

Role of Clinical Lecturers On The Learning Process In The Specialist Doctor Program

Muyassaroh

Universitas Negeri Semarang, Indonesia
Dr. Kariadi Central General Hospital, Indonesia
muyastht@gmail.com

Samsudi Suwito
Universitas Negeri Semarang,
Indonesia

Eko Pramono
Universitas Negeri Semarang,
Indonesia

Endang Kustiowati
Dr. Kariadi Central General
Hospital, Semarang, Indonesia

Abstract—Clinical teachers are specialist consulting doctors who have at least a level of expertise above, in their respective disciplines. The purpose of this paper is to describe the role of clinical teachers and the learning process of specialist doctors. This research uses descriptive qualitative method, because the rationale for using this method is because of this research want to know about the phenomena that exist and under which conditions natural, not under controlled, metabolic or experimental conditions. Based on the results of data analysis using data triangulation, a description of the important role of clinical lecturers was obtained. First, the strategic role of clinical lecturers is as a teacher, companion and tutor to students in learning specialist doctor programs. Second, clinical lecturers also play a role as doctors in charge of patients, who are directly responsible for maintaining the quality of specialized health services, and as educators have responsibility for achieving students' clinical skills and reasoning abilities, research and community service. The third strategic role of clinical lecturers, namely as role models for students in providing services, both professional educational services to students, as well as as professional health personnel to patients.

Keywords: clinical lecture, specialist doctor program, learning process

1. INTRODUCTION

Study Program (Prodi) Specialist Doctor Education (PPDS) is a continuation of general practitioner education that specializes in a particular field of medical science. Educators or lecturers who teach at specialist doctoral study programs have certain qualifications, including: a position as a specialist doctor, the status of civil servant employment comes from the ministry of education or the ministry of health (Permen PAN-RB, No: PER/17/M.PAN/9/2008).

Clinical lecturers or clinical educating doctors are professional educators and scientists with the main task of informing, developing and disseminating science and technology for the health humanities and / or clinical skills, carrying out specialized services, providing medical education services for doctors and

specialists, community service, and conducting research for the development of science. Medicine in a teaching hospital (Permen PAN-RB, No: PER/17/M.PAN/9/2008). In contrast to lecturers in general whose duties and performance demands are in the form of higher education tridharma, namely (1) education and teaching, (2) research, (3) community service, and (4) supporting the activities of the tridharma of college (UU RI No. 14, 2005 tentang Guru dan Dosen). Clinical lecturers act as doctors in charge of patients, are required to maintain the quality of the best specialist health services, also carry out the tasks of the Tri Dharma College.

The role of clinical lecturers determines the success and success of specialist doctor education at the Faculty of Medicine. To ensure the success of these educational programs, lecturers must have academic qualifications, competency certificates of educators, are physically and mentally healthy, and meet other qualifications required by the higher education unit in which they work, and have the ability to realize the goals of national education. The purpose of this paper is to describe the role clinical lecturers in the learning process of doctors and specialists.

The teaching staff in the specialist doctor education program are known as clinical lecturers. A clinical lecturer or clinical educator is a civil servant specialist in a teaching hospital who is appointed based on a decree from the Ministry of Health of the Republic of Indonesia through several fulfilled requirements. Requirements for the first time in the position of a clinical educator include: (1) minimum certificate of specialist doctor (2) recommendation from the Director of the Teaching Hospital and the Dean of the Faculty of Medicine, (3) the lowest rank is Junior Administrator Level I, room class III / b, (4) a list of job implementation assessments / DP3 with the lowest good value in the last 1 year, (5) 55 years old at most.

Lecturer performance has certain specifications or criteria. Lecturer performance can be seen and measured based on the competency

specifications / criteria that each lecturer must have. Based on the Regulation of the Minister of National Education of the Republic of Indonesia Number 16 of 2007 concerning Academic Qualification Standards and Lecturer Competencies. Lecturer Competency Standards are developed as a whole from 4 main competencies, namely: (1) pedagogical competence, (2) personality, (3) social, and (4) professional. The four competencies are integrated into lecturer performance.

Pedagogic competence is the ability that lecturers must have with regard to the characteristics of students seen from various aspects such as moral, emotional, and intellectual. Personality Competencies, lecturers as educators must be able to apply good discipline in the education process will produce strong mental attitudes, character and personality of students. Social Competence must be possessed by lecturers in socializing with the community, in order to implement an effective learning process. Social skills include the ability of lecturers to communicate, cooperate, socialize sympathetically, and have a pleasant spirit. Professional competence is the ability that lecturers must have in planning and implementing the learning process (Permendiknas No.16 Tahun 2007 tentang Standar Kualifikasi Akademik dan Kompetensi Dosen).

Clinical lecturers play a strategic role in learning at the clinical level. A clinical instructor has the responsibility of maintaining the quality of service (patient care) as well as monitoring the achievement of clinical skills and clinical reasoning abilities of students (Bowen, 2006). The method used must be able to place and make clinical supervisors as role models for students in providing professional health services to patients (Amin Z, Khoo HE, 2009).

Clinical learning describes a form of professional learning that focuses on patients and real situations (interactions between educators, students, and patients). The method used in clinical guidance is student centered, competence based, service based, quality assured, in accordance with individual student needs (flexible for individual needs), mentored (coached), and structured (Amin Z, Khoo HE, 2009).

A very important factor that clinical educators must possess is teaching skills. Clinical teachers are required to be able, (1) understand the concept of clinical stage learning, (2) apply the concept of clinical reasoning and its role in clinical learning. clinical reasoning, is a cognitive skill that is needed in the clinical decision-making process and patient management, (3) applying microskills and providing constructive feedback. Microskill/ clinical skills, forming students to think and act as a doctor / specialist to be able to make clinical decisions in terms of diagnosis, differential diagnosis, implementing management (4) implementing bedside teaching, which is learning that is carried out directly in front of the patient, unifying/strive for a harmonious relationship between educators and students, between

patients and students (5) Applying clinical skills learning (procedural skills) (6) using evaluation instruments (Mini-CEX, DOPS, CBD, Mini-PAT, logbook, and portfolio) (7) Understand and implement the concepts and components of self-reflection (Wisnubroto, 2018; Makmun, 2012; Downing *S et all*, 2019).

Assessment in clinical / professional education must be able to measure the achievement of students against the determined clinical competencies after following the learning process in the clinic. Clinical competence is very complex and is not limited to knowledge alone. Clinical competence includes various matters related to professional duties, patterns of approaches in carrying out tasks and professional values (Makmun, 2012).

Miller (1990) states that there are four levels of competency types that must be assessed by students, from the level of cognition to behavior. The four levels of competence which are then described in the form of the Miller pyramid are; first to know; second to know how (; the third shows how; and the fourth does. The assessment system in clinical education should include various levels of competence as described in the Miller pyramid and use various types of assessment tools. There are several assessment instruments such as MiniCex, DOPS, CBD, MiniPAT as a measuring tool to assess the knowledge, attitudes and behavior and skills of students.

Bedside teaching is a very important clinical learning method, involving lecturers, students and patients, optimal opportunities for lecturers / students to perform demonstrations and physical examination observations, interpersonal communication skills and role models in patient management. The role model must be able to unite / cultivate a harmonious relationship between educators and students and patients and students. Can be done anywhere as long as there are patients, in outpatient care, operating rooms, inpatient rooms (Dent *et all*, 2017).

The objectives of clinical learning are to accumulate and record patient information, carry out a complete physical examination as needed, take action, interpret data, solve problems scientifically and professionally and communicate supporting information (Harden R.M *et all*, 2000).

Effective clinical learning requires educators to guide students bedside and carry out independent patient assessments and at the same time assess the level of development and clinical abilities of students. Ensuring the quality and professionalism of patient care while providing clinical reasons for diagnosis based on the true art of clinical teaching

Changing the paradigm of medical education which is increasingly advanced and modern, the role of medical teachers must also be able to adapt to the existing changes and must be able to strengthen the priority of medical education goals to become more focused. Teacher-centered is no longer a learning strategy that must be used during the learning process,

but rather leads to student-centered learning. As an illustration, if in the past the teacher was the presenter in front of the class, now the instructor has a broader, clearer and more directed role, in accordance with the definitions of learning and teaching agreed upon by the experts.

Harden and Crosby mention twelve teaching roles. These roles can be grouped into six activity areas, namely: 1) providing information; 2) role models; 3) facilitator; 4) examiners; 5) designers and 6) developers of learning resources. These roles can be described as follows.

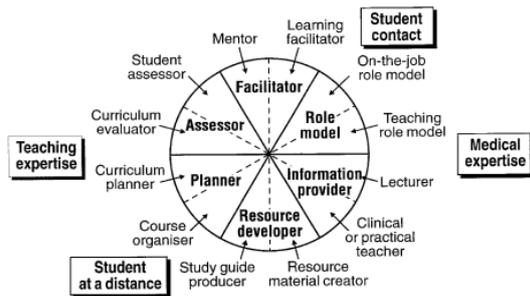


Figure 1. The 12 Role Clinical Teacher (Source: Harden & Crosby: 2000)

Based on the background description above, the focus of this research is to reveal the strategic role of clinical lecturers in the specialist doctor education program, based on the current conditions of the specialist doctor education program at Dr. Kariadi Semarang.

II. METHODS

This research uses descriptive qualitative method. Qualitative research produces and processes data which are descriptive in nature, such as transcription of interviews and observations and as a way to make direct observations on individuals and relate with these people so as to get the desired data.

In this research it is classified as an intrinsic case study research, where this research was conducted because of interest in a particular case. The case study approach allows researchers to gain a complete understanding and integrated in the interrelation of various facts and dimensions of the case the specialty. In the case study research type approach, the collection method data can be done from various sources in various ways, it can be observation, interview, or study of certain documents / works / products related to the case.

The sampling technique for this research subject uses purposive sampling technique. Purposive sampling technique is a technique sampling of data sources with certain considerations. This particular consideration, for example, the person is considered to know best about what we expect or maybe him as a

ruler so will make it easier for researchers to explore the object or social situation under study.

The sample of respondents in this study consisted of Lecturers and Students in the Ear, Nose and Throat Specialist Medical Education Program, Faculty of Medicine, UNDIP, Dr. Kariadi Semarang.

Data collection techniques that researchers use are: 1) In-depth interviews; 2) Observation; 3) Documentation. The data analysis technique used in this research is analysis descriptive. Triangulation is a data checking technique take advantage of other data outside the data, which is used for checking or a comparison to the data that has been obtained.

The method of testing the validity of the data used triangulation. Triangulation is a data checking technique take advantage of other data outside the data, which is used for checking or a comparison to the data that has been obtained. Meanwhile, the qualitative data analysis used interactive analysis method. Activity in data analysis using interactive analysis methods, namely: data reduction, data display, and conclusion drawing/ verification.

III. RESULTS AND DISCUSSION

The primary competencies that clinical educators must possess are teaching skills. In the teaching skills, clinical teachers are required to be able to: a) understand the concept of clinical stage learning; b) apply the concept of clinical reasoning and its role in clinical learning. clinical reasoning / clinical understanding, is a cognitive skill required in the clinical decision making process and patient management; c) applying microskills and providing constructive feedback (giving constructive feedback). Microskill / clinical skills, forming students to think and act as a doctor / specialist doctor to be able to make clinical decisions in terms of diagnosis, differential diagnosis, implementing management; d) implementing bed-side teaching, which is learning that is carried out directly in front of the patient, unifying / cultivating a harmonious relationship between educators and students, between patients and students; e) Implementing clinical skills learning (procedural skills); f) using evaluation instruments (Mini-CEX, DOPS, CBD, Mini-PAT, logbook, and portfolio); g) Understand and implement the concepts and components of self-reflection.

In the development of the current competence of medical science lecturers, there are two important things that affect the results of student patterns in medical science, namely: caring and empathy. These two competencies must continue to be attached to the respective fields of competence of educators in medical science.

IV. CONCLUSION

The important role of clinical lecturers was obtained. First, the strategic role of clinical lecturers is as a teacher, companion and tutor to students in learning specialist doctor programs. Second, clinical lecturers also play a role as doctors in charge of patients, who are directly responsible for maintaining the quality of specialized health services, and as educators have responsibility for achieving students' clinical skills and reasoning abilities, research and community service. The third strategic role of clinical lecturers, namely as role models for students in providing services, both professional educational services to students, as well as as professional health personnel to patients. All of these roles will be able to be carried out in an ideal manner, if they are based on noble character, sincerity, and perfected with care and empathy.

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