The Effectiveness of Clinical Instructor Behavior on Competence Achievement of Midwifery Clinical Practices

Abstract — Midwifery clinical learning for midwifery students aims to improve their knowledge, skills and attitude. Clinical learning methods then provide experiences for students to learn in real cases. The role of Clinical instructors in cultivating students’ competences is very important to obtain the expected competences. The role of Clinical instructors in cultivating students’ competences is very important to obtain the expected competences. The purpose of this study was to determine the relationship between the behavior of clinical instructors and the achievement of competence in the topic of pregnancy and childbirth in midwifery clinic practice. This study was descriptive research in nature. The population of this study was 41 midwifery students and total sampling was employed to collect the data. The result of this study showed that CI behavior in guiding clinical practice could be categorized as good category with 66% and moderate category which was accounted for 34%. Furthermore, the achievement of pregnancy competencies fell into good category with 56% and moderate category with 44%. In terms of labor competence achievement, good category was achieved by 44% and moderate category was 56%. Therefore, it can be concluded that there was a relationship between the behavior of Clinical Instructors and the achievement of pregnancy competencies (0.001 < 0.05), and there is a relationship between Clinical Instructors behavior and labor competencies (0.006 < 0.05). CI was expected to be able to assist and guide students and thus clinical learning goals could be achieved optimally.

Keywords—Clinical Instructor, Achievement of Competence

I. INTRODUCTION

Midwifery Clinical Learning or Midwifery Clinical Practice is a learning process to train students’ skills in providing midwifery care through real experience that requires direct practice in patients. Pusdiknakas (2011) states that through clinical practice, students are given opportunity to develop and integrate knowledge, skills and attitudes they need in practice as competent midwives. The control of clinical skills is an important element of the professional quality of midwifery graduates [1].

Clinical practice is an important part of the midwifery education process which aims to implement theoretical learning in the classroom and laboratory practices to the clinical situation. In fact, the system of midwifery clinical practice that has been running so far still faces a lot of problems so that it has not been able to achieve the expected learning goals. Some of the problems that are often faced in clinical practice learning are the discrepancy between the method of guidance and the mastery stage of student competencies as well as unstructured guidance methods which are the factors leading to less optimal midwifery clinical practice learning processes [2].

Clinical and field counselors’ quality needs to be improved because they play a pivotal role in the development of students’ cognitive and affective progress. The role of clinical counselor that needs to be improved is the role as a model or example, observer, participant and resource person [3]. Criteria that must be met by a mentor include choosing deep and broad scientific knowledge which is at least equivalent to the level of students’ education, having competences of clinical abilities, being skillful in clinical teaching, and being committed to clinical learning [3]. This is because clinical teaching in nursing education has long been acknowledged as the heart of the educational program for nursing or midwifery. In other words, clinical education is regarded as the core of professional nursing training. Clinical instructors can improve the clinical practice of nursing students in order to produce competent clinical practitioners [4].

Competence of midwifery students in midwifery clinical practice includes pregnancy and labor. In principle, there are three main abilities that should be achieved in clinical learning namely knowledge, skills, and attitude. To achieve these targets, clinical supervisor’s role is needed. The behavior of clinical counselors greatly influences the students’ clinical practice process. The purpose of this study is to determine the clinical instructor’s behavior in accordance with the students’ competence in mastering the concept of pregnancy and childbirth in midwifery clinic practice.
II. REVIEW OF LITERATURE

Conceptual definition of competence: the combination of knowledge, skills and abilities that enable an individual to perform a specific task in a manner that yields desirable outcomes. The major aspects of competence include cognitive knowledge, scientific knowledge, personal abilities (communication skill and interpersonal relationships, critical thinking, professional behaviours which are reflected in the ethical context.[5]. Good midwives are expected to acquire such competences as professional caring, professional wisdom, professional competence, interpersonal competence, and personal and professional aspects. [6]. In terms of the framework of midwives’ competences, there are some essential competences which are considered essential namely general competencies, competencies specific to pre pregnancy and antenatal care, competencies specific to care during labour and birth, competencies specific to the ongoing care of women and newborns [7]. Inconsistent clinical practice amongst midwifery educators in their clinical teaching and assessment were found to be the major factors resulting from limited standardization [8].

III. METHODS

This study was an observational analytic study with a cross sectional design. The study was conducted at the Kudus 7 Community Health Center. The total samples of this study were all students including 41 participants who have been doing their clinical practice for 6 weeks at the community health center. The data were collected through questionnaire and were later analyzed using chi square test.

IV. FINDING AND DISCUSSION

| Competence                          | Frequency |
|-------------------------------------|-----------|
| Anamneses                           | 100%      |
| Physical Examination                | 100%      |
| Palpation                           | 100%      |
| Auscultation of Fetal Heart         | 100%      |
| Rate                               | 97.6%     |
| Uterine Fundus Height               | 73.2%     |
| Measurement                        | 100%      |
| Calculating Estimated Fetal Weight  | 100%      |
| Pelvic Examination                 | 100%      |
| Information and Education          | 100%      |

| Labor competency | Frequency |
|------------------|-----------|
| Kala I           | 100%      |
| Kala II          | 85.4%     |
| Kala III         | 92.7%     |
| Kala IV          | 92.7%     |

The statistical test results in table 1.2 show that instructor behavior could be categorized as good with 44% and the behavior was categorized as fair with 56%. There was a clinically meaningful relationship between instructors and the achievement of midwifery clinical practice labor competences (p = 0.006). This means that good instructor behavior will improve the students’ labor competency outcomes.

The results of statistical tests in table 3 show that the students’ achievement of competences in midwifery clinical practice was good with 56% and fair with 44%. There was a clinically meaningful relationship between instructors and the achievement of obstetric clinical practice pregnancy competences (p = 0.001). This means that good Instructor Behavior will improve the students’ achievement of pregnancy competences.

The results of the study showed that there was a relationship between attitudes during practice with achievement of competence with value of p = 0.001. Each student should meet their orientation mentor, reread the study guide, reviewed midwifery material with the latest references, discussed with the management supervisor who carries out care, care skills and handling case skills using checklists, and discussed with mentors things that have not been understood in handling cases [9].

The results of the present study showed that students gained less than 50% score at pelvic examination, leopold examination, fetal resuscitation, [10].

Table 4  The result of clinical behavior of instructors with the students’ achievement of competences in labor midwifery clinical practice

| Achievement of Labor Competencies | Clinical Behavior | p     |
|-----------------------------------|-------------------|-------|
| Good                              | 20.0              | 0.001 |
| Fair                              | 59.3%             |       |
| Total                             | 56%               |       |

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The results of this study also indicated that students, lecturers and clinical guidance midwives proposed clinical learning models that were more concerned with quality than quantity to achieve midwifery care competences. They proposed that midwifery clinic learning used a caseload model that was tailored to the needs of each student in line with midwifery philosophy by facilitating ongoing midwifery care [11]. The fact that midwives should work together with students is a basic need that can influence whether students will progress or develop into independent practices [12]. The counselor is well prepared for mentoring and creates a partnership in workplace setting [13]. To do so, trust, experience or knowledge, coaches and role models are needed. Students find that they gain more knowledge, develop more critical thinking and feel more confident with instructors who utilize characteristics and techniques [14]. The instructor's role in nursing practice has initiated changes in how clinical instructors are used and supports positively contributing to outcomes related to context-relevant curriculums which eventually foster future nurses with the ability to make a difference in the health care system [15].

Clinical instruction is a set of planned experiences designed to help students acquire skills, attitudes, and knowledge by participating in the work setting. In addition, clinical instructors teach attitudes by role modeling as well as help students relate classroom teaching to clinical practice [16]. Teaching and learning are casually tight bound activities. Clinical teaching is the heart of nursing educational program and remains the single most important resource in the development of competent, capable and caring nurses [17]. Clinical teaching excellence could be achieved by
having effective clinical instructor characteristics such as professional competence, expert knowledge, demonstrable clinical competence with skills in clinical teaching, positive interpersonal relationships with students that portray confidence, respect, support and accessibility, with effective communicative and collaborative skills [18].

A qualified clinical trainer should have a comprehensive perspective. In other words, he/she should have five major characteristics: the ability to establish communication, educational qualifications, clinical competence, scholarly knowledge and academic status. A better understanding of how students view the ethical behavior of their instructors may help not only the understanding of their behaviors but also the awareness of the importance of acting as role models to their students. Nursing and midwifery students need to learn more about ethics in order to prevent violations of ethical issues from occurring, once they enter the workplace. By having students learn and understand ethics in college, they will be more prepared to successfully incorporate these principles into their profession [19].

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VI. REFERENCES

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