

Enhancing the capabilities of medical surgical nurses at PKU Muhammadiyah Gamping Hospital

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Abstract. PKU Muhammadiyah Gamping Hospital has a few medical surgical nurses who are on duty in several different unit. Almost 90% of CPD activities that medical surgical nurses participate in are not in accordance with their authority and competence. Nurse competence must be an important point because if nurses are incompetent, it can result in patients becoming dissatisfied, patient trust in nurses decreases, and even patient injuries and deaths. The description above makes the service team collaborate with service partners to solve existing problems together so that unwanted side effects do not arise. The main problem is that the training that medical surgical nurses participate in is not in accordance with their level of competence and authority. The identified issues can be resolved by implementing new training methods designed to introduce online training systems by enhancing self-learning and adult learning approaches. The results of the community service activities led to the following conclusion: (a) the trial training using INNA-CPD was implemented per the plan. (b) The implementation demonstrates that the majority of nurses are capable of achieving values that exceed the average. (c) Additional support is required to conduct the training, which will involve modifications to the INNA-CPD system.

1 Introduction

A way of boosting the competence of nurses is through continuing nursing professional development. Continuing nursing professional development is designed to enhance the professionalism, safety, and competence of nurses (1). Sustainable development is the comprehensive educational opportunity that is offered in a practical setting and is of significant significance in the enhancement of the competence of nurses (2). Consequently, it becomes essential for nurses to engage in continuing education program to develop, sustain, and improve the skills and capacity necessary to provide safety nursing care, effective, and

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person-centered care (3). In addition, this continuing professional development (CPD) activity is essential for nurses to enhance their professional development, maintain nursing staff, and receive training (4). Nurses should implement CPD in accordance with the professional requirements of their position. The competencies that nurses must possess must be the basis for the planning of each CPD requirement. This planning is based on the training assessment and clinical assessment of nurses (5). For instance, a nurse employed in a children's ward needs to ensure that all of her continuing professional development (CPD) activities are pertinent to her clinical competence and authority. In contrast, nurses who are on duty in the emergency department are required to be involved in continuing professional development (CPD) for emergency training and expertise. So, nurses in the medical-surgical ward must participate in continuing professional development (CPD) related to important topics. The abilities and career path are more advanced as the level of competence increases (6).

In Indonesia, the CPD programs that are accessible to nurses are not structured and are unable to accommodate the unique career paths of each nurse (7). Inequitable distribution of opportunities for continuing professional development (CPD) presents challenges for nurses who wish to participate in CPD activities. Limited financial resources, time constraints, and work schedules are the sources of these obstacles (8). Thus, it is imperative to establish a pertinent INNA-CPD framework for clinical nurses, as it has the capacity to advance professional nursing practice and accommodate a variety of career trajectories. It is necessary to integrate information and communication technology in order to overcome existing challenges. The flexibility of INNA-CPD in terms of time and location is a significant factor in its impact on Indonesia. By doing so, professionals are able to participate in ongoing learning for a predetermined duration. Furthermore, INNA-CPD enables mentors to provide assistance without disrupting their regular work responsibilities.

Furthermore, this method incorporates extant activities with a service-oriented approach, which is visible in the modification of the level of proficiency required for each professional progression level (9). The competencies that have been established are anticipated to be attained by nurses. This implies that the INNA-CPD platform will be used as a comprehensive framework for the implementation of CPD in the Indonesian context, utilizing an integrated learning approach.

PKU Muhammadiyah Gamping Hospital has a few medical surgical nurses who are on duty in several different rooms. So far, these nurses participating in CPD have only been used to fulfil the obligation to extend the Registration Certificate (10). Almost 90% of CPD activities that medical surgical nurses participate in are not in accordance with their authority and competence. Based on the preliminary study that has been carried out, the main problem is that the training that medical surgical nurses participate in is not in accordance with their level of competence and authority. Nurse competence must be an important point because if nurses are incompetent, it can result in patients becoming dissatisfied (11), patient trust in nurses decreases (12), and even patient injuries and deaths (13)(14)(15). The description above makes the service team collaborate with service partners to solve existing problems together so that unwanted side effects do not arise. It is hoped that nurses can optimize their abilities so that they can provide quality nursing care. It will conduct training using the online learning method.

2 Methodology

The method of this training program will be a new training method that will be used for clinical nurses working in hospitals and it is possible that it will be a new nurse training method in Indonesia. The identified issues can be resolved by implementing new training methods designed to introduce online training systems by enhancing self-learning and adult

learning approaches. Therefore, the nurse can provide patient care without interrupting her workday, provided she is adequately trained. The following are the three phases that this method undergoes:



1. Stage 1
The service team and partners together strengthen their commitment and synchronize the goals of this community service activity. The curriculum that has been prepared is realigned with the purpose of the activity.
2. Stage 2
At this stage, the service team together with service partners prepare by identifying training topics, presenters, time and place of implementation as well as training activity targets.
3. Stage 3
The activities planned at this stage are trial online training in accordance with the curriculum that has been prepared.
4. Stage 4
Activities at this stage are in the form of evaluating community service programs and reporting the results of activities. Evaluation is in the form of evaluation of the process of implementing activities and evaluation of results in the form of achievement of competence as a basic surgical medical nurse. One of the evaluations uses average competency score.

3 Results and Discussion

This activity functions as a pilot program for online training. The technical implementation aims to grant trainers and nurses access to INNA-CPD. Nurses independently acquire knowledge by studying the material and accomplishing all assigned tasks. Socialization of the use of INNA-CPD online was provided to trainers and nurses. In this activity, all participants were allowed to pose inquiries that required further clarification. Subsequently, participants are granted access to the online training trial by being provided with a username and password. INNA-CPD's display is as follows:

Pelatihan Kompetensi Perawat Klinik II Medikal



Pelatihan ini merupakan *hybrid training* dimana aktivitas pembelajaran dilaksanakan dengan kombinasi metode offline dan online dengan kredit 52 JP, yang akan berlangsung selama 3 bulan.

Setelah pelatihan, peserta mampu:

1. Melakukan pengkajian pada pasien sesuai dengan sistem atau organ tubuh yang terganggu.
2. Melakukan komunikasi multidisiplin: kolaborasi dan penatalaksanaan pelaporan nilai hasil laboratorium dan radiologi kritis.
3. Mengidentifikasi dan melaporkan masalah etik dan legal dalam memberikan asuhan keperawatan dengan kasus medikal.
4. Menerapkan prinsip-prinsip pencegahan infeksi rumah sakit: melaksanakan *bundles Healthcare - Associated Infections (HAIs)* terkait Infeksi Aliran Darah Primer (IADP), Infeksi Saluran Kemih (ISK), dan pneumonia yang disebabkan hospitalisasi (HAP).
5. Melakukan tatalaksana lingkungan dan pemantauan pada pasien yang berisiko jatuh dan terjadinya penurunan mobilitas pasien.
6. Mencegah terjadinya cedera pasien: dermatitis yang diakibatkan inkontinensia urin dan fekal/ *Incontinence Associated Dermatitis (IAD)*.
7. Mengukur tanda vital, EWS, dan tata laksana pasien emergensi: Monitor hemodinamik dengan alat monitor non invasif.
8. Memberikan terapi oksigen masker, masker rebreathing dan non rebreathing sesuai program medis serta melakukan suction melalui oral.
9. Memfasilitasi pemenuhan cairan dan elektrolit: pada pasien dengan gangguan metabolik dan endokrin.
10. Melakukan perawatan ulkus kaki diabetik Wagner stadium I-II dan memberikan terapi kompresi (elastis verban atau stocking elastis).

Fig. 1. Display of Training Explanation at INNA-CPD

Materi Inti 1: Pengkajian

Materi Inti 1: Pengkajian Keperawatan

Materi ini membahas tentang pengkajian sesuai gangguan sistem tubuh, alat dan formulir pengkajian, pengumpulan data, prinsip pengkajian dan pengumpulan data, dan analisis hasil pengkajian.

Waktu: 4 JPL (T=2; P=1; PL=2)

Setelah mengikuti materi ini, peserta mampu melakukan pengkajian pada pasien sesuai dengan sistem organ atau organ yang terganggu dengan indikator:

1. Mengidentifikasi klien yang akan dilakukan pengkajian sesuai gangguan sistem tubuh.
2. Mengidentifikasi alat dan formulir pengkajian.
3. Melaksanakan pengumpulan data secara komprehensif dari pasien dan keluarga.
4. Melakukan prinsip pengkajian dan pengumpulan data.
5. Menganalisis hasil pengkajian.

Diskusi Materi Inti 1

Peserta dipersilahkan untuk mengajukan pertanyaan, klarifikasi, maupun curah pendapat yang berkaitan dengan materi tersebut. Forum diskusi ini dibuka selama 1x24 jam menyesuaikan jadwal pemberian materi.

Mini Quiz

Setelah menyelesaikan soal ini, peserta mampu memahami tentang respon biopsikososial, jenis data subjektif/ objektif dari hasil pengkajian yang telah dilakukan, dan prinsip serta justifikasi dilakukannya pengkajian

Petunjuk Mengerjakan Mini Quiz

1. Peserta mengerjakan soal yang telah disediakan dalam waktu 10 menit.
2. Soal akan berganti tiap 1 menit dan setelah 10 menit sistem otomatis akan tertutup.
3. Peserta hanya diberikan kesempatan mengerjakan sebanyak 1 kali.
4. Jika ada kesulitan dapat menghubungi fasilitator yang bertugas.

Fig. 2. Display of Materials and Tasks in INNA-CPD

Nurses receive feedback, and the value of the competencies they have acquired is evident after all the materials and assignments have been studied and worked on. The following are the competency scores that have been achieved:

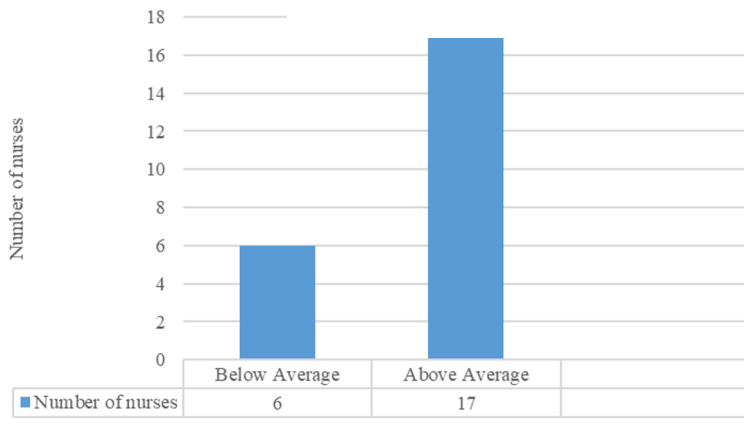


Fig. 3. Nurses' competency scores

Based on Fig. 3, the accumulated scores achieved by nurses, an average competency score of 73.08 was obtained. The minimum score assigned at the starting point is 75.00. Even though the score attained does not meet the target, it is sufficient to measure success.

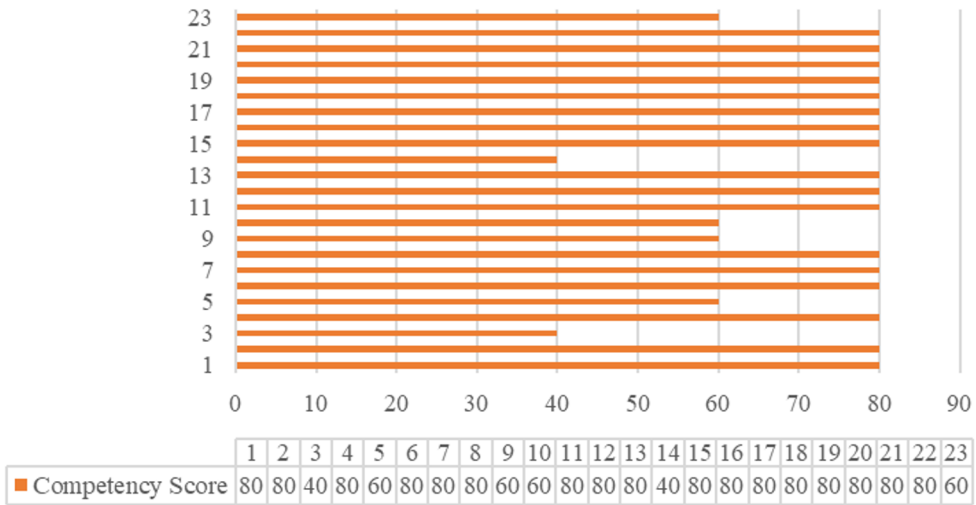


Fig. 4. The distribution of nurses' competency scores

Fig. 4 indicates that most of the participants get a score above average. Even though the previous chart indicates that scores are still below the ratio of scores, the second chart demonstrates a highly satisfactory distribution of values. As many as 17 nurses obtained an 80, indicating their scores exceeded the established standard.

4 Conclusion

The results of the community service activities led to the following conclusion: (a) the trial training using INNA-CPD was implemented per the plan. (b) The implementation demonstrates that the majority of nurses are capable of achieving values that exceed the average. (c) Additional support is required to conduct the training, which will involve modifications to the INNA-CPD system.

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