

Model of Clinical Supervision on the Field Practice of Students Majoring in Medical Record and Health Information

Ganif Djuwadi

Malang State Health Polytechnics, Indonesia

Abstract: *Based on the results of observations made by researchers over the years 2014-2015, students who practice in 21 hospitals in East Java and 21 community health center in Malang district almost 50% has not been in accordance with the competencies expected. When supervisory visit was conducted, the supervisor of the whole hospital had never followed a training as a supervising clinical practice field, so that the student guidance method has not been optimum. However, the learning motivation of the students was very good as proved to be the results of the test of each hospital. Research objectives is to analyze the effect of supervision models supervising work practice clinic field against aspects of the cognitive, affective and psychomotor the students on the course Recorder D-III medical and health information Malang State Health Polytechnics. This pre-design research experiments with a sample of students majoring in medical record and health information at Malang State Health Polytechnics. The results of this study indicates that there is a positive value of the students both in the cognitive, psychomotor and affective aspects, meaning that the clinical supervision guidance model developed increase these three aspects of the student assessment. Although the comparison of the standard value of graduation is 74, the occurrence of scores fluctuations ranges from pre to pos test, although quantitatively the relative increase and the same relative descents. Increase the time to pre-order the observation of 21.07% and a decrease of 22.9%. Conclusion of this study was clinical supervision models can increase student competence of field work practice in hospitals. The improvement in the aspect of cognitive, affective and psychomotor assessment results at the end of the practice of student field work was 99% of students achieving more than 80 with Category A. The results was close to the value of each stage of the treatment that started pre-stage, observation and post occurrence score fluctuations ranges from pre to post, although quantitatively the relative increase and the same relative descents.*

Keywords: clinical, supervision, Model, Practice, students

1. Introduction

Vocational education aims to create graduates who have the skills and expertise professionally in certain fields of science such as art, technology, health, economics, and tourism, and produce applied research and activities that benefit the community. Vocational education has a burden of studying diploma education comprising 60% practice and 40% theory (MONE Number 232 / U / 2000). That way, vocational students will be able to compete in the job market, vocational graduate students can compete to face the ASEAN Economic Community (MEA). "For vocational graduates, MEAs are challenges, not obstacles.

Vocational education organizers must continue to improve their management so that the quality of graduates has competence according to the demands of the job market. Challenges of the work world with higher work competencies as technology advances require vocational education institutions able to anticipate and menghadapi changes that occur then the education needs to be more responsive to accommodate the needs of the field.

Health Polytechnic is a Unit of the Ministry of Health under the Agency for Development and Empowerment of Human Resources provider of higher education vocational (Diploma III dan IV poor living conditions Health) is expected to equip graduates with a variety of skills that suit the needs of the labor market, so that after graduation they are immediately absorbed into the world of work. This is important because vocational higher education is designed to equip graduates with applied expertise. There are several

factors that interact in the learning process, one of which is the learning system developed by the lecturer / instructor. The approach of the learning system at Poltekkes needs to adapt to the current needs in preparing graduates to have jobs with a particular applied skill.

Diploma-III in the Medical Record and Health Information Job Training merupakan integral part of systematic teaching and an appropriate container untuk apply knowledge (cognitive), attitudes (affective) and skills (psychomotor). The learning objectives are to foster professional socialization, clinical decision-making, sensitivity to health problem situations and community responses.

In the management of education D3 Medical Record and Health Information is still found many obstacles, especially in the management of practical activities, among others: the lack of common perception of practical learning between educational institutions with land management practices, quantity and quality of supervisors practice and field supervisor is inadequate, D3 Medical Recorders and Health Information institutions are not in accordance with the availability of practical land so that less effective learning practices that eventually student competence is not achieved.

The results of earlier observations made by researchers over the years 2014-2015 the Most students who practice in 21 Hospital in East Java and 21 health centers in the district and Malang almost 50% not in accordance with the purpose of student competence in accordance with the semester, it is seen at Practice Fieldwork there is a repetition of the competencies that must be achieved so that there is a major competency that can not be achieved by the students. When

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viewed from the competence of supervising almost throughout the supervising Hospital has not been trained as mentors Job Training, so that the student guidance method can not be maximized. However, the student's motivation to learn a very good Job Training this proved the assessment of each student's Hospital almost all good.

One important element in learning is learning strategy, managing the environment so that learning is exciting activities for learners and create active learning, active learners become a very important element in determining the success of learning (Degeng, 2001).

One method Job Training guidance that has been done is a method of counseling supervision. Method of learning practices carried out by the supervising prakek coordinate with field supervisor is to control, supervise student practice activities and provide a solution if there are problems to comply with court practice guidelines. According Suhertian (2000), supervision is a form of assistance provided by the supervisor to help teachers see if it meets the goals and standards set. Supervision aims to improve learning and curriculum. The role of the supervisor is to help correct, direct, teach, show and assist in teaching techniques.

The research of Rudiyanto (2004), Faisal (2003), winarti (2002), Nuchiyah (2004) concluded that supervision implementation has an effect on professional ability of teacher, teacher professional level, teacher work quality and teaching teacher performance contribute to student achievement.

Based asumsi Sepervisi Model Clinical researchers at P raktek K Gov L apangan students of the Department of Medical Record and Health Information is eligible to apply for the clinical supervision model of a coaching performance of teachers manage the learning process (Cogan, 1973). The model of clinical supervision has three phases: an initial meeting (*pre-conference*), observation (*observation*) and phase reversal (*post-conference*) to be applied to the student clinical learning

This study aims to m endeskripsikan model of clinical supervision supervisor Job Training students in D-III program of Medical Record and Health Information Health Poltiteknik MoH Malang. We hope this research the model can be developed to enhance the learning field practice in the attainment of students majoring in Medical Record and Health Information throughout Indonesia

2. Methods

This study uses a pre - experiment with *the design of the one-shot case study*. This design describes the model of supervision guidance clinics conducted at the Department of Medical Record and Health Information Health Poltiteknik MoH Malang. The population in this study were all students of T k I Semester II numbered 80 Job Training students in the hospital. Peneitian sample is calculated using the formula Limeshow (1997)

The sample in this study is 30 Semester II students . student in the hospital. The sampling technique using a simple

random sampling. The sample size in this study 30 were taken randomly.

The inclusion criteria were as follows: a). College student D-III program of Medical Record and Health Information Malang State Health Polytechnics who undergo Field Work Practice. The variables in this research are: 1) independent variables of Field Work Practice guidance I and 2). dependent variable student competence at Job Training that covers kongitif, affective and psychomotor.

The instrument used in this study was a questionnaire and the results of student competence submarine pencapian Job Training and the questionnaires are used for process guidance mengakaji Job Training in Hospital.

3. Results

The results of this study include: 1). The value of respondents based on cognitive, affective and psychomotor, 2) the results of statistical analysis of students

Table 1: Values Respondents by cognitive, affective and psychomotor Hospital, 2016

Value	Cognitive		Affective		Psychomotor	
	Σ	%	Σ	%	Σ	%
A	57	91.9	61	98	56	90.3
-A	5	8.1	1	2	6	9.9
Number	62	100	62	100	62	100

Data Source: Data p Rimer, 2016

Table TSB shows that the majority of respondents value A: cognitive (57 respondents, 91.9%), affective (61 respondents, 98%), psychomotor (56 respondents, 90.3%)

Table 2: Value distribution of respondents by cognitive, affective and psychomotor in the Job Training, 2016

Hospital code	Cognitive		Affective		Psychomotor	
	A	-A	A	-A	A	-A
PN	-	6	5	1	-	6
BGL	14	-	14	-	14	-
PSR	13	-	13	-	13	-
AMN	8	-	8	-	8	-
RSID	6	-	6	-	6	-
CPM	8	-	8	-	8	-
RST	7	-	7	-	7	-
Number	56	6	61	1	56	6

Data source: primary data, 2016

Based on the PKL student places the highest value on the Hospital BGL: Cognitive (A) in the Hospital BGL (14 respondents, 23%), affective (14 respondents 14 23%), (Psychomotor 14 respondents, 23%)

Table 3: Comparison Value Cognitive, affective and psychomotor based on the calculated value Z

Aspect of assessment	Count value (Zh)	The value of p	Conclusion
Cognitive	16,189	.000	Ho is rejected
Affective	19.977	.000	Ho is rejected
Psychomotor	17.788	.000	Ho is rejected

Data source: primary data, 2016

Results showed that an increase in the value of mahaiswa gaik significance of the cognitive, affective and psychomotor means guidance models developed clinical supervision can improve the three aspects although the comparison is used the passing standard value is the value of grade B /score higher than 74

Table 4: Comparison of the average value of cognitive, affective and psychomotor

Aspect of assessment	Average	Count value (Z)	The value of p	Conclusion
Cognitive	82.60	0.006	.995	Ho accepted
Affective	85.97	-0.003	.998	Ho accepted
Psychomotor	84.95	0.004	.997	Ho accepted

Data source: primary data, 2016

The table is based on the average value of the three domains above 80 (value A) all students but if every student can achieve collectively can be seen from the value of p (probability) almost all (99%) able to achieve the grade A after the clinical cervical guidance model. Ho accepted means there is no difference in the ability of students in all three aspects (cognitive, affective and psychomotor). Thus the guidance of clinical supervision models can be used to improve the three aspects (cognitive, affective and psychomotor)

4. Model Analysis of Mentors

a) Trend Analysis

Analysis of this trend is seen from the achievements of the value of each phase of treatment carried out supervising the Job Training at hospitals that began during the pre, and post observation. The result is as follows:

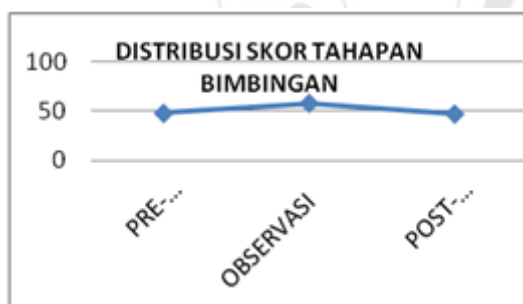


Figure 5.1: Scores of three stages of Field work guidance in the Hospital

The results of this analysis indicate, the occurrence of fluctuations score from pre to post conference, although the quantitative relative increase and decrease relatively the same. The increase in pre-observation time was 21.07% and decreased by 22.9%.

b) Statistic Analysis

This analysis is intended to determine whether the decrease is statistically significant, the result is as follows:

1) Result of test requirements

Anova test to know the difference in the three stages of assessment on mentors, homogeneity test results $p = 0.002$; Thus the data is not eligible, so used non parametric test as a replacement Anova used Krusskal Wallis

2) Statistical test results

Test of Homogeneity of Variances			
Observation Scores			
Levene Statistic	Df1	Df2	Sig.
7,058	2	39	0.002

The result of statistical test of p value (asyp.sig) = 0,074, mean > 0,05 (alpha), so Ho accepted means the score of the three stages of guidance on mentor is relatively same.

Test Statistics ^{a, b}	
Observation Scores	
Chi-Square	5.209
Df	2
Asymp. Sig.	0.074
A. Kruskal Wallis Test	
B. Grouping Variable: Conference Phase	

5. Discussion

The results showed that most of the cognitive good is getting the value of A (80-100), (57 respondents 91.9%) students who practice field work in the Hospital. The result of Z test of the student average score 82,60 with the value of Z arithmetic 16, 189, $p = 0,0000$ means that this clinical model can improve student cognitive aspect.

The realm Cognitive have six Ladder or aspect namely, knowledge / rote / memory (knowledge), understanding (Comprehension), the application (Application), analysis (Analysis), synthesis (Syntesis), ratings / awards / evaluation (Evaluation). Aim aspect Cognitive Oriented on ability Thinking that includes ability More intellectuals Simple, ie Remember, until on ability solve A demanding problem Students for connect and Combine Some ideas, ideas, methods or dipe procedure lajari for solve problem.

The students' thinking ability can be observed when the student performs presentation of the result of street vendors in the hospital, while assessed during the presentation, among others: the mastery of the material (the accuracy of answering questions, arguing), so that the cognitive ability of students will appear at presentation

According to Danvenport and Prusak (1998), knowledge is a combination of experience, contextual information and values. This combined experience includes a number of things that a person possesses such as experience, confidence, innovation and information.

According to Mubarok (2007) one of the factors affecting knowledge is media / information and environment. Information gained from both formal and non formal education can provide a short-term effect (immidiate impact) resulting in a change or an increase in knowledge. The availability of various media (television, newspapers, magazines, journals) has a great influence on students' knowledge, while the environment is everything that exists around the individual, both the physical, biological and social environments. The environment has a large influence on the entry of knowledge into the individual Which is in the environment because of the mutual interaction between students, lecturers and mentors / instructors Interaction

conducted by supervisors at PKL students every day that includes pre conferences, observations and post conferences.

Knowledge is the result The sense of human being or the result of knowing a person to the object through his or her senses. Much of human knowledge is derived from the eyes and ears (Notoatmojo, S, 2007).

The results showed that most of the good affective of getting the value of A (80-100), (61 Respondents, 98%) students who practice field work in the Hospital. The result of Z test of the average student score 85,97 with Z value 19,977 $p = 0,0000$ means that this clinical model can improve student affective aspect.

The attitude of this student is reflected in student attendance, discipline, time attendance, using attributes in accordance with the provisions, cooperation with the group, liveliness and relationship with the officers and supervisor of the hospital vendors.

The realm affective is Related realm with attitude and value. The realm affective Covers character Behavior as Feelings, interests, attitudes, emotions, and value. Some Expert Say that attitude someone could Predicted Changes when someone Has have power Cognitive level high. Characteristic features Results learn affective will Looks on Participants Educate in various behavior. The realm affective Be more Detailed again Into five levels, namely: receiving or attending (menerimaatuaamemperhatikan), responding (response) mengandungarti "adanyapartisipasiaktif" valuing (judge or appreciate), Organization (set or organize), characterization by e value or calue complex (characterization with something value or Complex value)

Social attitude is formed from the interaction experienced by individuals. In social interaction, individuals react to form a certain pattern of attitudes toward the various psychological objects it faces. Among the various factors that influence the formation of attitudes is a personal experience, culture, others that are considered important, the media, institutions or educational institutions and religious institutions, as well as emotional factors within i ndividu (Colhoen, James, F, 199 1, Azwar, 2012).

Others that are considered important (significant others) are the ones who are expected approval on each individual motion. People who are considered important by individuals include: parents, teachers / lecturers / mentors, peers, close friends)

Institutions or educational institutions have an influence in the formation of attitudes because it lays the foundation of knowledge and moral concepts in the self that is understanding of good and bad.

The results showed that most of the good Psychomotor that get the value of A (80-100), (56 Respondents, 90.3%) students who practice field work in the Hospital. The result of Z test of the average score of 84.95 students with the value of Z arithmetic 17,778, $p = 0,0000$ means that this clinical model can improve student psychomotor aspect. Psychomotor aspect of this student can be seen from the

achievement of student skill in applying health information management course and classification and disease codification and problems related to student's actions mostly exceed the target. Psychomotor remains the domain associated with the skills (skills) a tau's ability to act after someone accepts a particular learning experience. Psychomotor learning results are actually a continuation of the results of cognitive learning (understand something) and and the results of affective learning (newly seen in the form of behavioral trends). Skills (psychomotor) can be measured by: (1) direct observation and behavioral assessment of learners during the learning process of practice, (2) after following the learning, that is by giving test to learners to measure knowledge, skill, and attitude , (3) some time after the learning is complete and in the future work environment. Based on the concept above it can be concluded that when the value of cognitive and affective student both categories, the value psychomotor aspect would also be good.

The results of this analysis indicate, the occurrence of fluctuations score from pre to post konferens, although the quantitative relative rise and decline relatively the same. The increase in pre-observation time was 21.07% and decreased by 22.9%. Results show that guidance counselors have conducted in accordance with the guidance phase focuses on aspects of student observations. The students were observed, questioned/ practitioner requested clarification of aspects of skill, chance was provided to leave a comment / feedback / correction of the activities done by the students.

6. Conclusion

The results of this study indicate that the model of clinical supervision can improve the competence of the field hospital's technical interns, the improvement is on the cognitive, affective and psychomotor aspects seen from the final assessment of fieldwork students 99% of students get more than 80 values with category A.

Based on the result of performance value of each phase treatment which began during the pre, and post observation The occurrence of fluctuations in the scores ranging from pre to post konferens, although the quantitative relative increase and decline relatively the same. Counselors focus more on observation activities than pre and post conference activities.

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