMB) at the Clerkship of the Midwifery Professional Education

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ABSTRACT

One of the ways to develop the quality of clinical learning is by applying suitable *preceptorship* methods. So far, the implementation of clinical learning activities still needs special attention. Clinical learning methods have not been implemented optimally. Some of the problems that still occur in the clinical learning process include the immense workload of the preceptors where the work of the preceptors overlaps with the functional tasks at work, the lack of opportunities given by students to take action, the lack of time to discuss between students and the receptors considering a large number of clients served. This results in reduced adequate time and attention to guide students. The purpose of this study was to evaluate the implementation process of the third cycle of Preceptorship (midwifery care for physiological delivery) at PMB at the clerkship of the midwife professional education clinic. With a cross-sectional approach, this analytical study was conducted in 21 Independent Midwives Practices from April to August 2020. The sample of the study was all Midwifery Professional Education students who had completed the clinical clerkship process in Cycle III. Data collection by interview. Univariate data analysis. The results showed that the percentage of the *preceptorship* implementation process was not good (52.5%), and the percentage of the midwifery philosophy application was in a suitable category (50.8%). It can be concluded that implementing the preceptorship process, respectively, needs evaluation, and applying the philosophy of midwifery is quite good and needs to be improved.

Keywords: *Preceptorship, preceptor, preceptee, bedside teaching, women-centered care*

1. INTRODUCTION

One of the ways to develop the quality of clinical learning is by applying the right preceptorship methods. *Preceptorship* is a one-to-one relationship guidance method that is considered good enough to increase skills, *soft skills*, *hard skills*, and *attitude* of the midwifery profession [1]. According to the Ministry of Health, the implementation

preceptorship includes: 1) *preceptors* and *preceptees* meeting and discussing the objectives to be achieved, 2) discussing activities, training, and seminars tailored to the needs of the *preceptees*, 3) providing equipment and facilities needed in activities, 4) discussion between receptors and preceptees after carrying out activities, 5) overcoming problems or constraints found during the activity, and 6) evaluating the results of activities and planning follow-up as needed [2].

So far, the implementation of clinical learning activities still needs special attention. According to Utami [3], some of the obstacles encountered include the large workload of the receptors where the work of the preceptor still overlaps with the functional tasks at work, the lack of opportunities given to students to take action, the lack of

time to discuss between students and the receptors considering the large number of clients being served. This results in reduced adequate time and attention to guide students.

There are several learning methods in the preceptorship process, including BST (*Bed Side Teaching*), case studies, case reflections, and *one-minute preceptors*. *Bedside teaching* is a process where students interact directly with real patients and are under clinical guidance [3]. If obstacles in the preceptorship process, such as lack of time and opportunities, will also result in the *Bedside teaching*- learning method being not optimal.

Less supportive clinical learning will have an impact on the competence and *performance* of midwifery [4]. The Midwife Competency Test is a measure of knowledge and skills as a basis for carrying out professionalism in midwifery services. From Kemenristekdikti data, there was a decrease in the percentage of passing the competency exam for midwives for the XV / 2019 period, from 62.6% to 27.01% in the XVI / 2020 period [5].

In the Midwifery Professional Education, Faculty of Medicine, Andalas University, clinical preceptors/advisors are midwives who come from practical fields who have

received *preceptorship* training organized by the Midwife Professional Education Study Program. One of the lands used for the third cycle clinical secretariat process is the Practice of Independent Midwives (PMB), which is located in several cities in West Sumatra province. Until now, almost all of the *preceptorship* processes for professional midwife students are carried out by clinical preceptors, while academic preceptors only provide guidance and visits at certain times, as many as 1-2 times per cycle.

Cycle III is a cycle in which students must achieve competencies related to midwifery care in physiological labor. The SKS weight in cycle III has a sufficiently large SKS weight of 5 credits. In this cycle, students must help deliveries to achieve 50 cases of physiological/standard delivery. Cycle III is essential for students to master because it is one of the midwife's primary competencies.

Based on this process, it is essential to know and evaluate how the *preceptorship* implementation process that has been carried out so far in the practice field in the clinical clerkship process for cycle III is at PMB. Whether it is following the expected standards. Therefore,

So the researcher wants to evaluate the clinical clerkship process in midwife professional program students.

2. METHODS

This type of research is analytic with a *cross-sectional* approach. This study population was all midwife professional education students who had finished following the Cycle III clinical clerkship process. Samples were taken using a *total sampling technique*. Data collection was carried out from April to August 2020 with a questionnaire of 61 respondents who evaluated two different PMBs with 122 questionnaires. Data analysis was carried out univariately.

3. RESULTS AND DISCUSSION

Preceptorship Implementation Process

Table 1.Frequency distribution of the implementation process of Cycle III *preceptorship* (Midwifery Care for Physiological Delivery) at PMB at the Registrar's Office of Midwife Professional Education

Variable	f	%
Well	58	47.5
Less	64	52.5
Total	122	100

Based on table 1 above, it can be seen that from 122 questionnaires, 64 questionnaires (52.5%) describe the process of implementing *Preceptorship* is not good.

Preceptorship is clinical learning between students (*preceptee*) and experienced practitioners (preceptors), which occurs in the short term (Lazarus, 2016). The *preceptorship* method pays special attention to student learning needs and provides feedback regarding student performance in clinical practice in order to be able to create appropriate and safe health services for patients [3]. According to research by Susanti *et al.* [7], using the *ship* preceptee model, *preceptee* has a better experience, increases self-confidence, knowledge, and skills that are integrated with real-life situations.

In this study, the results showed that the process of implementing *Preceptorship* was still in the low category (52.5%), among others, sometimes the receptors reviewed the learning objectives (42.6%), sometimes the clinical *preceptors* did *preconference* before starting the learning process using the *bedside teaching* (44.2%), sometimes clinical preceptors do *post conferences* after learning with the *bedside teaching* method (42.6%), sometimes clinical preceptors observe and evaluate the development of *preceptees* according to learning objectives (38%) and sometimes clinical preceptors review and rate / provide *feedback* on learning tasks that have been made/completed by students (38.8%).

There are three components in the implementation process of *Preceptorship*, including the preceptor, the *ship*, precept, and *preceptee* [8]. The preceptor's role is very vital for students in the practical field to achieve competence [8]. The receptors have a significant influence on students' practical experiences so that students believe that the preceptors can teach, guide, and motivate them while in the practical field [9].

According to Utami *et al.* [3], the preceptor's role is to provide support, supervise, monitor the course of learning, and assess practical students. A survey of students and senior midwifery colleagues was used to evaluate the preceptor's role, showing that they felt well supported, were able to develop clinical skills, and were more confident [10].

There are several learning methods in the preceptorship process, including BST (*Bed Side Teaching*), case studies, case reflections, and *one-minute preceptors*. These various guidance methods should ideally be *updated* by clinical supervisors [3]. The results of research conducted by Maritalia *et al.* [11] show that there is an effect of the *bedside teaching* method on childbirth assistance skills in midwifery students.

According to Bradshaw *et al.* [12], there are many challenges experienced by the receptors related to the assessment of clinical practice, given the receptors' work in busy, complicated, and physically tiring environments. The results of research conducted by Erawan *et al.* [13] show that the duties and responsibilities given by the institution to improve the quality of student clinical practice are not easy jobs. Apart

from providing midwifery care to clients, several preceptors carry out activities outside, such as continuing their studies. The study results from Traynor et al. [14] state that there is less interaction time between preceptors and preceptees so that preceptees feel less benefit from the guidance method to increase competence and increase student self-confidence.

Another problem found in the *preceptorship* process is the mismatch between the number of preceptors being compared and the students. This is an essential thing also in terms of quality and quantity. One preceptor found several PMBs to guide more than ten students from different institutions so that the quality and quantity of the *preceptorship* process were also not optimal. According to IBI & AIPKIND [15], it explains that the Ratio of Receptors compared to students in practicum learning and clinical practice is 1: 5. The key to success is that Preceptorship can be a satisfying experience for students through a systematic approach, knowledge of educational goals, flexibility, and supported by facilities/tools for practice [6]. Besides, the renewal of the *preceptorship* training program, the implementation of feedback to the acceptors, and the provision of incentives to the receptors are believed to improve the process of implementing the *preceptorship* process [12].

Preceptorship training is also essential to increase the ability and attitude of the preceptors in clinical clerkship. According to research by Putriyanti et al. [16], the influence of *preceptorship* training on the level of knowledge, attitudes, skills, and communication of clinical supervisors. According to Moran and Banks [17], receptors very rarely receive feedback about the effectiveness of their performance as preceptors, which can affect their development and self-confidence, and competence. Besides, there are several things that the acceptor can do to improve the quality of students in clinical practice, such as reflection after the learning process, giving confidence to students to take action independently, giving praise for successful actions students do, and not reprimanding students in front of clients [18].

Application of the Philosophy of Midwifery

Table 2. The frequency distribution of applying the midwifery philosophy in the Cycle III *preceptorship* process (Midwifery Care for Physiological Delivery) in PMB at the *Midwifery Professional Education Clinic's Clerkship*.

Variable	f	%
Well	62	50.8
Less	60	49.2
Total	77	100

Based on table 2 above, it can be seen that from 122 questionnaires, 62 (50.8%) describe the process of applying the philosophy of midwifery well.

In carrying out their duties, midwives must have a belief or view of life used as a frame of mind in providing care [19]. According to the Indonesian Midwives Association [20], the perspective of life that must be applied in providing care includes viewing pregnancy and childbirth as natural, women as unique individuals and having different needs, belief in the functions and benefits of a midwife's profession, empowerment in decision making, collaboration and partnership, seeing all humans as unique bio-psycho- socio-cultural and spiritual beings.

In this study, it was found that the application of the philosophy of midwifery was in a good category (50.2%), including clinical preceptors who often pay attention to the infection prevention process (47.3%), provide care as needed (51.2%), view that every human being is unique. (50.4%), provide care by competence, roles, and responsibilities (42.6%), always establish good communication with clients and families (60.5%), always maintain client privacy and maintain work ethics (55.8%), always pay attention to biopsychosocial-culture (45%), collaborate/refer according to client needs (48.8%), participate in activities to improve competence related to science and profession (51.2%), and pay attention to legality factors in providing midwifery care (45%).

Women-centered care (care that is centered on women) is a basic concept in midwifery theory [21]. According to Fontein-Kuipers et al. [22], *Women centered care* is a philosophy and practical approach in providing midwifery care, where their relationship collaborative between women and midwives are built through the interaction of a fair and open with each other and mutually recognize and respect the expertise and respective strengths - Each. According to Fahy [23], *women-centered care* is very beneficial for mothers and babies both physically and emotionally because, in a woman-centered midwifery relationship, midwives focus their attention on women's wants and needs.

In carrying out their duties, a midwife must have good communication, considering that midwives must interact with clients, family, community, colleagues, other professions, and *stakeholders* [24]; practical communication skills are also among the seven professional standards that midwives must-have. By applying effective communication techniques, midwives can gather the information useful in problem formulation/diagnosis of midwifery and conduct education to improve compliance and success in midwifery care [25].

4. CONCLUSION

1. More than half of the *preceptorship* implementation process is in the unfavorable category
2. More than half of the application of the philosophy of midwifery is in the good category

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