ASOSIASI INSTITUSI PENDIDIKAN VOKASI KEPERAWATAN INDONESIA
(AIPViKI)
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SURAT PERJANJIAN
PELAKSANAAN PENUGASAN PROGRAM PENELITIAN DOSEN
ASOSIASI INSTITUSI PENDIDIKAN VOKASI KEPERAWATAN INDONESIA
(AIPViKI)
Nomor : 233/I/X/2020

Pada hari ini Jum'at tanggal Dua bulan Oktober tahun Dua Ribu Dua Puluh, kami yang bertandatangan dibawah ini :

1. **Yupi Supartini, S.Kp., M.Sc** : Sebagai Ketua Umum Asosiasi Institusi Pendidikan Vokasi Keperawatan Indonesia (AIPViKI) yang berkedudukan di Jakarta dalam hal ini bertindak untuk dan atas nama Organisasi Asosiasi Institusi Pendidikan ; yang selanjutnya disebut **PIHAK PERTAMA**;

2. **Ns. Dian Fitria Fanani, M.Kep.,Sp.Kep.J** : Ketua Peneliti Hibah Penelitian AIPViKI dengan judul **"PENGARUH SIMULASI "THINKING LIKE NURSE" SEBAGAI METODE PEMBELAJARAN KLINIK DARING TERHADAP KEPUASAN DAN KEPERCAYAAN DIRI MAHASISWA SELAMA PANDEMI COVID-19."** disebut **PIHAK KEDUA**.

Perjanjian penugasan ini berdasarkan kepada:

1. Undang-Undang Republik Indonesia Nomor 20 Tahun 2003, tentang Sistem Pendidikan Nasional.
2. Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 tentang Pendidikan Tinggi
3. Surat Ketua Umum AIPViKI No : 03/I/IX/2020 tanggal 29 September 2020, tentang Penetapan Pemenang Penelitian Hibah AIPViKI 2020.
4. Surat Perjanjian Pelaksanaan Penugasan Program Penelitian Dosen Asosiasi Institusi Pendidikan Vokasi Keperawatan Indonesia Tahun 2020

PIHAK PERTAMA dan **PIHAK KEDUA** secara bersama-sama bersepakat mengikatkan diri dalam suatu Perjanjian Pelaksanaan Penugasan Program Penelitian Dosen AIPViKI dengan ketentuan dan syarat-syarat yang diatur dalam pasal-pasal berikut:

PASAL 1

(1) **PIHAK PERTAMA** memberi tugas kepada **PIHAK KEDUA**, dan **PIHAK KEDUA** menerima tugas tersebut untuk mengkoordinir dan sebagai penanggungjawab pelaksanaan Penugasan Program Penelitian Dosen yang dilakukan oleh dosen di STIKes RS Husada.

(2) **PIHAK KEDUA** bertanggungjawab penuh atas pelaksanaan, administrasi dan keuangan atas pekerjaan sebagaimana dimaksud pada ayat (1) dan berkewajiban menyimpan semua bukti-bukti pengeluaran serta dokumen pelaksanaan lainnya yang sah.

(3) Biaya pelaksanaan penugasan Program Penelitian Dosen AIPViKI sebagaimana dimaksud ayat (1) dibebankan pada anggaran belanja AIPViKI

(4) *Daftar Nama Ketua pelaksana, judul, dan besarnya biaya setiap judul yang telah* disetujui untuk didanai tercantum dalam lampiran yang merupakan bagian yang tidak terpisahkan dari surat perjanjian ini.

PASAL 2

(1) **PIHAK PERTAMA** memberikan bantuan dana untuk pelaksanaan kegiatan Penelitian Dosen Pemula bagi **PIHAK KEDUA**sebagaimana dimaksud dalam pasal 1 sebesar **Rp.10.000.000,- (sepuluh juta rupiah)**

(2) Dana Pelaksanaan Penugasan sebagaimana dimaksud pada ayat (1) dibayarkan oleh **PIHAK PERTAMA** kepada **PIHAK KEDUA** secara bertahap melalui transfer dari rekening pihak pertama ke rekening pihak kedua, dengan *ketentuan sebagai berikut* :

a) Pembayaran Tahap Pertama adalah sebesar **70% XRp.10.000.000.- =Rp. 7.000.000,- (tujuh juta rupiah),**dibayarkan setelah perjanjian ini ditandatangani oleh kedua belah pihak.

b) Pembayaran Tahap Kedua adalah sebesar **30% X Rp. 10.000.000=Rp. 3.000.000,- (tiga juta rupiah),**dibayarkan setelah **PIHAK KEDUA** menyerahkan laporan akhir pelaksanaan selambat-lambatnya tanggal 15 Maret 2021 dokumen sebagai berikut:

1. Surat Pernyataan Laporan Pelaksanaan Penugasan Program Penelitian.
2. Rekapitulasi Laporan Penggunaan Keuangan 100% yang telah dilaksanakan.
3. Berita Acara Serah Terima Laporan Pelaksanaan.
4. Berita Acara Serah Terima Laporan Penggunaan Keuangan 100%.

c) **PIHAK KEDUA** wajib menyimpan Laporan Kemajuan Pelaksanaan Hibah Program Penelitian, laporan Penggunaan Keuangan, Berita Acara Serah Terima Laporan Kemajuan Pelaksanaan Penugasan Program Penelitian, dan Berita Acara Serah Terima Laporan Penggunaan dana 70%.

d) **PIHAK KEDUA** bertanggungjawab mutlak dalam pembelanjaan dana tersebut pada ayat (1) sesuai dengan proposal kegiatan yang telah disetujui dan berkewajiban untuk menyimpan semua bukti-bukti pengeluaran sesuai dengan jumlah dana yang diberikan oleh **PIHAK PERTAMA**.

e) **PIHAK KEDUA** berkewajiban mengembalikan sisa dana yang tidak dibelanjakan ke Bendahara AIPViKI yang ditransfer melalui rekening BNI Kantor Cabang Fatmawati Jakarta No. Rekening 0393863832 Tjahjanti Kritaningsih

f) **PIHAK KEDUA** berkewajiban menyampaikan *fotocopy* bukti pengembalian Dana ke Bendahara AIPViKI kepada **PIHAK PERTAMA**.

PASAL 3

(1) Dana Penugasan sebagaimana dimaksud Pasal 2 ayat (1) dibayarkan kepada Institusi/Lembaga Perguruan Tinggi sebagai berikut.

(2)

Nomor Rekening	:	90013714877
Nama penerima pada rekening	:	Dian Fitria Fanani
Nama Bank	:	Bank BTPN
Alamat	:	Jln. Sentul no. 68 Rt 008/03 Pasar Baru Sawah Besar
Kota	:	Jakarta

(3) **PIHAK PERTAMA** tidak bertanggungjawab atas keterlambatan dan/atau tidak terbayarnya sejumlah dana sebagaimana dimaksud dalam pasal 2 ayat (1) yang disebabkan karena kesalahan **PIHAK KEDUA** dalam menyampaikan data *lembaga, nama bank, nomor rekening*, alamat, dan persyaratan lainnya yang tidak sesuai dengan ketentuan.

PASAL 4

(1) **PIHAK KEDUA** berkewajiban untuk menindaklanjuti dan mengupayakan hasil program Penelitian yang dilakukan dosen untuk memperoleh paten dan/atau publikasi ilmiah untuk setiap judul-judul Penelitian sebagaimana dimaksud Pasal 1 ayat (1).

(2) Perolehan sebagaimana dimaksud pada ayat (1) dimanfaatkan sebesar-besarnya untuk pelaksanaan Tridharma Perguruan Tinggi.

(3) **PIHAK KEDUA** berkewajiban untuk melaporkan perkembangan perolehan paten dan/atau publikasi ilmiah seperti yang dimaksud pada ayat (1) secara berkala kepada **PIHAK PERTAMA**.

PASAL 5

(1) **PIHAK PERTAMA** akan melakukan penilaian kemajuan pelaksanaan Program Penelitian setelah PIHAK KEDUA mengirimkan laporan kemajuan pelaksanaan kegiatan ke panitia hibah, dengan berpedoman kepada prinsip-prinsip dan/atau kaidah Program Hibah Penelitian AIPViKI;

(2) Perubahan-perubahan terhadap susunan tim pelaksana dan substansi pelaksanaan program Penelitian dapat dibenarkan apabila telah mendapat persetujuan tertulis dari **PIHAK PERTAMA**.

PASAL 6

(1) **PIHAK KEDUA** harus menyampaikan Surat Pernyataan telah menyelesaikan seluruh pekerjaan yang dibuktikan dengan Berita Acara Penyelesaian Pekerjaan (BAPP) kepada **PIHAK PERTAMA** berupa Laporan Hasil Program Penelitian dan rekapitulasi laporan keuangan 100% dalam format pdf selambat-lambatnya pada pertengahan 25 Maret Tahun 2021, sedangkan *hardcopy Laporan* Hasil Program Penelitian wajib disimpan oleh **PIHAK KEDUA**.

(2) Apabila sampai dengan batas waktu masa pelaksanaan program Penelitian ini **PIHAK KEDUA** belum mengirim Berita Acara Penyelesaian Pekerjaan (BAPP) hasil pekerjaan seluruhnya kepada **PIHAK PERTAMA**, maka **PIHAK KEDUA** dikenakan sanksi berupa:

a. Peringatan tertulis dari AIPViKI.

b. Pengurangan dan/atau penghentian dana Hibah Penugasan Pelaksanaan Program Penelitian.

c. Tidak diperkenankan mengikuti program hibah AIPViKI *selama 3 tahun*.

(3) Laporan hasil program Penelitian sebagaimana tersebut pada ayat (1) harus memenuhi ketentuan sebagai berikut:

1. Bentuk/ukuran kertas A4;
2. Warna cover (disesuaikan dengan ketentuan yang ditetapkan);
3. Di bawah bagian kulit ditulis :

Dibiayai oleh:
Asosiasi Institusi Pendidikan Vokasi Keperawatan Indonesia (AIPViKI)
sesuai dengan Surat Perjanjian Pelaksanaan Penugasan Penelitian Dosen
Nomor : 233/I/X/2020, tanggal 02 Oktober 2020

(4) *Softcopy* laporan hasil program Penelitian sebagaimana tersebut pada ayat (3) harus dikirim ke sekretariat AIPViKI sedangkan *hardcopy* wajib disimpan oleh PIHAK KEDUA.

PASAL 7

(1) Apabila setiap ketua pelaksana sebagaimana dimaksud dalam pasal 1 tidak dapat menyelesaikan pelaksanaan Program Penelitian ini, maka **PIHAK PERTAMA** wajib menunjuk pengganti ketua pelaksana yang merupakan salah satu anggota tim setelah mendapat persetujuan tertulis dari AIPViKI;

(2) Apabila **PIHAK KEDUA** tidak dapat melaksanakan tugas sebagaimana dimaksud dalam pasal 1 maka harus mengembalikan dana yang telah diterimanya ke Bendahara AIPViKI serta menyerahkan *fotocopy* bukti pengembalian ke Sekretariat AIPViKI kepada **PIHAK PERTAMA.**

(3) Apabila di kemudian hari terbukti bahwa judul-judul Program Penelitian sebagaimana dimaksud dalam pasal 1 dijumpai adanya indikasi duplikasi dengan program Penelitian lain dan/atau diperoleh indikasi ketidakjujuran/itikad kurang baik yang tidak sesuai dengan kaidah ilmiah, maka kegiatan Program Penelitian tersebut dinyatakan batal dan **PIHAK KEDUA** wajib melaporkan ke **PIHAK PERTAMA** dan mengembalikan dana Program Penelitian yang telah diterima ke AIPViKI serta menyerahkan *fotocopy* bukti pengembalian ke AIPViKI kepada **PIHAK PERTAMA**.

PASAL 8

(1) Apabila terjadi perselisihan antara **PIHAK PERTAMA** dan **PIHAK KEDUA** dalam pelaksanaan perjanjian ini akan dilakukan penyelesaian secara musyawarah dan mufakat dan apabila tidak tercapai penyelesaian secara musyawarah dan mufakat maka penyelesaian dilakukan melalui proses Hukum yang berlaku dengan memilih domisili Hukum di Pengadilan Negeri Jakarta.

(2) Hal-hal yang belum diatur dalam perjanjian ini akan diatur kemudian oleh kedua belah pihak.

PASAL 9

Surat Perjanjian ini dibuat rangkap 2 (dua) bermaterai cukup sesuai dengan ketentuan yang berlaku, dan biaya materai dibebankan kepada **PIHAK KEDUA**.

PIHAK PERTAMA	**PIHAK KEDUA**
Ketua Umum	Ketua Tim Peneliti
Asosiasi Institusi Pendidikan Vokasi Keperawatan Indonesia	Penelitian Dosen
Yupi Supartini, S.Kp., M.Sc	Ns. Dian Fitria Fanani, M.Kep., Sp.Kep.J

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Original Research

The Effect of Thinking Like a Nurse Simulation as an Online Clinical Learning Method on Nursing Students' Satisfaction and Confidence during the COVID-19 Pandemic

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ABSTRACT

Introduction: Corona Virus Disease (Covid-19) was declared as a pandemic by the World Health Organization (WHO) resulting in changes in existing patterns of life. This impact also affects the world of education, including nursing vocational education. Nursing vocational education must be able to design online methods for the clinical competency with existing facilities and infrastructure. The online clinical method can describe the achievements achievable in clinical facilities so as to build students' satisfaction and confidence.

Methods: This research used quasi-experimental pre-posttest without control group method by providing clinical learning thinking like a nurse simulation. The research sample consists of 110 diploma students with purposive sampling method. Simulation focuses on clinical judgment, communication skills, and skill simulations by adopting clinical practice in hospitals. Assessment is measured using Simulation Design Scale (SDS) and Student Satisfaction and Self-Confidence in Learning Scale (SCLS). Pair t test with level of significance 0.05 is used to process data.

Results: It is found that there is an increase in students' satisfaction and confidence using the clinical simulation method of "thinking like a nurse" having an average 40.69%. Meanwhile, online clinical learning methods has an average increase of 114%. There is an effect of thinking like a nurse simulation method on students' satisfaction and self-confidence ($p < 0.05$).

Conclusion: This research is recommended to add to the reference for online nursing clinical learning methods during Covid-19. Determining the ratio between students and lecturers in online clinic learning can be considered for further research.

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INTRODUCTION

The determination of the status of Covid-19 spread as a pandemic on 11 March 11 by the World Health Organization (WHO) resulted in all learning activities turned online. The Decree of the Minister of Education and Culture through a circular number 4 of 2020 gave an order to carry out the learning and teaching process from home starting from 24 March, 2020 to reduce the acceleration of the spread of the Covid-19 virus.

All educational institutions were forced to adapt very quickly. The learning and teaching process from home had to be carried out immediately to achieve the students' competencies. Simple online methods, such as through chat, voice record, video record, online meeting applications, email, to learning via web were specially designed by educational institutions. All institutions thought hard to be able to provide effective online learning for their students, including educational institutions with diploma nursing program (Al-Balas et al., 2020).

Educational institutions can no longer send students to gain learning experiences through clinical practices since the emergence of Covid-19. However, the closure of these educational practices cannot stop the teaching and learning process. It is not easy to transform learning at clinical institutions into an

online effort, so preparation is required to design appropriate methods so that clinical learning outcomes in knowledge and skills can still be achieved (De Metz & Bezuidenhout, 2018)

The three main competencies obtained from learning methods at clinical institutions are the ability of students to carry out clinical judgments, communication skills, and nursing procedure skills. Learning methods that are carried out online must be done through very well-made simulations so that they are representative to achieve nursing knowledge and clinical judgment (Letcher, Roth, & Varenhorst, 2017). Clinical judgment is the key to caring and decision-making for intervention on patients based on existing assessments and data, (Yuan, Williams, & Man, 2014), and reduced evidence-based experience in conducting clinical judgment can cause students to lack critical skills in nursing process and real problem solving for patients (Konrad, Fitzgerald, & Deckers, 2020a).

Online clinical learning has been carried out and evaluated in clinical courses in the even semester 2019/2020. The method used is to provide cases, group discussion, online case presentations, and videos on nursing action procedures. This method is not sufficiently representative of students who do not acquire experience doing clinical judgment, communication skills, and nursing procedure skills. Unrepresentative methods of learning have an impact on students' satisfaction and self-confidence. Some issues that make online learning dissatisfied are less time to practice procedural skills, numerous tasks, insufficient group discussions, technical learning, and network problems (Shih, Chen, Chen, & Wey, 2013a). Dissatisfaction may produce anxiety in students and cause them to doubt their abilities, causing further impact, namely from decreased academic achievement to student retention (Abdous, 2019). Confidence is very important for all individuals since it affects the performance of the work done and the results of the work. Therefore, it is very important to build nurses' confidence with effective online learning methods so that they have satisfaction with the clinical learning process that is carried out online.

Based on this description, the researchers develop a "thinking like a nurse" method adapted and modified based on the clinical judgment for the nurse learning model (Tanner, 2006). The process shall have three main stages to train skills in conducting clinical judgment, namely noticing, interpreting and response, and reflection. (Tanner, 2006). Noticing is the first stage; the lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data are needed to be completed. The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage; making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. The responding stage is carried out where students evaluate the actions taken. In this method, researchers include the process of communication and nursing procedure skills while students will be trained to think critically in overcoming patient problems according to their developmental conditions; besides that, students will also be trained to carry out activities in the nursing room such as handover, Situation, Background, Assessment, Recommendation (SBAR), pre-conference, and post-conference. A self-reflection process carried out in the learning process will help students understand learning outcomes; the reflection process carried out will also increase professional development, personal growth, empowerment, and facilitated learning This research is expected to produce appropriate online clinical learning methods and to increase students' satisfaction and confidence. The result of this study can be used as a reference for online nursing clinical learning methods during Covid-19.

MATERIALS AND METHODS

The method used in this study is a "quasi-experimental pre-posttest without control group" using statistical tests with paired t-test. The sampling technique uses a non-probability sampling with a purposive sampling method with a sample size of 110 students with the inclusion criteria of students who attended mental and maternity clinical lectures with a supervisor who is a member of the research team and the sampling process was carried out for five days for each class with lectures fully accompanied for two sessions and two session student group discussions. Independent variable in this research is online clinical method. The Simulation Design Scale (SDS) instrument by Jeffries and Rizzolo (2006) with Cronbach's alpha 0.96 was used to assess the method using questionnaires assessed using a Likert scale of 1-5. The dependent variable of this research is satisfaction and self-confidence. The instrument used, namely the questionnaire, is the Student Satisfaction Self-Confidence in Learning Scale (SCLS) by Jeffries and Rizzolo (2006) with a Cronbach's alpha value of 0.94. The satisfaction assessment component consists of satisfaction on the learning method, the variety of materials provided, the facilities in the processes of learning, motivation, and suitability of the simulation process with the competencies to be achieved (Jeffries & Rizzolo, 2006). In measuring satisfaction and self-confidence, the researchers use the concept put forward by Jeffries and Rizzolo (2006). Self-confidence is assessed through the aspects of mastery of the material provided, the need for the material presented, the availability of learning resources, and a place to look for learning sources, both sources for questions and sources of reference.

The first stage of research implementation is to conduct a literature study and identification of research problems. The second stage is a pre-test to measure the level of satisfaction and self-confidence and an assessment of the design of the simulation method used

Table 1. Stages of Implementing Online "Thinking Like Nurse" Clinical Learning Method

Stages	Lecturers' Activities	Students' Activities
Explanation of learning methods	Explains the clinical learning process using the "Thinking like a nurse" simulation	
Clinical Judgment: Noticing (Days 1-3)	Determination work schedule groups - morning and evening Shares medical records (simulations) and formulas to use Divides trigger cases (cases will be provided on the first day and changes in the patient's condition will be given on the following day until the patient is discharged). Patients are treated for 3 days Day 1- Simulation: asks questions 1. Which follow-up studies should be done? 2. Why are they done? 3. What diagnostic tests should be done? 4. What is the purpose of the examination? Day 2- the simulation provides the progress of the case. Simulation with questions: 1. What causes the change in the patient's condition? 2. Describe any further assessments to carry out Day 3 - simulated patient preparation for discharge. 1. What are the discharge preparations made by the nurse for the patient? 2. What is the rationale for such preparation? 3. What forms should the nurse prepare?	Have discussion on the cases acquired Pre-conference *Hand over* Fills in the assessment; Fills in the Initial patient's assesment form to the ward (day 1) Carries out further assessment (day 2) Prepares the patient to return home (day 3) Performs self-reflection
Clinical Judgment: Interpreting (Days 2 and 3)	Simulation: through questions 1. What are the characteristic limitations of the diagnosis offered? 2. Which is the priority problem? Simulation: through questions 1. Why are there such planning and outcome criteria?	Enforcing Nursing Diagnosis Performs self-reflection Making plans and criteria for nursing care outcomes Performs self-reflection
Clinical Judgment: Responding (Days 2 and 3)	Simulation (discussion on zoomeeting) 1. Lecturers provide the results of nursing actions taken by students 2. The lecturer provides an overview of the patient's condition after the intervention 3. The Lecture provide advices for student about Nursing care delivered, SBAR hand over, and documentation. Simulation: through questions 1. What Should you do if the next condition of patient .....? (lecture explain progress patient condition) 2. Which your next priority implementation for patient?	1. Carrying out the actions to be performed in accordance with the action documentation planning on the documentation sheet. 2. Situation, Background, Assesment, Recommendation (SBAR) exercise 3. Communications 4. Performs self-reflection 5. Creating documentation of nursing actions 6. Filling out the Integrated patient progress notes form (documentation) 7. Handover exercise Making plans and criteria for next nursing care outcomes
Reflecting (Day 3)	Simulation (discussion on zoomeeting) Lecture Motivates self-reflection by asking question about students understand learning outcomes; the reflection process carried out. Simulation: through questions 1. What the lesson learnt today? 2. How the feeling? 3. What the learning outcone you can get today? 4. What should you improve for your self?	1. Self-reflection (while treating patients from admission to discharge) 2. post-conference Making Self Reflection
Communication and nursing procedure skills (Days 4 to 5)	Provides nursing procedures that will be trained in accordance with the agreement on the discussion of responding implementation divide nurse-patient	1. Creates patient-nurse scenarios for cases that have been created for 3 days. 2. Performs self-reflection

by students who have participated in online clinical learning without the "thinking like a nurse" method followed by the provision of the "thinking like a nurse" simulation method and the third stage carries out a post-test to measure the level of satisfaction and self-confidence of students and an assessment of "thinking like a nurse" learning method with the activities as provided in Table 1 - stages of implementing online the "thinking like a nurse" clinical learning method.

This study has passed the ethical test by the Health Research Ethics Commission of the Faculty of Nursing, the Airlangga University, number 2118-KEPK. Data were collected through questionnaires and did not cause any harm to the respondents. Ethical requirements and respondent rights have been fulfilled throughout the research process.

RESULTS

The results of satisfaction and self-confidence assessment (Table 2) show that the mean value before the intervention is 37.28 with a median value of 27.50. Meanwhile, the mean satisfaction and self-confidence of respondents after the intervention is 52.45 with a median value of 52. The table above also illustrates that there is a difference of 15.17 in the mean before and after intervention with a mean increase of 40.69%. Hence, it can be concluded that there is a difference in the mean and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

Based on table 3, it is found that the mean of the respondents' online clinical learning method before the intervention is 37.58 with a median value of 27.50. Meanwhile, the mean of clinical learning method by respondents after intervention is 80.46 with a median value of 80. Hence, it can be concluded that there is a difference in the average online clinical learning method before the intervention and after the intervention. The table above also illustrates that there is a difference of 52.9 in the mean before and after with a mean increase of 114%. Hence, it can be concluded that there is a difference in the mean and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

In examining the effect of providing online clinical learning methods with the "thinking like a nurse" method, it was found the students' average satisfaction and self-confidence before and after the effect of providing online clinical learning methods with the "thinking like a nurse" method on students' satisfaction and self-confidence is 15.16, and the difference between these differences is between

Table 2. Average Satisfaction and Confidence Before and After the Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage (%)
Satisfaction and Confidence before Intervention	37.28	27.50	12.3	26-52	15.17	0.41-0.59	40.69
Satisfaction and Confidence after Intervention	52.45	52.00	5.2	38-65		0.62-0.80	

Table 3. Average Online Clinical Learning Methods Before and After Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage
Online Clinical Learning Methods before Intervention	37.58	27.50	12.8	26-52	52.9	0.38-0.57	114
Online Clinical Learning Methods after Intervention	80.47	80	6.7	61-100		0.61-0.79	

Table 4. The effect of providing Online Clinical Learning Methods with "thinking like a nurse" Method on Students' Satisfaction and Self-confidence (N=110)

Variables	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Respondents' satisfaction and confidence before and after the intervention	15.16	13.07	1.246	12.70	17.63	<0.000

Table 5 .The Effect of Giving the "thinking like a nurse" Simulation Method on Online Clinical Learning Methods (N=110)

Variables	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Respondents' online learning methods before and after the intervention	42.9	14.03	1.345	40.24	45.54	<0.000

17.63 and 12.70 (95% confidence interval of the lower and upper differences), Sig (2-tailed) of <0.000. Hence, it can be concluded that there is a mean difference in students' satisfaction and confidence between before and after the "thinking like a nurse" simulation; therefore, there is an effect of the "thinking like a nurse" simulation method on students' satisfaction and self-confidence.

Based on Table 5, the results show that the average online clinical learning method for students before and after the "thinking like a nurse" simulation is 42.9, and the difference between these differences is between 45.54 and 40.24 (95% confidence interval of the lower and upper differences), Sig (2-tailed) of <0.000. Hence, it can be concluded that there is an average difference between the online clinical learning method for students before and after the "thinking like a nurse" simulation; therefore, there is an effect of the "thinking like a nurse" simulation method on the online clinical learning method.

DISCUSSION

The "thinking like a nurse" method is a design adapted from Tanner (2006) and Konrad, Fitzgerald, and Deckers (2020). The stages of this online method are divided into three, namely Clinical Judgment, Communication, and Procedure Skills Simulation. This method is designed since, based on Adam (2015), the clinical online learning method must cover three cognitive aspects (knowledge, comprehension, critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Adams, 2015). This method is designed as an effort to respond to the Covid-19 pandemic which makes nursing students unable to practice in hospitals. For the first semester during the Covid-19 pandemic and before the application of this clinical method, online clinical activities were carried out with case provision in which students were asked to produce preliminary reports on three-day nursing care and presentation of the case and continuing with cases' question and answer sessions. Through the method, students only reached satisfaction and confidence with a mean of 37.28 with a mean value of the online clinical learning method used before the intervention of 37.58. The interaction of the old method is less interaction between lecturer and student, and the method cannot describe the situation in the hospital.

Student satisfaction and confidence are low due to the learning process, which is not optimal for presenting clinical learning experiences conducted online. The procedure performed is still oriented toward training students to be able to provide nursing care; but is not yet at the application of simulation stage and, with this method, students only gain knowledge without any clinical learning experiences such as communicating with patients or simulating nursing actions. This is in line with the results of research conducted by Al-Balas et al. (2020) saying that the clinical medical practice method during a pandemic must include three aspects, namely knowledge, nursing care practice, and representative experience in caring for patients performed online by simulating nursing actions (Al-Balas et al., 2020). The results of research by McGann et al. (2020) state that the online clinical method will be effective if it is not only in the form of knowledge on nursing care, but when it is followed by providing feedback on simulated procedures, providing videos, and practicing communication with patients, and by so doing can increase self-confidence of the students (McGann et al., 2020).

Another study states that students' dissatisfaction in learning is due to anxiety on seven things felt by students, namely unclear online learning technique mechanisms, the absence of face-to-face session, high risk of distraction to social media during online learning, minimum feedback, unsupportive online learning environment, and the absence of interaction with friends such as in the classroom (Abdous, 2019). The research results of Chen et al. (2013) show several issues that cause dissatisfaction in online learning, i.e., less time to practice procedural skills, abundance of tasks, insufficient group discussions, technical learning, and network problems (Shih et al., 2013b). In the previous method, students only work on the given cases, make a path of flow, and ask and answer questions on nursing care provided; students could not see changes in the patients' condition such as students caring for patients in the ward.

After the intervention using the "thinking like a nurse" method adapted and modified from Tanner (2006) and Konrad, Fitzgerald, and Deckers (2020) in five days as an online clinical learning method, the average students' satisfaction and confidence increase to 52.45 with an increase of 40.69% from the condition before the intervention (Konrad et al., 2020a; Tanner, 2006). Likewise, the mean value for the online clinical learning method used after the intervention is 80.47; this value increases 114% from the previous method. This is because the "thinking like a nurse" method provides students with experiences on caring for patients, but it is done online. The noticing stage is the first stage in the clinical judgment process. Lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data are needed to be completed. The management of trigger cases by students is the key to optimal online learning processes (Konrad et al., 2020b; Kyrkjebø, 2006). Learning feedback is immediately provided by the lecturer after students complete the data to know whether the assessment data really needs to be studied before the students make diagnosis. The lecturer also provides the results of the assessment completed on the patient. The focus of the first day on this assessment provides clarity to students on the competencies in nursing assessment

skills. This is consistent with a research from Kim et. al. (2020) that giving the right feedback will increase students' confidence during online learning.

The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage, making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. Lecturers discuss the rationality of diagnosis and planning. In the third stage, the responding stage is carried out where students evaluate the actions taken. The three stages of clinical judgment, namely noticing, interpreting, and responding, are carried out by the interaction of lecturers and students for three days and performed in stages. In each learning process, the lecturer provides feedbacks and triggers for students to think critically. Through this method, students know whether each stage of the nursing care that they make is appropriate or not, and know the rationale for each action. Feedback obtained after each process is the interaction between students and lecturers; this can increase satisfaction and the method becomes more effective because one of the reasons for dissatisfaction with online learning is the lack of interaction with lecturers and students (D'Aquila, Wang, & Mattia, 2019; De Metz & Bezuidenhout, 2018; Singh et al., 2021)

The nursing care given every day is made based on the development or changes in the patient's condition provided by the lecturer as a trigger for nursing care for the next day. Therefore, students are continuously trained to think critically in designing nursing care such as in clinical practice. This is in accordance with the good learning components according to Jeffries and Rizzollo (2006), including competence (objectives, material preparation, trigger cases), support (learning resources; motivation provided by the lecturer), problem solving (opportunities to ask questions, ease of finding sources to solve problems), feedback (providing constructive feedback, and self-reflection processes), and accuracy (accuracy with real life conditions) (Jeffries & Rizzolo, 2006). This method is also a student-centered clinical learning method that can increase student satisfaction and confidence when the process is able to motivate, the presence of lecturers for interaction and collaboration with students, clear learning activities, and students understand the right goals, competencies, and deadlines (Tartavulea, Albu, Albu, Petre, & Dieaconescu Silvia, 2020).

In the second stage of the "thinking like a nurse" method after clinical judgment, namely communication skills, students will be trained to do handover and patient process reports to doctors using SBAR either during handover or on the phone. Students practice handover with other students for managed cases. The supervisor observes the handover process carried out by the students; the components mentioned are the completeness of the data being transferred and the next action to be taken. Input is also provided by peers between groups. This stage is carried out because, according to O'Neil, Fisher, Rietschel, and Fisher (2018), three principles that must be fulfilled in online learning are easy to access, easy to navigate, and easy to interact with others. It is also stated that communication is the core of online learning because it is with this communication that interactions will be built between students and students, student and lecturers, and students with trigger cases on learning (O'Neil, Fisher, Rietschel, & Fisher, 2018). Increasing interaction and communication in learning will increase discipline, independent learning ability, self-motivation, level of participation, time management and being active in learning (Reinckens, Philipsen, & Murray, 2014).

The third stage consists of students performing peer-to-peer simulation and practicing selected actions for one of the diagnoses. This action is performed online by students. Actions taken to be simulated are assessment, education, or independent nursing actions. The simulation of providing education to fellow students with the patient nurse scenario is the most effective online clinical action simulation method (Rodríguez, Navarro, Pino, & Maroto, 2020). Simulations of nursing actions with scenarios that are played online are parts of the student-centered learning method and are able to increase students' satisfaction and self-confidence (Englund, Olofsson, & Price, 2017). In this stage, the lecturer also provides videos of nursing procedures that are not possible to be performed by online role play. All actions taken are documented in a simulated medical record prepared and designed in accordance with the standards of teaching hospitals commonly used as practice venues.

These three stages produce average increase in students' satisfaction and confidence. In this clinical learning method, students are motivated to carry out nursing care according to the patient's development, perform communication for nurse-nurse and nurse-patient, and are trained to foster a sense of caring and empathy in caring for patients. Soundy et al. (2021) state that there are three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). The same thing is revealed in the study that self-confidence in learning is influenced by eight factors, namely mastery or understanding of certain materials or expertise, materials according to needs, increased psychomotor abilities, availability of reference sources, and the ability to solve existing problems (Franklin, Burns, & Lee, 2014). Clear and continuous feedback can increase satisfaction and self-confidence so that individuals will be able to perform cognitive functions to seek efforts to move closer to goals through various ways and be able to set specific goals for themselves with self-regulation abilities (Luthans, 2007).

Every day, at the end of an online work meeting, students reflect themselves on clinical learning activities. It is designed to increase students'

satisfaction and confidence. The self-reflection process carried out in the learning process will help students understand learning outcomes; it will also increase professional development, personal growth, empowerment, and facilitated learning (Langley & Brown, 2010). Good understanding of learning outcomes by students through self-reflection prevents them from experiencing helplessness, burnout, and burdens (Suliman, Abu-Moghli, Khalaf, Zumot, & Nabolsi, 2021). This learning method also enhances the role of the lecturers as facilitator; the lecturers are in charge of not only providing trigger cases, but also listening to the results of solving cases by students on the last day. In this method, the lecturers understand and participate in online clinical learning interactions. This becomes one of the reasons for students' satisfaction and confidence since they know where to ask and are trained to think critically. Schroeder, Shogren, and Terras (2020) state that online students need instructors to provide personal presence, by being engaging, approachable, understandable, patient, and passionate about the subject. This method does not only focus on students processing cases with a nursing care approach, but also on the interaction between lecturers and students (Schroeder, Shogren, & Terras, 2020). The limitation of this research is that it hasn't considered yet the ratio of students and lecturers based on the ratio on clinical setting; nevertheless, the number of students is divided into several small groups in team teaching.

CONCLUSION

Based on this research, it can be concluded that the provision of the online clinical learning method of "thinking like a nurse" has an influence on students' satisfaction and self-confidence. This method is designed with the urgency of the impact of Covid-19 causing students to be unable to do clinical practices in hospitals. This design provides a student clinical learning experience, such as learning in a hospital, where students manage patients through nursing care for five days until the patient is discharged. This design is also developed for students to maintain communication skills and nursing procedures, as well as interactions between patient-nurses and nurses-peers. From this method, they learnt three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). This method is designed to achieve the clinical online learning method criteria which must cover three cognitive aspects (knowledge, comprehension, critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Adams, 2015).

This research is expected to be able to provide a reference contribution to nursing vocational education to develop online clinical learning methods. This method is also expected to be adopted by nursing vocational education institutions in achieving clinical learning competence. The "thinking like a nurse" method can anticipate changes in hospital practice regulations that have re-accepted students in a limited number, so that it can be used as blended learning. This method also needs to be re-developed by taking into account the number of students and the number of lecturers to get a more optimal process. This research is recommended to determine the ratio between students and lecturers in online clinic learning and can be considered for further research.

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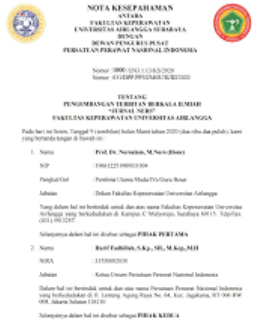

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Original Research

The Effect of Thinking Like a Nurse Simulation as an Online Clinical Learning Method on Nursing Students' Satisfaction and Confidence during the Covid-19 Pandemic

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ABSTRACT

Introduction: Corona Virus Disease (Covid-19) was declared as a pandemic by the World Health Organization (WHO) resulting in changes in existing patterns of life. This impact also affects the world of education, including nursing vocational education. Nursing vocational education must be able to design online methods for the clinical competency with existing facilities and infrastructure. The online clinical method can describe the achievements achievable in clinical facilities so as to build students' satisfaction and confidence.

Methods: This research used quasi-experimental pre-posttest without control group method by providing clinical learning thinking like a nurse simulation. The research sample consists of 110 diploma students with purposive sampling method. Simulation focuses on clinical judgment, communication skills, and skill simulations by adopting clinical practice in hospitals. Assessment is measured using Simulation Design Scale (SDS) and Student Satisfaction and Self-Confidence in Learning Scale (SCLS). Pair t test with level of significance 0.05 is used to process data.

Results: It is found that there is an increase in students' satisfaction and confidence using the clinical simulation method of "thinking like a nurse" having an average 40.69%. Meanwhile, online clinical learning methods has an average increase of 114%. There is an effect of thinking like a nurse simulation method on students' satisfaction and self-confidence ($p < 0.05$).

Conclusion: This research is recommended to add to the reference for online nursing clinical learning methods during Covid-19. Determining the ratio between students and lecturers in online clinic learning can be considered for further research.

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INTRODUCTION

The determination of the status of Covid-19 spread as a pandemic on 11 March 11 by the World Health Organization (WHO) resulted in all learning activities turned online. The Decree of the Minister of Education and Culture through a circular number 4 of 2020 gave an order to carry out the learning and teaching process from home starting from 24 March, 2020 to reduce the acceleration of the spread of the Covid-19 virus.

All educational institutions were forced to adapt very quickly. The learning and teaching process from home had to be carried out immediately to achieve the students' competencies. Simple online methods, such as through chat, voice record, video record, online meeting applications, email, to learning via web were specially designed by educational institutions. All institutions thought hard to be able to provide effective online learning for their students, including educational institutions with diploma nursing program (Al-Balas et al., 2020).

Educational institutions can no longer send students to gain learning experiences through clinical practices since the emergence of Covid-19. However, the closure of these educational practices cannot stop the teaching and learning process. It is not easy to transform learning at clinical institutions into an

online effort, so preparation is required to design appropriate methods so that clinical learning outcomes in knowledge and skills can still be achieved (De Metz & Bezuidenhout, 2018)

The three main competencies obtained from learning methods at clinical institutions are the ability of students to carry out clinical judgments, communication skills, and nursing procedure skills. Learning methods that are carried out online must be done through very well-made simulations so that they are representative to achieve nursing knowledge and clinical judgment (Letcher, Roth, & Varenhorst, 2017). Clinical judgment is the key to caring and decision-making for intervention on patients based on existing assessments and data, (Yuan, Williams, & Man, 2014), and reduced evidence-based experience in conducting clinical judgment can cause students to lack critical skills in nursing process and real problem solving for patients (Konrad, Fitzgerald, & Deckers, 2020a).

Online clinical learning has been carried out and evaluated in clinical courses in the even semester 2019/2020. The method used is to provide cases, group discussion, online case presentations, and videos on nursing action procedures. This method is not sufficiently representative of students who do not acquire experience doing clinical judgment, communication skills, and nursing procedure skills. Unrepresentative methods of learning have an impact on students' satisfaction and self-confidence. Some issues that make online learning dissatisfied are less time to practice procedural skills, numerous tasks, insufficient group discussions, technical learning, and network problems (Shih, Chen, Chen, & Wey, 2013a). Dissatisfaction may produce anxiety in students and cause them to doubt their abilities, causing further impact, namely from decreased academic achievement to student retention (Abdous, 2019). Confidence is very important for all individuals since it affects the performance of the work done and the results of the work. Therefore, it is very important to build nurses' confidence with effective online learning methods so that they have satisfaction with the clinical learning process that is carried out online.

Based on this description, the researchers develop a "thinking like a nurse" method adapted and modified based on the clinical judgment for the nurse learning model (Tanner, 2006). The process shall have three main stages to train skills in conducting clinical judgment, namely noticing, interpreting and response, and reflection. (Tanner, 2006). Noticing is the first stage; the lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data are needed to be completed. The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage; making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. The responding stage is carried out where students evaluate the actions taken. In this method, researchers include the process of communication and nursing procedure skills while students will be trained to think critically in overcoming patient problems according to their developmental conditions; besides that, students will also be trained to carry out activities in the nursing room such as handover, Situation, Background, Assessment, Recommendation (SBAR), pre-conference, and post-conference. A self-reflection process carried out in the learning process will help students understand learning outcomes; the reflection process carried out will also increase professional development, personal growth, empowerment, and facilitated learning This research is expected to produce appropriate online clinical learning methods and to increase students' satisfaction and confidence. The result of this study can be used as a reference for online nursing clinical learning methods during Covid-19.

MATERIALS AND METHODS

The method used in this study is a "quasi-experimental pre-posttest without control group" using statistical tests with paired t-test. The sampling technique uses a non-probability sampling with a purposive sampling method with a sample size of 110 students with the inclusion criteria of students who attended mental and maternity clinical lectures with a supervisor who is a member of the research team and the sampling process was carried out for five days for each class with lectures fully accompanied for two sessions and two session student group discussions. Independent variable in this research is online clinical method. The Simulation Design Scale (SDS) instrument by Jeffries and Rizzolo (2006) with Cronbach's alpha 0.96 was used to assess the method using questionnaires assessed using a Likert scale of 1-5. The dependent variable of this research is satisfaction and self-confidence. The instrument used, namely the questionnaire, is the Student Satisfaction Self-Confidence in Learning Scale (SCLS) by Jeffries and Rizzolo (2006) with a Cronbach's alpha value of 0.94. The satisfaction assessment component consists of satisfaction on the learning method, the variety of materials provided, the facilities in the processes of learning, motivation, and suitability of the simulation process with the competencies to be achieved (Jeffries & Rizzolo, 2006). In measuring satisfaction and self-confidence, the researchers use the concept put forward by Jeffries and Rizzolo (2006). Self-confidence is assessed through the aspects of mastery of the material provided, the need for the material presented, the availability of learning resources, and a place to look for learning sources, both sources for questions and sources of reference.

The first stage of research implementation is to conduct a literature study and identification of research problems. The second stage is a pre-test to measure the level of satisfaction and self-confidence and an assessment of the design of the simulation method used

Table 1. Stages of Implementing Online "Thinking Like Nurse" Clinical Learning Method

Stages	Lecturers' Activities	Students' Activities
Explanation of learning methods	Explains the clinical learning process using the "Thinking like a nurse" simulation	
Clinical Judgment: Noticing (Days 1-3)	Determination work schedule groups - morning and evening Shares medical records (simulations) and formulas to use Divides trigger cases (cases will be provided on the first day and changes in the patient's condition will be given on the following day until the patient is discharged). Patients are treated for 3 days Day 1- Simulation: asks questions 1. Which follow-up studies should be done? 2. Why are they done? 3. What diagnostic tests should be done? 4. What is the purpose of the examination? Day 2- the simulation provides the progress of the case. Simulation with questions: 1. What causes the change in the patient's condition? 2. Describe any further assessments to carry out Day 3 - simulated patient preparation for discharge. 1. What are the discharge preparations made by the nurse for the patient? 2. What is the rationale for such preparation? 3. What forms should the nurse prepare?	Have discussion on the cases acquired Pre-conference *Hand over* Fills in the assessment; Fills in the Initial patient's assesment form to the ward (day 1) Carries out further assessment (day 2) Prepares the patient to return home (day 3) Performs self-reflection
Clinical Judgment: Interpreting (Days 2 and 3)	Simulation: through questions 1. What are the characteristic limitations of the diagnosis offered? 2. Which is the priority problem? Simulation: through questions 1. Why are there such planning and outcome criteria?	Enforcing Nursing Diagnosis Performs self-reflection Making plans and criteria for nursing care outcomes Performs self-reflection
Clinical Judgment: Responding (Days 2 and 3)	Simulation (discussion on zoomeeting) 1. Lecturers provide the results of nursing actions taken by students 2. The lecturer provides an overview of the patient's condition after the intervention 3. The Lecture provide advices for student about Nursing care delivered, SBAR hand over, and documentation. Simulation: through questions 1. What Should you do if the next condition of patient .....? (lecture explain progress patient condition) 2. Which your next priority implementation for patient?	1. Carrying out the actions to be performed in accordance with the action documentation planning on the documentation sheet. 2. Situation, Background, Assesment, Recommendation (SBAR) exercise 3. Communications 4. Performs self-reflection 5. Creating documentation of nursing actions 6. Filling out the Integrated patient progress notes form (documentation) 7. Handover exercise Making plans and criteria for next nursing care outcomes
Reflecting (Day 3)	Simulation (discussion on zoomeeting) Lecture Motivates self-reflection by asking question about students understand learning outcomes; the reflection process carried out. Simulation: through questions 1. What the lesson learnt today? 2. How the feeling? 3. What the learning outcone you can get today? 4. What should you improve for your self?	1. Self-reflection (while treating patients from admission to discharge) 2. post-conference Making Self Reflection
Communication and nursing procedure skills (Days 4 to 5)	Provides nursing procedures that will be trained in accordance with the agreement on the discussion of responding implementation divide nurse-patient	1. Creates patient-nurse scenarios for cases that have been created for 3 days. 2. Performs self-reflection

by students who have participated in online clinical learning without the "thinking like a nurse" method followed by the provision of the "thinking like a nurse" simulation method and the third stage carries out a post-test to measure the level of satisfaction and self-confidence of students and an assessment of "thinking like a nurse" learning method with the activities as provided in Table 1 - stages of implementing online the "thinking like a nurse" clinical learning method.

This study has passed the ethical test by the Health Research Ethics Commission of the Faculty of Nursing, the Airlangga University, number 2118-KEPK. Data were collected through questionnaires and did not cause any harm to the respondents. Ethical requirements and respondent rights have been fulfilled throughout the research process.

RESULTS

The results of satisfaction and self-confidence assessment (Table 2) show that the mean value before the intervention is 37.28 with a median value of 27.50. Meanwhile, the mean satisfaction and self-confidence of respondents after the intervention is 52.45 with a median value of 52. The table above also illustrates that there is a difference of 15.17 in the mean before and after intervention with a mean increase of 40.69%. Hence, it can be concluded that there is a difference in the mean and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

Based on table 3, it is found that the mean of the respondents' online clinical learning method before the intervention is 37.58 with a median value of 27.50. Meanwhile, the mean of clinical learning method by respondents after intervention is 80.46 with a median value of 80. Hence, it can be concluded that there is a difference in the average online clinical learning method before the intervention and after the intervention. The table above also illustrates that there is a difference of 52.9 in the mean before and after with a mean increase of 114%. Hence, it can be concluded that there is a difference in the mean and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

In examining the effect of providing online clinical learning methods with the "thinking like a nurse" method, it was found the students' average satisfaction and self-confidence before and after the effect of providing online clinical learning methods with the "thinking like a nurse" method on students' satisfaction and self-confidence is 15.16, and the difference between these differences is between

Table 2. Average Satisfaction and Confidence Before and After the Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage (%)
Satisfaction and Confidence before Intervention	37.28	27.50	12.3	26-52	15.17	0.41-0.59	40.69
Satisfaction and Confidence after Intervention	52.45	52.00	5.2	38-65		0.62-0.80	

Table 3. Average Online Clinical Learning Methods Before and After Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage
Online Clinical Learning Methods before Intervention	37.58	27.50	12.8	26-52	52.9	0.38-0.57	114
Online Clinical Learning Methods after Intervention	80.47	80	6.7	61-100		0.61-0.79	

Table 4. The effect of providing Online Clinical Learning Methods with "thinking like a nurse" Method on Students' Satisfaction and Self-confidence (N=110)

Variables	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Respondents' satisfaction and confidence before and after the intervention	15.16	13.07	1.246	12.70	17.63	<0.000

Table 5 .The Effect of Giving the "thinking like a nurse" Simulation Method on Online Clinical Learning Methods (N=110)

Variables	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Respondents' online learning methods before and after the intervention	42.9	14.03	1.345	40.24	45.54	<0.000

17.63 and 12.70 (95% confidence interval of the lower and upper differences), Sig (2-tailed) of <0.000. Hence, it can be concluded that there is a mean difference in students' satisfaction and confidence between before and after the "thinking like a nurse" simulation; therefore, there is an effect of the "thinking like a nurse" simulation method on students' satisfaction and self-confidence.

Based on Table 5, the results show that the average online clinical learning method for students before and after the "thinking like a nurse" simulation is 42.9, and the difference between these differences is between 45.54 and 40.24 (95% confidence interval of the lower and upper differences), Sig (2-tailed) of <0.000. Hence, it can be concluded that there is an average difference between the online clinical learning method for students before and after the "thinking like a nurse" simulation; therefore, there is an effect of the "thinking like a nurse" simulation method on the online clinical learning method.

DISCUSSION

The "thinking like a nurse" method is a design adapted from Tanner (2006) and Konrad, Fitzgerald, and Deckers (2020). The stages of this online method are divided into three, namely Clinical Judgment, Communication, and Procedure Skills Simulation. This method is designed since, based on Adam (2015), the clinical online learning method must cover three cognitive aspects (knowledge, comprehension, critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Adams, 2015). This method is designed as an effort to respond to the Covid-19 pandemic which makes nursing students unable to practice in hospitals. For the first semester during the Covid-19 pandemic and before the application of this clinical method, online clinical activities were carried out with case provision in which students were asked to produce preliminary reports on three-day nursing care and presentation of the case and continuing with cases' question and answer sessions. Through the method, students only reached satisfaction and confidence with a mean of 37.28 with a mean value of the online clinical learning method used before the intervention of 37.58. The interaction of the old method is less interaction between lecturer and student, and the method cannot describe the situation in the hospital.

Student satisfaction and confidence are low due to the learning process, which is not optimal for presenting clinical learning experiences conducted online. The procedure performed is still oriented toward training students to be able to provide nursing care; but is not yet at the application of simulation stage and, with this method, students only gain knowledge without any clinical learning experiences such as communicating with patients or simulating nursing actions. This is in line with the results of research conducted by Al-Balas et al. (2020) saying that the clinical medical practice method during a pandemic must include three aspects, namely knowledge, nursing care practice, and representative experience in caring for patients performed online by simulating nursing actions (Al-Balas et al., 2020). The results of research by McGann et al. (2020) state that the online clinical method will be effective if it is not only in the form of knowledge on nursing care, but when it is followed by providing feedback on simulated procedures, providing videos, and practicing communication with patients, and by so doing can increase self-confidence of the students (McGann et al., 2020).

Another study states that students' dissatisfaction in learning is due to anxiety on seven things felt by students, namely unclear online learning technique mechanisms, the absence of face-to-face session, high risk of distraction to social media during online learning, minimum feedback, unsupportive online learning environment, and the absence of interaction with friends such as in the classroom (Abdous, 2019). The research results of Chen et al. (2013) show several issues that cause dissatisfaction in online learning, i.e., less time to practice procedural skills, abundance of tasks, insufficient group discussions, technical learning, and network problems (Shih et al., 2013b). In the previous method, students only work on the given cases, make a path of flow, and ask and answer questions on nursing care provided; students could not see changes in the patients' condition such as students caring for patients in the ward.

After the intervention using the "thinking like a nurse" method adapted and modified from Tanner (2006) and Konrad, Fitzgerald, and Deckers (2020) in five days as an online clinical learning method, the average students' satisfaction and confidence increase to 52.45 with an increase of 40.69% from the condition before the intervention (Konrad et al., 2020a; Tanner, 2006). Likewise, the mean value for the online clinical learning method used after the intervention is 80.47; this value increases 114% from the previous method. This is because the "thinking like a nurse" method provides students with experiences on caring for patients, but it is done online. The noticing stage is the first stage in the clinical judgment process. Lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data are needed to be completed. The management of trigger cases by students is the key to optimal online learning processes (Konrad et al., 2020b; Kyrkjebø, 2006). Learning feedback is immediately provided by the lecturer after students complete the data to know whether the assessment data really needs to be studied before the students make diagnosis. The lecturer also provides the results of the assessment completed on the patient. The focus of the first day on this assessment provides clarity to students on the competencies in nursing assessment

skills. This is consistent with a research from Kim et. al. (2020) that giving the right feedback will increase students' confidence during online learning.

The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage, making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. Lecturers discuss the rationality of diagnosis and planning. In the third stage, the responding stage is carried out where students evaluate the actions taken. The three stages of clinical judgment, namely noticing, interpreting, and responding, are carried out by the interaction of lecturers and students for three days and performed in stages. In each learning process, the lecturer provides feedbacks and triggers for students to think critically. Through this method, students know whether each stage of the nursing care that they make is appropriate or not, and know the rationale for each action. Feedback obtained after each process is the interaction between students and lecturers; this can increase satisfaction and the method becomes more effective because one of the reasons for dissatisfaction with online learning is the lack of interaction with lecturers and students (D'Aquila, Wang, & Mattia, 2019; De Metz & Bezuidenhout, 2018; Singh et al., 2021)

The nursing care given every day is made based on the development or changes in the patient's condition provided by the lecturer as a trigger for nursing care for the next day. Therefore, students are continuously trained to think critically in designing nursing care such as in clinical practice. This is in accordance with the good learning components according to Jeffries and Rizollo (2006), including competence (objectives, material preparation, trigger cases), support (learning resources; motivation provided by the lecturer), problem solving (opportunities to ask questions, ease of finding sources to solve problems), feedback (providing constructive feedback, and self-reflection processes), and accuracy (accuracy with real life conditions) (Jeffries & Rizzolo, 2006). This method is also a student-centered clinical learning method that can increase student satisfaction and confidence when the process is able to motivate, the presence of lecturers for interaction and collaboration with students, clear learning activities, and students understand the right goals, competencies, and deadlines (Tartavulea, Albu, Albu, Petre, & Dieaconescu Silvia, 2020).

In the second stage of the "thinking like a nurse" method after clinical judgment, namely communication skills, students will be trained to do handover and patient process reports to doctors using SBAR either during handover or on the phone. Students practice handover with other students for managed cases. The supervisor observes the handover process carried out by the students; the components mentioned are the completeness of the data being transferred and the next action to be taken. Input is also provided by peers between groups. This stage is carried out because, according to O'Neil, Fisher, Rietschel, and Fisher (2018), three principles that must be fulfilled in online learning are easy to access, easy to navigate, and easy to interact with others. It is also stated that communication is the core of online learning because it is with this communication that interactions will be built between students and students, student and lecturers, and students with trigger cases on learning (O'Neil, Fisher, Rietschel, & Fisher, 2018). Increasing interaction and communication in learning will increase discipline, independent learning ability, self-motivation, level of participation, time management and being active in learning (Reinckens, Philipsen, & Murray, 2014).

The third stage consists of students performing peer-to-peer simulation and practicing selected actions for one of the diagnoses. This action is performed online by students. Actions taken to be simulated are assessment, education, or independent nursing actions. The simulation of providing education to fellow students with the patient nurse scenario is the most effective online clinical action simulation method (Rodríguez, Navarro, Pino, & Maroto, 2020). Simulations of nursing actions with scenarios that are played online are parts of the student-centered learning method and are able to increase students' satisfaction and self-confidence (Englund, Olofsson, & Price, 2017). In this stage, the lecturer also provides videos of nursing procedures that are not possible to be performed by online role play. All actions taken are documented in a simulated medical record prepared and designed in accordance with the standards of teaching hospitals commonly used as practice venues.

These three stages produce average increase in students' satisfaction and confidence. In this clinical learning method, students are motivated to carry out nursing care according to the patient's development, perform communication for nurse-nurse and nurse-patient, and are trained to foster a sense of caring and empathy in caring for patients. Soundy et al. (2021) state that there are three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). The same thing is revealed in the study that self-confidence in learning is influenced by eight factors, namely mastery or understanding of certain materials or expertise, materials according to needs, increased psychomotor abilities, availability of reference sources, and the ability to solve existing problems (Franklin, Burns, & Lee, 2014). Clear and continuous feedback can increase satisfaction and self-confidence so that individuals will be able to perform cognitive functions to seek efforts to move closer to goals through various ways and be able to set specific goals for themselves with self-regulation abilities (Luthans, 2007).

Every day, at the end of an online work meeting, students reflect themselves on clinical learning activities. It is designed to increase students'

satisfaction and confidence. The self-reflection process carried out in the learning process will help students understand learning outcomes; it will also increase professional development, personal growth, empowerment, and facilitated learning (Langley & Brown, 2010). Good understanding of learning outcomes by students through self-reflection prevents them from experiencing helplessness, burnout, and burdens (Suliman, Abu-Moghli, Khalaf, Zumot, & Nabolsi, 2021). This learning method also enhances the role of the lecturers as facilitator; the lecturers are in charge of not only providing trigger cases, but also listening to the results of solving cases by students on the last day. In this method, the lecturers understand and participate in online clinical learning interactions. This becomes one of the reasons for students' satisfaction and confidence since they know where to ask and are trained to think critically. Schroeder, Shogren, and Terras (2020) state that online students need instructors to provide personal presence, by being engaging, approachable, understandable, patient, and passionate about the subject. This method does not only focus on students processing cases with a nursing care approach, but also on the interaction between lecturers and students (Schroeder, Shogren, & Terras, 2020). The limitation of this research is that it hasn't considered yet the ratio of students and lecturers based on the ratio on clinical setting; nevertheless, the number of students is divided into several small groups in team teaching.

CONCLUSION

Based on this research, it can be concluded that the provision of the online clinical learning method of "thinking like a nurse" has an influence on students' satisfaction and self-confidence. This method is designed with the urgency of the impact of Covid-19 causing students to be unable to do clinical practices in hospitals. This design provides a student clinical learning experience, such as learning in a hospital, where students manage patients through nursing care for five days until the patient is discharged. This design is also developed for students to maintain communication skills and nursing procedures, as well as interactions between patient-nurses and nurses-peers. From this method, they learnt three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). This method is designed to achieve the clinical online learning method criteria which must cover three cognitive aspects (knowledge, comprehension, critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Adams, 2015).

This research is expected to be able to provide a reference contribution to nursing vocational education to develop online clinical learning methods. This method is also expected to be adopted by nursing vocational education institutions in achieving clinical learning competence. The "thinking like a nurse" method can anticipate changes in hospital practice regulations that have re-accepted students in a limited number, so that it can be used as blended learning. This method also needs to be re-developed by taking into account the number of students and the number of lecturers to get a more optimal process. This research is recommended to determine the ratio between students and lecturers in online clinic learning and can be considered for further research.

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THE EFFECT OF THINKING LIKE A NURSE SIMULATION AS AN ONLINE CLINICAL LEARNING METHOD ON NURSING STUDENTS' SATISFACTION AND CONFIDENCE DURING THE COVID-19 PANDEMIC

Dian Fitria, Johan Puspasari, Puspita Hanggal Lestari

http://dx.doi.org/10.20473/jn.v16i2.25701

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ABSTRACT

Introduction: Corona Virus Disease (Covid-19) was declared as a pandemic by the World Health Organization (WHO) resulting in changes in existing patterns of life. This impact also affects the world of education, including nursing vocational education. Nursing vocational education must be able to design online methods for the clinical competency with existing facilities and infrastructure. The online clinical method can describe the achievements achievable in clinical facilities so as to build students' satisfaction and confidence.

Methods: This research used quasi-experimental pre-posttest without control group method by providing clinical learning thinking like a nurse simulation. The research sample consists of 110 diploma students with purposive sampling method. Simulation focuses on clinical judgment, communication skills, and skill simulations by adopting clinical practice in hospitals. Assessment is measured using Simulation Design Scale (SDS) and Student Satisfaction and Self-Confidence in Learning Scale (SCLS). Pair t test with level of significance 0.05 is used to process data.

Results: It is found that there is an increase in students' satisfaction and confidence using the clinical simulation method of "thinking like a nurse" having an average 40.69%. Meanwhile, online clinical learning methods has an average increase of 114%. There is an effect of thinking like a nurse simulation method on students' satisfaction and self-confidence ($p < 0.05$).

Conclusion: This research is recommended to add to the reference for online nursing clinical learning methods during Covid-19. Determining the ratio between students and lecturers in online clinic learning can be considered for further research.

KEYWORDS

covid-19; online clinical learning; nursing student

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Pengaruh Simulasi *"Thinking Like Nurse"* sebagai Metode Pembelajaran Klinik Daring terhadap Kepuasan dan Kepercayaan Diri Mahasiswa selama Pandemi Covid-19.

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Puspita Hanggit Lestari (113.880.038)

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Juli 2021

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ABSTRAK

Introduction: Kasus *Corona Virus Disease* 2019 (Covid-19) dinyatakan sebagai pandemi oleh *World Health Organization* (WHO) mengakibatkan perubahan dalam pola kehidupan yang ada. Dampak ini juga dirasakan oleh dunia pendidikan tidak terkecuali pendidikan vokasi keperawatan. Pendidikan vokasi dipaksa dengan cepat untuk beradaptasi melakukan pelaksanaan metode daring dengan sarana dan prasarana yang ada. Pendidikan vokasi keperawatan harus mampu mendesain metode untuk klinik yang tepat. Metode klinik daring dapat mendeskripsikan capaian yang biasanya dicapai di wahana klinik sehingga mampu membangun kepuasan dan kepercayaan diri mahasiswa.

Methode: Penelitian ini merupakan penelitian kuasi eksperimen dengan memberikan pembelajaran klinik simulasi "*thinking like nurse"*. Sampel penelian berjumlah 110 mahasiswa DIII Keperawatan, pada semester akhir. Intervensi metode pembelajaran ini memfokuskan pada *clinical judgement, communication skill* dan *skill simulation* yang dilakukan secara daring dengan mengadopsi pengalaman praktik klinik di rumah sakit. Penilaian pengaruh terhadap pemberian simulasi ini diukur dengan menggunakan *Simulation Design Scale (SDS) Student Satisfaction and Self Confidence in Learning Scale* (SCLS). Menggunakan pengolahan data dengan menggunakan uji *pair t test.*

Result: ditemukan adanya peningkatan kepuasan dan kepercayaan diri mahasiswa dengan metode simulasi klinik *"thinking like nurse".* Persentase kenaikan rerata kepuasan dan kepercayaan diri mahasiswa sebelum dan sesudah intervensi sebesar 40,69%. Sedangkan metode pembelajaran klinik secara daring sebelum dan sesudah intevensi mengalami kenaikan rerata sebesar 114%. Ada pengaruh metode simulasi *thinking like nurse* terhadap kepuasan dan kepercayaan diri mahasiswa (p *value < 0,05*)

Recomendation: Berdasarkan penelitian ini metode ini direkomendasikan untuk menambah referensi metode pembelajaran klinik keperawatan daring selama selama Covid-19.

Kata kunci : metode pembelajaran klinik daring, *thinking like nurse*, kepuasan dan kepercayaan diri mahasiswa

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BAB I

PENDAHULUAN

1.1.Latar Belakang

Kasus pertama *Corona Virus Disease* 2019 (Covid-19) ditemukan pada tanggal 8 Desember 2019 di China dan mulai menyebar diawal tahun 2020. Peristiwa ini telah mengubah pola kehidupan manusia di seluruh dunia. Sejak ditetapkannya status penyebaran Covid-19 sebagai Pandemi pada tanggal 11 Maret 2020 oleh *World Health Organization* (WHO) seluruh aktivitas terhenti, tidak ada lagi keramaian, toko, tempat liburan, restoran dan area publik lainnya mulai tutup dan tidak terkecuali institusi pendidikan. Lebih dari delapan juta mahasiswa (Kemenristekdikti, 2018) dirumahkan, hampir 4.670 institusi pendidikan menutup pintu ruang belajar, memulangkan mahasiswa kedaerah asalnya dan merubah metode pembelajaran yang sebelumnya tatap muka diruang kelas menjadi daring (Kemenristekdikti, 2018). Seluruh proses berubah begitu cepat, Keputusan Menteri Pendidikan dan Kebudayaan melalui surat edaran nomor 4 tahun 2020 memberikan perintah untuk melakukan proses belajar dan mengajar dari rumah terhitung sejak 24 Maret 2020 untuk mengurangi percepatan penyebaran virus Covid-19.

Seluruh institusi pendidikan dipaksa untuk melakukan adaptasi yang sangat cepat. Proses belajar dan mengajar dari rumah harus dilakukan segera untuk mencapai kompentensi dari mahasiswa. Penggunaan daring sederhana seperti melalui *chat*, voice *record*, video *record*, aplikasi pertemuan *online*, *email*, hingga pembelajaran via web yang didesain secara khusus oleh institusi pendidikan. Semua institusi berpikir keras untuk dapat menyediakan pembelajaran daring yang efektif untuk para mahasiswa tidak terkecuali institusi pendidikan dengan program studi keperawatan.

Program studi keperawatan tidak hanya dituntut untuk mampu secara pengetahuan (*Knowledge*) tetapi kompetensi kemampuan psikomotor (*skill*) lebih diutamakan serta kemampuan afektif. Pencapaian kompetensi psikomotor

pada program studi keperawatan bukanlah hal yang mudah untuk dibuat menjadi metode daring, dibutuhkan persiapan yang sangat tepat. Metode pembelajaran laboratorium dimana mahasiswa belajar bagaimana prosedur dan tindakan keperawatan harus dilakukan secara daring sejak pandemi. Tidak hanya pembelajaran laboratorium saja tetapi juga pembelajaran klinik. Institusi pendidikan tidak bisa lagi mengirimkan mahasiswa untuk mendapatkan pengalaman belajar diwahana praktek rumah sakit, puskesmas, ataupun panti sejak adanya Covid-19. Penutupan wahana praktik dan laboratorium pendidikan tidak dapat menghentikan proses belajar mengajar, seluruh proses yang dijalankan dengan tatap muka sebelumnya, berubah menjadi metode daring. Covid-19 telah membuat proses percepatan yang luar biasa didunia pendidikan untuk menggunakan metode online (Tartavulea, Albu, Albu, Petre, & Dieaconescu Silvia, 2020). Metode pembelajaran online yang sebelumnya dikembangkan untuk tujuan mengatasi batasan pada jarak dan waktu sekarang bergeser untuk tujuan pencegahan penyebaran Covid-19.

Salah satu kompetensi yang dicapai mahasiswa vokasi keperawatan adalah membuat keputusan klinis (*clinical judgement)* terhadap pasien melalui proses keperawatan yang didapatkan melalui pengalaman belajar diwahana praktek klinik. *Clinical judgement* adalah kunci dari *caring* dan pengambilan keputusan untuk intervensi kepada pasien berdasarkan pengkajian dan data yang ada (Yuan, Williams, & Man, 2014). Berkurangnya pengalaman *evidence based* dalam melakukan *Clinical judgement* dapat menyebabkan mahasiswa kurang memiliki kemampuan kritis dalam proses keperawatan dan pemecahan masalah yang nyata pada pasien (Konrad, Fitzgerald, & Deckers, 2020). Metode pembelajaran yang dilakukan secara daring harus dilakukan dengan simulasi yang dibuat dengan sangat baik sehingga representatif untuk mencapai *nursing knowledge* dan *Clinical judgment* (Letcher, Roth, & Varenhorst, 2017).

Pembelajaran klinik secara daring telah dilakukan secara ujicoba dalam semester genap 2019/2020. Proses satu semester lalu tersebut memberikan pengalaman dan evaluasi terhadap proses belajar dan mengajar mahasiswa dan

dosen. Upaya yang telah dilakukan adalah memberikan kasus, membahas bersama, presentasi kasus secara online, pemberian video mengenai prosedur tindakan keperawatan. Belum ada proses daring yang dapat sepenuhnya didesain untuk mahasiswa dapat merasakan seperti melakukan praktek diwahana rumah sakit. berdasarkan pengalaman tersebut peneliti ingin melakukan uji coba terhadap metode "thingking like nurse" yang diadaptasi dan dimodifikasi berdasarkan model pembelajaran *Clinical judment for nurse* (Tanner CA., 2006). Proses ini akan memiliki 3 tahapan utama untuk melatih kemampuan dalam melakukan *clinical judgement* yaitu *noticing, interpreting and response*, dan *reflection* (Tanner CA., 2006). Pada model ini mahasiswa akan dilatih untuk berfikir kritis dalam mengatasi masalah pasien, selain itu mahasiswa juga akan dilatih untuk melakukan aktivitas diruang rawat seperti *hand over*, ISBAR, prekonferensi dan postkonferensi.

Melalui metode yang telah dimodifikasi untuk digunakan secara dari diharapkan dapat lebih respresentatif untuk mencapai kompetensi pembelajaran klinik diharapkan dapat mencapai kepuasan dalam proses pembelajaran yang dialami oleh mahasiswa. Kepuasan yang dirasakan oleh mahasiswa sangat memiliki hubungan dengan motivasi yang terbangun (Shih, Chen, Chen, & Wey, 2013). Berdasarkan penelitian ini terdapat tiga faktor yang sangat mempengaruhi kepuasan dari mahasiswa yaitu bila pembelajaran dapat memfasilitasi keinginan belajar, pengembangan diri, dan kontan sosial/interaksi. Penelitian lain menyebutkan bahwa ketidakpuasan mahasiswa dalam pembelajaran akibat adanya kecemasan akan tujuh hal yang dirasakan oleh mahasiswa yaitu mekanisme teknik pembelajaran online yang tidak jelas, tidak adanya tatap muka, risiko distraksi terhadap sosial media yang tinggi selama pembelajaran *online*, *feedback* yang minimal, lingkungan belajar *online* tidak mendukung dan tidak adanya interaksi dengan teman seperti dikelas (Abdous, 2019). Hasil penelitian Chen, et.al (2020) menunjukan bahwa beberapa hal yang membuat ketidakpuasan dalam online learning yaitu waktu yang sedikit untuk melatih kemampuan prosedural, tugas yang terlalu banyak, diskusi grup yang kurang, masalah teknis pembelajaran dan jaringan.

Kepuasan yang dirasakan oleh mahasiwa dapat menyebabkan dampak seperti kecemasan sehingga membuat mahasiswa tidak percaya diri terhadap kemampuan yang dimilikinya sehingga menyebabkan dampak lanjutan yaitu prestasi akademik yang turun, hingga retensi mahasiswa (Abdous, 2019). Kepercayaan diri sangat penting bagi seluruh individu karena percaya diri mempengaruhi performa pekerjaan yang dilakukan dan hasil dari pekerjaan tersebut. Mahasiswa keperawatan yang tidak memiliki pengalaman untuk melakukan tindakan prosedural dan pengalaman klinik bisa saja membuat mahasiswa tidak memiliki kepercayaan diri ketika lulus dan bekerja sebagai perawat. Oleh sebab itu sangat penting membangun kepercayaan diri perawat dengan metode pembelajaran daring yang efektif sehingga mahasiswa memiliki kepuasan terhadap proses pembelajaran klinik yang dilakukan secara daring.

Penelitian ini didesain untuk menghasilkan metode pembelajaran klinik yang cocok untuk diterapkan dalam proses pembelajaran klinik daring. Desain pembelajaran klinik ini sangat penting karena berdasakan hasil evaluasi pembelajaran klinik secara daring yang dilakukan oleh bagian akademik STIKES RS Husada pada semester genap 2019/2020 sebanyak 84,5% (N=258) menyatakan bahwa pemahaman dengan metode daring lebih sulit dari pembelajaran biasa. Oleh sebab itu dibutuhkan metode yang baik agar tingkat pemahaman dari pembelajaran daring dapat tercapai. Metode simulasi ini diharapkan dapat meningkatkan pemahaman anak dalam proses belajar klinik daring sehinggadapat meningkatkan kepuasan dan kepercayaan diri mahasiswa. Pada semester ganjil 2020/2021, wahana praktek mulai membuka kesempatan untuk mahasiswa dapat berpraktek kembali dengan menerapkan protokol kesehatan tetapi hanya menerima 50% dari keseluruhan mahasiswa, maka sebagian waktu akan ditempuh dengan daring. Metode "*Thingking Like Nurse*" yang telah dimodifikasi diharapkan dapat memfasilitasi mahasiswa untuk mencapai kompetensi pembelajaran klinik. metode pembelajaran yang secara sistematis dapat menggambarkan pengalaman melakukan pembelajaran dengan metode klinik keperawatan.

1.2. Rumusan Masalah

Berdasarkan latar belakang yang telah diuraikan bahwa salah satu dampak dari Pandemi Covid-19 ini adalah perubahan metode pembelajaran. Metode pembelajaran klinik yang sebelumnya dicapai melalui pencapaian kompetensi secara langsung di wahana klinik harus berubah dengan metode daring. Setelah satu semester dilaksanakan dengan proses ini muncul beberapa kendala yang telah diuraikan salah satunya adalah tingkat pemahaman mahasiswa terhadap materi yang diajarkan. Tingkat pemahaman yang rendah muncul akibat dari adaptasi metode pembelajaran klinik daring yang baru dilaksanakan. Ketidakpuasan ini dalam jangka panjang dapat mengakibatkan munculnya ketidakpercayaan diri pada mahasiswa ketika akan bekerja dirumah sakit. Berdasarkan fenomena diatas maka peneliti akan melakukan ujicoba desain pembelajaran klinik secara daring dengan konsep “thinking like nurse” untuk mengetahui apakah metode ini sesuai untuk pembelajaran klinik dan apakah berpengaruh pada kepuasan dan kepercayaan diri mahasiswa?

BAB II

TINJAUAN PUSTAKA

2.1.Metode Pembelajaran Daring

Metode pembelajaran digunakan dan didesain untuk mencapai suatu kompetensi pembelajaran yang ada. Dixson (2010) menyatakan bahwa pembelajaran daring merupakan metode pembelajaran yang digunakan untuk meningkatkan tingkat efektivitas proses pembelajaran serta digunakan untuk kompensasi tanpa kehadiran atau kontak secara langsung / tatap muka antara pendidik dan peserta didik dalam waktu yang bersamaan ditempat yang berbeda. Pembelajaran daring menyediakan kemudahan akses untuk belajar dan kefleksibelan, oleh sebab itu tidak akan ada lagi batasan waktu, dan tempat, serta melalui pembelajaran daring lebih memfasilitasi proses pembelajaran berfokus pada mahasiswa dan menciptakan gaya belajar yang baru (Huang *et al.*, 2020). Berdasarkan uraian diatas pemilihan metode daring selama masa pandemi Covid-19 sangat direkomendasikan karena tidak terbatas oleh ruang dan waktu, menyediakan kefleksibelan serta belajar berfokus pada mahasiswa.

Metode pembelajaran secara daring memiliki banyak jenis diantaranya melalui chat, forum, *Uploading material*, email, *sharing document, virtual whiteboard, pre recorded video, audio conference, video conference,* dan lainnya. Berdasarkan hasil penelitian yang dilakukan oleh Tartavulea, Albu, Albu, Dieaconescu, & Petre (2020) terjadi perubahan kecenderungan penggunaan metode daring dalam pembelajaran bila sebelum pandemi Covid-19 metode email berada diposisi satu dan diikuti oleh uploading materials dan sharing documen tetapi selama covid-19 maka *uploading material* berada di urutan kesatu dan diikuti oleh *audio conference* dan *video conference*. Penelitian ini menunjukan bahwa selama Covid-19 tatap muka ataupun petunjuk dengan suara sangat digunakan dan membantu sebagai bentuk pengganti metode pembelajaran secara tatap muka (Tartavulea *et al.*, 2020).

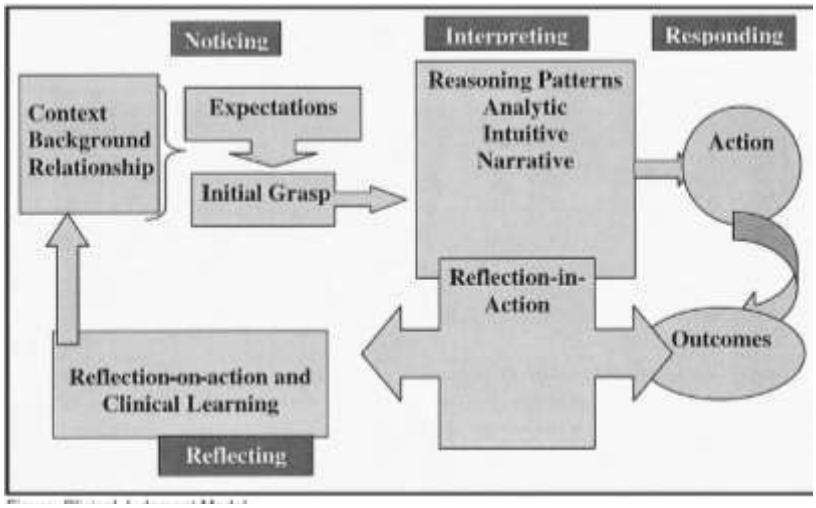
Keberhasilan proses pembelajaran daring ditentukan oleh tiga hal terpengaruh berdasarkan penelitian yang dilakukan oleh Tartavulea, Albu, Albu,

Dieaconescu, & Petre (2020) yaitu dukungan dari institusi pendidikan (29%), kepercayaan terhadap sistem yang ada (16%), dan upaya individu (14%). Institusi pendidikan yang memberikan support dukungan terhadapt tersedianya pembelajaran daring menjadi faktor utama yang mempengaruhi keberhasilan dari pembelajaran online (Tartavulea *et al.,* 2020). D'Aquila, Wang, and Mattia, (2019) juga mengemukaan bahwa melalui pembelajaran daring maka persiapan media pembelajaran menjadi lebih efektif, tetapi kurang efektif dengan interaksi atau komunikasi antara dosen dan mahasiswa (De Metz and Bezuidenhout, 2018; D'Aquila, J.M., Wang, D. and Mattia, A., 2019). Porter, et.al (2020) menyebutkan tiga hal yang harus dilakukan untuk memberikan pembelajaran daring kepada mahasiswa yaitu *get ready* dimana pada fase ini institusi menyiapkan seluruh sarana dan prasarana yang dibutuhkan untuk mendukung pembelajaran secara daring, membuat panduan penggunaan dan peraturan-peraturan pembelajaran online, setelah matang dengan persiapan pada tahap pertama maka persiapan masuk kepada tahap kedua yaitu *get set* pada tahap ini para dosen mempersiapkan materi, capaian pembelajaran yang harus dipenuhi, serta metode pembelajarannya (Porter *et al.*, 2020). Tahap kesatu dan tahap kedua sudah duap maka masuk kepada tahap *go* yaitu tahap dimana implementasi pembelajaran daring siap dilakukan dan dilakukan evaluasi untuk perbaikan-perbaikan yang dibutuhkan.

2.2.Simulasi *"Thinking Like Nurse"*

Metode *"Thinking Like Nurse"* ini adalah perpaduan desain yang diadaptasi dari Tanner (2006) dan Konrad, Fitzgerald, dan Deckers (2020). Tahapan metode daring ini dibagi menjadi tiga tahapan yaitu *Clinical Judgment, Communication skill, dan Simulation* (Tanner CA., 2006; Konrad, Fitzgerald and Deckers, 2020).

pada tahap pertama yaitu *clinical judment* Metode pembelajaran ini ditemukan oleh Tanner 2006, dengan empat tahapan besar yaitu noticing, Interpreting, responding, refleting metode ini juga disebut dengan metode *Thinking like nurse : clinical judment model* seperti yang digambarkan pada gambar 2.1.



Gambar 2.1 Thinking Like Nurse (Tanner 2006)

Noticing merupakan tahap pertama dari proses clinical judgement. Kemampuan ini terlihat dengan memberikan kasus kepada mahasiswa dan mahasiswa membuat patofisiologi yang menyebabkan pasien mengalami tanda dan gejala atau respon tersebut. pada tahap ini mahasiswa harus mampu melengkapi pengkajian yang harus dilakukan pada kondisi tertentu pasien, data penunjang yang dibutuhkan serta ekpekstasi dari kondisi pasien yang ada. Kemampuan ini dapat dilatih dengan membuat patoflow dari kondisi pasien. Pada fase ini mahasiswa dipicu untuk mencari dan berfikir kritis mengenai data yang harus dikaji pada pasien, data diagnostic yang mendukung serta membuat luaran keperawatan.

Tahap *interpretin*g adalah tahap dimana mahasiswa mampu menginterpretasikan data yang didapat melalui tahap noticing. menegakan diagnosa mendesain intervensi yang akan dilakukan serta mengetahui rasionalitas dari pelaksanaan intervensi tersebut. tindakan yang didesain terdiri dari tindakan mandiri dan kolaborasi. Pada tahap ketiga maka dilakukan tahap responding dimana mahasiswa melakukan evaluasi terhadap tindakan yang dilakukan. mekanisme pada proses *clinical judgment* ini diawali oleh pembimbing memberikan kasus pemicu sederhana untuk dilengkapi data, pengkajian, pemeriksaan lab, hingga pembuatan patoflow, dan dilanjutkan dengan penegakan diagnosa, tujuan kriteria hasil, intervensi dan evaluasi. Pada proses tatap muka secara daring pembimbing memberikan pertanyaan-pertanyaan untuk melatih cara berfikir kritis mahasiswa.

Setelah mahasiswa melakukan evaluasi pembimbing menyiapkan hasil dari evaluasi yang yang dilakukan mahasiswa dan mahasiswa melakukan *clinical judgement* kembali sampai dengan mahasiswa tersebut paham. Jenis-jenis pertanyaan yang diberikan seperti data *"apa yang harus kaji lebih dalam dari pasien, bagaimana kamu mendapatkan data tersebut...?, bagaimana bila respon pasien ...?, apa yang dilakukan selanjutnya...?, apa tujuan melakukan hal tersebut...? tindakan apa yang lakukan dahulu? Bagaimana cara melakukan hal tersebut?"* dan lain-lain. Melalui pemberian pertanyaan tersebut maka mahasiswa akan lebih paham dalam menuliskan dan tidak hanya sekedar memindahkan proses keperawatan yang ada didalam standar proses asuhan keperawatan.

Pada tahap kedua dalam *communication skill* dimana mahasiswa akan dilatih untuk melakukan hand over, laporan progres pasien kepada dokter dengan meggunakan ISBAR baik saat hand over ataupun pertelp. Setiap mahasiswa mendapatkan satu kasus untuk dibuat proses tahap satu yaitu clinical judgment, setelah itu mahasiswa belajar mempraktekan overan dengan mahasiswa lain untuk kasus yang dikelola. Pembimbing mengamati proses *hand over* yang dilakukan mahasiswa, komponen yang disebutkan kelengkapan data yang dioverkan serta tindakan selanjutnya untuk dilakukan.

Pada tahap ketiga mahasiswa yaitu simulasi dengan teman yang dipasangkan dan mempraktekan tindakan yang dipilih untuk salah satu diagnosa. Tindakan ini dilakukan oleh mahasiswa secara daring. Tindakan yang dilakukan untuk disimulasikan adalah tindakan pengkajian, edukasi ataupun tindakan mandiri keperawatan. Pada tindakan -tindakan yang membutuhkan alat untuk dipraktekan pembimbing dapat mengganti dengan video simulasi tindakan dan melakukan tanya jawab, diskusi terhadap video yang diberikan kepada mahasiswa.

Penerapan simulasi ini akan diukur dengan menggunakan Simulation Design Scale (SDS) yang didesain oleh Jefrries dan Rozollo (2006). komponen kesesuaian simulasi yang telah dilakukan dengan pengukuran yang meliputi kompetensi (tujuan, persiapan materi, kasus pemicu), *support* (sumber pembelajaran; motivasi yang diberikan oleh pengajar), penyelesaian masalah (kesempatan untuk bertanya, kemudahan untuk mencari sumber untuk memecahkan masalah), umpan balik

(pemberian umpan balik yang konstruktif, dan proses refleksi diri), dan ketepatan (ketepatan dengan kondisi *real life*) (Jeffries, P.R., Rizzolo, 2006).

2.3.Kepuasan Mahasiswa

Kepuasan merupakan suatu respon yang terjadi ketika yang diharapkan sesuai dengan yang didapatkan. Sun & Tsai (2008) menyatakan terdapat tujuh faktor yang mempengaruhi kepuasan yaitu : kecemasan diri, perilaku dan sikap pembimbing, fleksibilitas, kualitas dari pembelajaran yang diberikan, manfaat yang didapat dari proses pembelajaran, kemudahan dalam menggunakan akses pembelajaran daring, dan keberagaman dari proses pembelajaran (Sun *et al.*, 2008). Sedangkan menurut Franklin, Burns & Lee (2014) dipengaruhi oleh lima faktor yaitu metode mengajar daring, keberagaman materi yang diajarkan, fasilitas, motivasi yang diberikan, dan proses simulasi pembelajaran secara keseluruhan (Franklin, Burns and Lee, 2014). Kepuasan pembelajaran oleh mahasiswa sangat baik bila dilakukan pembelajaran denga metode pembelajaran berpusat pada mahasiswa (Englund, Olofsson and Price, 2017). Berbeda dengan hasil penelitian yang lainnya, Hasil Penelitian yang dilakukan Roach & Lemaster (2006) menyebutkan bahwa tingkat kepuasan mahasiswa lebih tinggi pada mahasiswa yang mendapatkan metode pembelajaran campuran antara tatap muka dan daring, dibandingkan daring saja. Serta melalui penelitian ini juga menggambarkan bahwa tingkat kemampuan psikomotor dan *knowledge* yang dimiliki oleh mahasiswa dengan metode *blended* lebih tinggi dibandingkan murni daring (Roach and Lemasters, 2006).

Kepuasan yang dirasakan oleh mahasiswa sangat memiliki hubungan dengan motivasi yang terbangun (Shih *et al.*, 2013). Berdasarkan penelitian ini terdapat tiga faktor yang sangat mempengaruhi kepuasan dari mahasiswa yaitu bila pembelajaran dapat memfasilitasi keinginan belajar, pengembangan diri, dan kontan sosial/interaksi. Penelitian lain menyebutkan bahwa ketidakpuasan mahasiswa dalam pembelajaran akibat adanya kecemasan akan tujuh hal yang dirasakan oleh mahasiswa yaitu mekanisme teknik pembelajaran online yang tidak jelas, tidak adanya tatap muka, risiko distraksi terhadap sosial media yang tinggi selama pembelajaran *online*, *feedback* yang minimal, lingkungan belajar *online*

tidak mendukung dan tidak adanya interaksi dengan teman seperti dikelas (Abdous, 2019). Hasil penelitian Chen, et.al (2020) menunjukan bahwa beberapa hal yang membuat ketidakpuasan dalam online learning yaitu waktu yang sedikit untuk melatih kemampuan prosedural, tugas yang terlalu banyak, diskusi grup yang kurang, masalah teknis pembelajaran dan jaringan.

Kepuasan yang dirasakan oleh mahasiwa dapat menyebabkan dampak seperti kecemasan sehingga membuat mahasiswa tidak percaya diri terhadap kemampuan yang dimilikinya sehingga menyebabkan dampak lanjutan yaitu prestasi akademik yang turun, hingga retensi mahasiswa (Abdous, 2019). Kepercayaan diri sangat penting bagi seluruh individu karena percaya diri mempengaruhi performa pekerjaan yang dilakukan dan hasil dari pekerjaan tersebut. Mahasiswa keperawatan yang tidak memiliki pengalaman untuk melakukan tindakan prosedural dan pengalaman klinik bisa saja membuat mahasiswa tidak memiliki kepercayaan diri ketika lulus dan bekerja sebagai perawat. Kepuasan dalam pembelajaran peneliti menggunakan kuesioner Jeffries & Rozzolo (2006). Komponen penilaian kepuasan terdiri atas kepuasan terhadap metode pembelajaran, keberagaman materi yang diberikan, fasilitasi dalam proses belajar, motivasi, dan kesesuaian proses simulasi dengan kompetensi yang akan dicapai (Jeffries, P.R., Rizzolo, 2006).

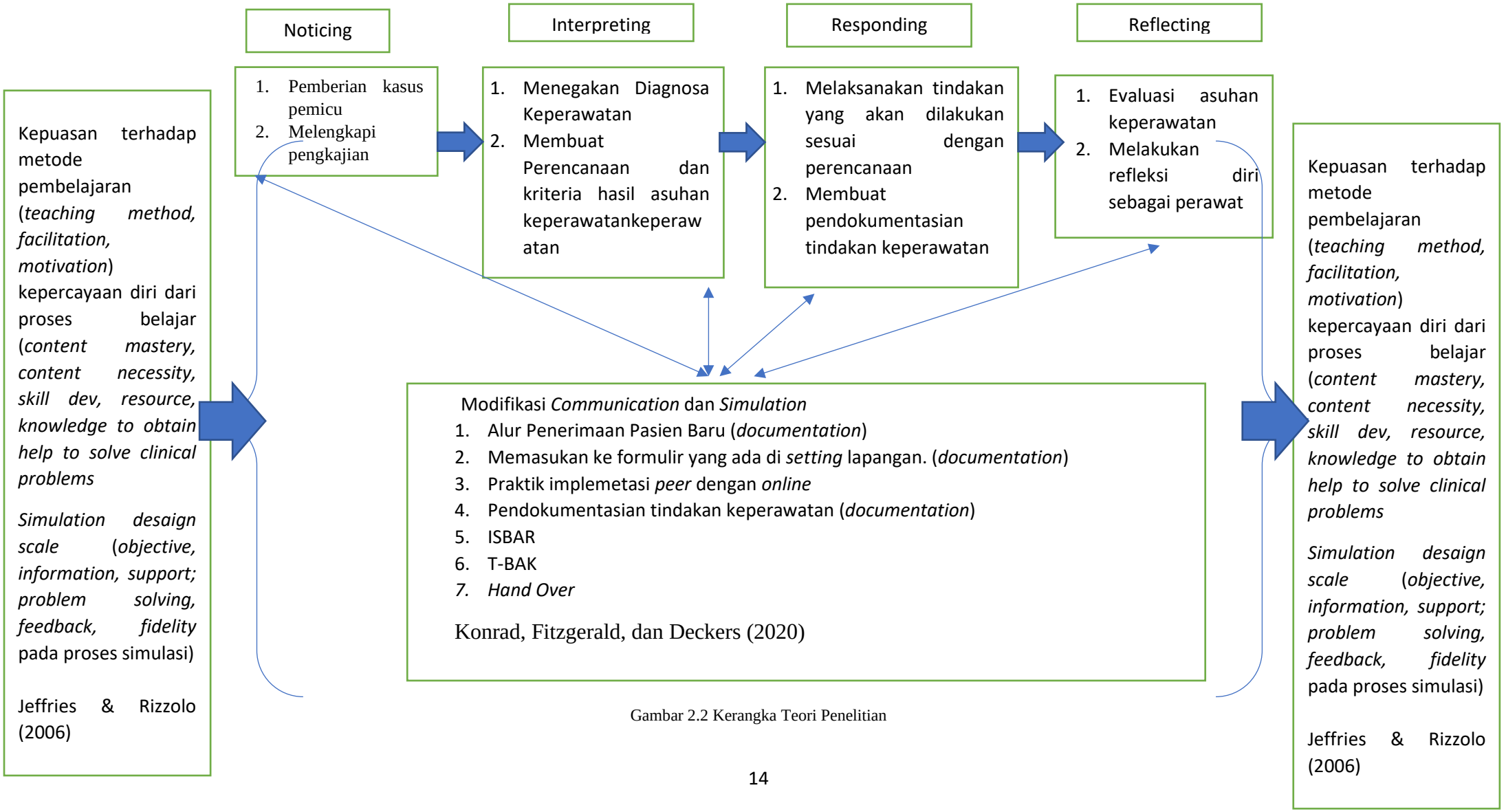
Kepercayaan diri mahasiswa

Individu yang memiliki rasa kepercayaan diri bahwa ia dengan sumber yang ada didalam dirinya dan yang dimiliki lingkungannya dapat mencapai tujuan tertentu atau tujuan yang ia inginkan (Luthans, 2007). Franklin, Burns & Lee (2014) kepercayaan diri dalam belajar dipengaruhi oleh delapan faktor yaitu ahli atau menguasai materi atau keahlian tertentu, materi sesuai dengan kebutuhan, peningkatan kemampuan psikomotor, ketersediaan sumber referensi, dan kemampuan untuk mengatasi masalah yang ada (Franklin, Burns and Lee, 2014). Efikasi diri juga dapat dikatakan sebagai kapabilitas seseorang untuk melakukan aktivitas tertentu dalam rangka mencapai suatu tujuan dan efikasi diri ini akan mengendalikan lingkungan dan perilaku, dengan memiliki efikasi diri akan membuat perbedaan pada bagaimana individu merasakan, berfikir dan berperilaku

yang akhirnya akan memotiva dirinya (Bandura, 1997). Dengan memiliki keyakinan diri yang dimiliki ini individu akan mampu menggerakan fungsi kognitif untuk mencari upaya bergerak mendekati tujuan melalui berbagai cara dan mampu menetapkan tujuan yang spesifik untuk dirinya sendiri dengan kemampuan regulasi diri. Luthans, Youseff, & Avolio (2007), menjelaskan karakteristik individu yang memiliki efikasi diri yang baik yaitu: memilik pemahaman terhadap tujuan dan kemampuan yang dimili, dan mampu memilih tugas-tugas yang sesuai dengan kemampuannya, menerima segala tantangan untuk mencapai tujuan, memiliki motivasi yang tinggi, melakukan berbagai upaya untuk mencapai target dan tetap gigih dan pantang menyerah dan putus asa pada proses untuk mencapai tujuan (Luthans, 2007). Pada pengukuran kepuasan dan kepercayaan diri peneliti menggunakan konsep dari Jeffries & Rizzolo (2006). Kepercayaan diri dinilai melalui aspek penguasaan materi yang telah diberikan, kebutuhan terhadap materi yang disampaikan, ketersediaan sumber pembelajaran, dan tempat mecari sumber pembelajaran baik sumber untuk bertanya maupun sumber referensi (Jeffries, P.R., Rizzolo, 2006).

Kerangka Teori Penelitian

Modifikasi Model *"Thinking Like Nurse"* (Tanner CA., 2006) sebagai metode pembelajaran klinik keperawatan secara daring



Gambar 2.2 Kerangka Teori Penelitian

BAB 3

TUJUAN DAN MANFAAT PENELITIAN

3.1.Tujuan Penelitian

Penelitian ini bertujuan untuk mengetahui pengaruh simulasi "thingking like nurse" sebagai metode pembelajaran klinik secara daring terhadap kepuasan dan kepercayaan diri mahasiswa.

3.1.1. Tujuan Khusus Penelitian

3.1.1.1. Mengetahui kepuasan dan kepercayaan diri mahasiswa sebelum pemberian intervensi simulasi "thingking like nurse" sebagai metode pembelajaran klinik secara daring.

3.1.1.2. Mengetahui rerata metode pembelajaran klinik secara daring responden sebelum intervensi simulasi "thingking like nurse" sebagai metode pembelajaran klinik secara daring

3.1.1.3. Mengetahui kepuasan dan kepercayaan diri mahasiswa setelah pemberian intervensi simulasi "thingking like nurse" sebagai metode pembelajaran klinik secara daring

3.1.1.4. Mengetahui rerata metode pembelajaran klinik secara daring responden setelah intervensi simulasi "thingking like nurse" sebagai metode pembelajaran klinik secara daring

3.1.1.5. Mengetahui pengaruh metode simulasi "*thinking like nurse"* sebagai metode pembelajaran klinik secara daring

3.2.Manfaat Penelitian

3.2.1. Bagi Mahasiswa

Manfaat yang dirasakan oleh mahasiswa adalah mendapatkan pengalaman pembelajaran klinik secara daring dengan simulasi "thinking like nurse" untuk meningkatkan kepuasan dan kepercayaan diri mahasiswa. Serta mendapatkan mekanisme pembelajaran daring yang lebih terstruktur untuk melatih *clinical judgement.* Meningkatkan pemahaman mahasiswa terhadap materi pembelajaran klinik.

3.2.2. Bagi Dosen

Mendapatkan gambaran metode pembelajaran daring untuk klinik yang lebih sistematis, efektif serta respresentatif untuk mencapai kompetensi pembelajaran klinik.

3.2.3. Bagi Institusi Pendidikan

Penelitian ini diharapkan dapat menjadi dasar pengembangan metode pembelajaran klinik keperawatan baik sebagai upaya menghadapi pandemi Covid-19 maupun pengembangan pembelajaran *blended* pada masa yang akan datang.

3.2.4. Bagi Asosiasi Pendidikan Keperawatan

Penelitian ini diharapkan dapat menjadi dasar pengembangan bagi asosiasi pendidikan vokasi keperawatan dalam mendesain metode pembelajaran yang dilakukan secara daring.

3.3 Luaran Penelitian

3.3.1 Modul pembelajaran klinik daring dengan menggunakan simulasi "*thinking like nurse"*

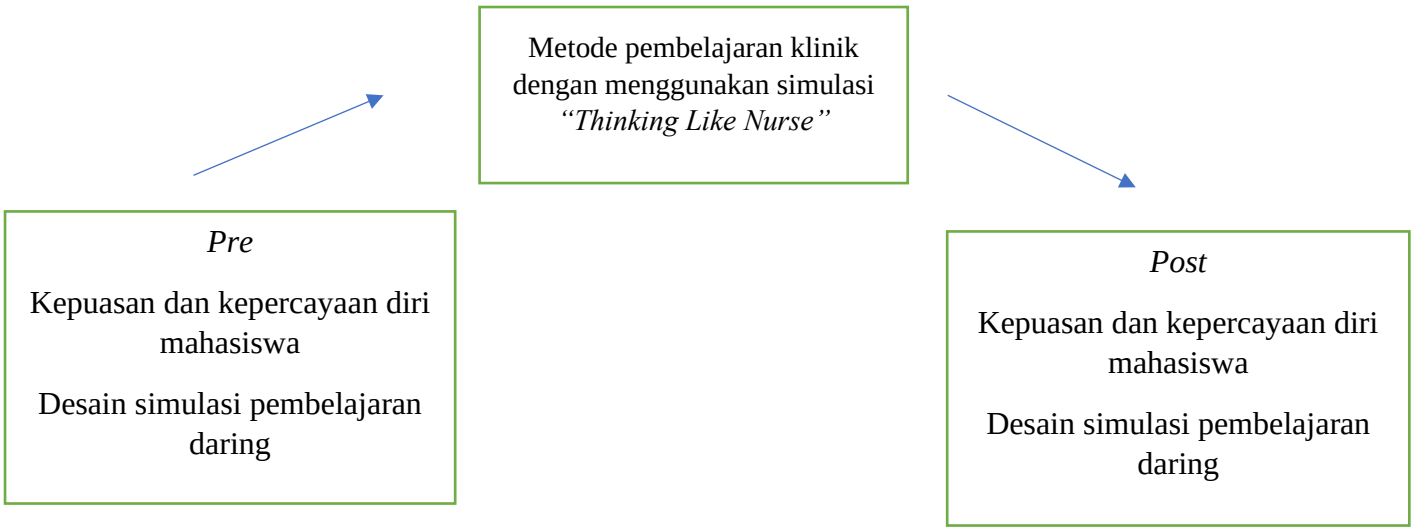
3.3.2 Publikasi artikel ilmiah pada Sinta 4-5

BAB IV

METODOLOGI PENELITIAN

4.1. Kerangka Konsep Penelitian

Berdasarkan kerangka konsep penelitian yang telah digambarkan pada tinjauan teori,



Gambar 4.1 kerangka konsep penelitian

4.2.Desain Penelitian

Metode yang digunakan dalam penelitian ini adalah quasi eksperimen dengan teknik pengambilan data menggunakan *non-probability sampling* dengan metode *purposive sampling* dan uji statistik menggunakan *paired t-test*. Pelaksanaan tahap satu adalah melakukan studi literatur dan identifikasi masalah penelitian. Tahap kedua adalah *pre test* untuk mengukur tingkat kepuasaan dan kepercayaan diri dan penilaian terhadap desain metode simulasi yang digunakan mahasiswa yang telah mengikuti pembelajaran klinik daring tanpa metode *:"Thinking like nurse"* dan pemberian metode simulasi *"thinking like nurse"* dan tahap ketiga melakukan *post test* untuk mengukur tingkat kepuasaan dan kepercayaan diri mahasiswa yang telah mengikuti pembelajaran klinik daring dengan metode *:"Thinking like nurse"*. Metode pelaksanaan interversi yang telah dilakukan dalam penelitian digambarkan pada tabel 4.1 berikut ini:

Tabel. 4.1 Tahapan Pelaksanaan Metode Pembelajaran Klinik Daring *"Thinking Like Nurse"*

Tahapan	Aktivitas Dosen	Aktivitas Mahasiswa
Penjelasan metode pembelajaran	Menjelaskan proses pembelajaran klinik dengan menggunakan simulasi *"Thinking like nurse"*	
***Clinical Judgment: Noticing* (hari 1-3)**	Pembagian kelompok jadwal dinas – pagi dan sore	
	Membagikan rekam medis (simulasi) beserta formulr yang akan digunakan	
	Membagi kasus pemicu (kasus akan diberikan dihari pertama dan diberikan perubahan kondisi pasien dihari berikutnya sampai dengan pasien dinyatakan pulang) Pasien dirawat dengan waktu 3 hari	Berdiskusi mengenai kasus yang didapat Prekonferens *Hand over*
	Hari 1- Simulasi : memberikan pertanyaan 1. Pengkajian lanjut apa yang harus dilakukan? 2. Mengapa dilakukan? 3. Pemeriksaan diagnostik apa yang harus dilakukan? 4. Apa tujuan pemeriksaaan? Hari ke 2- simulasi memberikan perkembangan kasus. Simulasi dengan pertanyaan: 1. Apa yang menyebabkan perubahan kondisi pasien tersebut? 2. Jelaskan pengkajian lanjut yang harus dilakukan Hari ke 3 – simulasi persiapan pasien pulang. 1. Apa saja persiapan pulang yang dilakukan oleh perawat untuk pasien? 2. Apa rasional persiapan tersebut 3. Apa saja formulir yang disiapkan oleh perawat?	Mengisikan pengkajian; mengisikan formulir pasien masuk ruang rawat (hari 1) Melakukan pengkajian lanjut (hari 2) Mempersiapkan pasien pulang (hari 3) Melakukan refleksi diri
***Clinical Judgment: Interpreting* (hari ke 2 dan 3)**	Simulasi: melalui pertanyaan 1. Apa batasan karakteristik dari diagnosa yang diangkat? 2. Manakah yang menjadi prioritas masalah	Menegakan Diagnosa Keperawatan Melakukan refleksi diri
	Simulasi: melalui pertanyaan 1. Mengapa dibuat perencanaan dan kriteria hasil seperti itu?	Membuat Perencanaan dan kriteria hasil asuhan keperawatan Melakukan refleksi diri
***Clinical Judgment: Responding* (hari ke 2 dan 3)**	Simulasi : 1. Dosen memberikan hasil dari tindakan keperawatan yang dilakukan mahasiswa	1. Melaksanakan tindakan yang akan dilakukan sesuai dengan perencanaan

	2. Dosen memberikan gambaran kondisi pasien setelah dilakukan intervensi	dokumentasi tindakan dilembar pendokumentasian. 2. Komunikasi SBAR dan TBAK 3. Melakukan refleksi diri 4. Membuat pendokumentasian tindakan keperawatan 5. Mengisi formulir CPPT (pendokumentasian) 6. Latihan handover
Reflecting **(hari ke- 3)**	Simulasi : Memotivasi untuk melakukan refleksi diri	1. Refleksi diri (selama merawat pasien dari masuk sampai dengan pulang) 2. postkonferens
Communication and nursing procedure skill **(hari ke-4 s.d 5)**	Memberikan prosedur keperawatan yang akan dilatih sesuai dengan kesepakatan pada pembahasan pelaksanaan *responding* Membagi perawat- pasien	1. Membuat skenario pasien-perawat untuk kasus yang telah dibuat selama 3 hari. 2. Melakukan refleksi diri

4.3. Lokasi Penelitian

Lokasi penelitian yang digunakan adalah Stikes RS Husada Program Studi Diploma Tiga Keperawatan dengan waktu pelaksanaan enam bulan dimulai dari persiapan uji etik sampai dengan publikasi. Pemilihan lokasi penelitian ini karena lokasi yang mudah dijangkau, dan pada semester sebelumnya telah menerapkan pembelajaran *online* daring.

4.4.**Besar Sampel dan Teknik pengambilan Sampel**

Sampel dalam penelitian ini adalah mahasiswa/i tingkat III mahasiswa Stikes RS Husada program studi Diploma Tiga Keperawatan topik pembelajaran klinik keperawatan jiwa (asuhan keperawatan pada pasien psikososial) dan keperawatan maternitas. Jumlah sampel adalah 110 mahasiswa. Jumlah sampel ini diambil sesuai dengan kriteria sampel yang telah ditetapkan yaitu mahasiswa tingkat III pada mata kuliah jiwa dan maternitas dengan dosen pembimbing dari tim peneliti. Perbedaan jumlah ini dikarena perbedaan jumlah dosen yang mengampu pada mata kuliah dan waktu yang diberikan. Proses pemberian intervensi akan dilakukan oleh tim keperawatan jiwa berjumlah yaitu ketua peneliti dan anggota peneliti pada

keperawatan maternitas. Mahasiswa yang telah mendapatkan metode di pembelajaran jiwa tidak boleh mendapatkan metode yang sama pada maternitas.

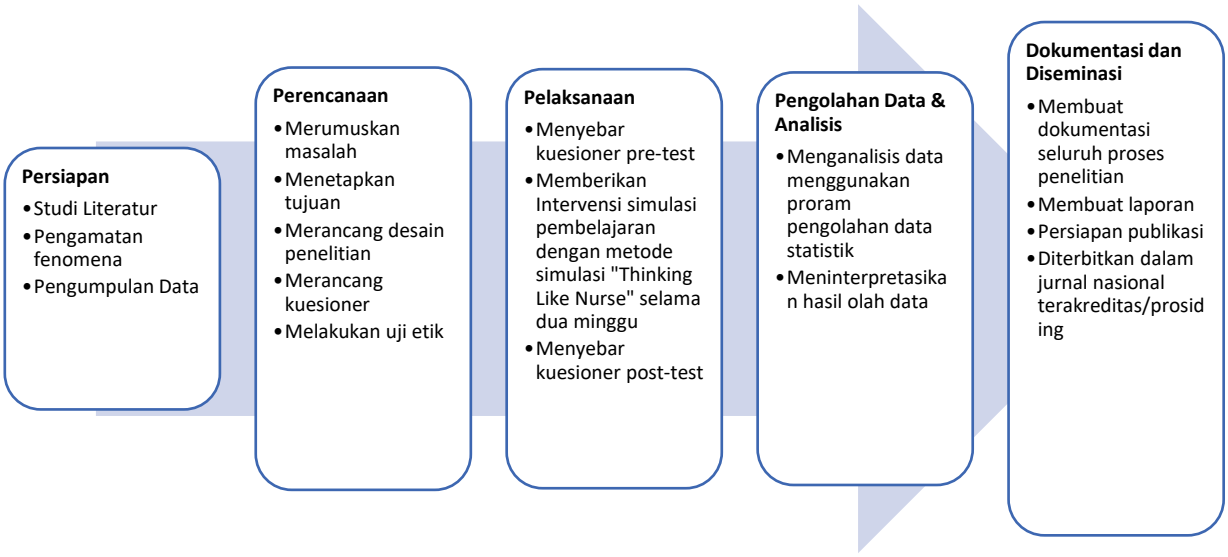
4.5. Alat pengumpulan Data

Instrumen yang digunakan untuk *pre test* dan *post test* terdapat kuesioner yaitu kuesioner adalah *Student Satisfaction oleh* Jeffries & Rozzolo (2006) dengan nilai alpha cronbach 0.94 *Self Confidence in learning Scale (SCLS)* oleh Jeffries & Rozzolo (2006) dengan nilai alpha cronbach 0.87.Kepuasan dalam pembelajaran peneliti menggunakan kuesioner Jeffries & Rozzolo (2006). Komponen penilaian kepuasan terdiri atas kepuasan terhadap metode pembelajaran, keberagaman materi yang diberikan, fasilitasi dalam proses belajar, motivasi, dan kesesuaian proses simulasi dengan kompetensi yang akan dicapai (Jeffries, P.R., Rizzolo, 2006). Pada pengukuran kepuasan dan kepercayaan diri peneliti menggunakan konsep dari Jeffries & Rizzolo (2006). Kepercayaan diri dinilai melalui aspek penguasaan materi yang telah diberikan, kebutuhan terhadap materi yang disampaikan, ketersediaan sumber pembelajaran, dan tempat mecari sumber pembelajaran baik sumber untuk bertanya maupun sumber referensi. Dan penilaian terhadap desain simulai yang ada menggunakan *Simulation Design Scale* (SDS) oleh Jeffries & Rozzolo (2006) dengan alpha croncbach 0.96. Ketiga kuesioner tersebut dinilai dengan menggunakan skala likert 1-5.

4.6.Tahapan Penelitian

Penelitian ini telah dinyatakan lulus uji etik oleh Komisi Etik Penelitian Kesehatan Fakultas Keperawatan Universitas Airlangga dengan nomor 2118-KEPK. Dikutip dalam Polit & Beck (2012), ada tiga prinsip etik utama yang harus dipenuhi dalam pelaksanaan sebuah riset yaitu *Beneficence, Respect for human dignity, dan Justice* (Polit and Beck, 2012). Langkah pertama yang akan dilakukan peneliti pada responden adalah meminta persetujuan kesediaan (inform consent) untuk ikut serta dalam proses penelitian ini. Dalam proses penelitian ini mahasiswa telah dijelaskan bahwa metode pembelajaran yang dilakukan merupakan bagian dari penelitian.

Aspek etik yang harus diperhatikan adalah : Etika penelitian ini dibuat untuk menjamin hak-hak mahasiswa selama proses pembelajar daring sebagai responden.



Gambar 4.2 Tahapan penelitian

4.7.Teknik pengumpulan dan pengolahan data

Pengambilan data *pre* dan *post test* telah dilakukan dengan menggunakan formulir elektronik, yang disebarkan via daring, sebelum mahasiswa mendapatkan intervensi. Pengolahan data dilakukan pada saat seluruh data telah terkumpul dan lengkap. Analisis data dilakukan dengan menggunakan univariat dan pengolahan dengan *uji pair t test* terhadap *pre* dan *post* kepuasan, percaya diri dan kuesioner simulasi.

BAB 5

HASIL DAN PEMBAHASAN

5.1. Hasil

Hasil pada penelitian ini dilakukan analisis dengan menggunakan dua tahapan yaitu analisis univariat dan bivariat. Analisis univariat mengenai kepuasan dan kepercayaan diri sebelum dan sesudah intervensi dan metode pembelajaran daring sebelum dan sesudah intervensi. Sedangkan analisis bivariat dilakukan untuk mengetahui apakah ada pengaruh metode daring dengan metode simulasi "thinking like nurse" dengan kepuasan dan kepercayaan diri mahasiswa.

Tabel 5.1. Rerata Kepuasan dan Kepercayaan diri sebelum dan sesudah Intervensi (N=110)

Variabel	Mean	Median	SD	Min-Max	Mean selisih	95% CI	Persentase kenaikan rerata (%)
Kepuasan dan Kepercayaan diri sebelum Intervensi	37,28	27,50	12,3	26 – 52	15,17	0,41-0,59	40,69
Kepuasan dan Kepercayaan diri sesudah Intervensi	52,45	52,00	5,2	38-65		0,62-0,80	

Berdasarkan tabel diatas didapatkan bahwa rerata Kepuasan dan Kepercayaan diri responden sebelum intervensi sebesar 37,28 dengan nilai median sebesar 27,50. Sedangkan, rerata Kepuasan dan Kepercayaan diri responden sesudah intervensi sebesar 52,45 dengan nilai median sebesar 52. Tabel diatas juga menggambarkan bahwa terjadi selisih mean sebelum dan sesudah sebesar 15,17 dengan persentase kenaikan rerata sebesar 40,69%. Sehingga dapat disimpulkan bahwa ada perbedaan rerata dan kenaikan rerata terhadap Kepuasan dan Kepercayaan diri responden sebelum intervensi dan sesudah intevensi.

Tabel. 5.2 Rerata Metode Pembelajaran Klinik Secara Daring sebelum dan sesudah Intervensi (N=110)

Variabel	Mean	Median	SD	Min-Max	Mean selisih	95% CI	Persentase kenaikan rerata
Metode Pembelajaran klinik secara Daring	37,58	27,50	12,8	26-52	52,9	0,38-0,57	114

sebelum Intervensi					
Metode Pembelajaran klinik secara Daring sesudah Intervensi	80,47	80	6,7	61-100	0,61-0,79

Berdasarkarn tabel. 3 diatas didapatkan bahwa rerata Metode Pembelajaran Klinik secara Daring responden sebelum intervensi sebesar 37,58 dengan nilai median sebesar 27,50. Sedangkan, rerata metode pembelajaran klinik secara responden sesudah intervensi sebesar 80,46 dengan nilai median sebesar 80. Sehingga dapat disimpulkan bahwa ada perbedaan rata-rata Metode Pembelajaran klinik secara Daring sebelum intervensi dan sesudah intevensi. Tabel diatas juga menggambarkan bahwa terjadi selisih mean sebelum dan sesudah sebesar 52,9 dengan persentase kenaikan rerata sebesar 114%. Sehingga dapat disimpulkan bahwa ada perbedaan rerata dan kenaikan rerata terhadap Kepuasan dan Kepercayaan diri responden sebelum intervensi dan sesudah intevensi.

Analisis Bivariat

Tabel. 5.3 Pengaruh pemberian metode pembelajaran klinik secara daring dengan metode "thinking like nurse" terhadap erhadap kepuasan dan kepercayaan diri mahasiswa (N=110)

Variabel	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Kepuasan dan Kepercayaan diri responden sebelum dengan sesudah intervensi	15,16	13,07	1,246	12,70	17,63	< 0,000

Berdasarkan tabel diatas didapatkan hasil bahwa rerata kepuasan dan kepercayaan diri mahasiswa sebelum dengan sesudah simulasi *thinking like nurse* terhadap kepuasan dan kepercayaan diri mahasiswa sebesar 15,16, dan selisih perbedaan tersebut antara 17,63 sampai dengan 12,70 (95% *Confidence Interval of the difference lower and upper*, Sig (2-tailed) sebesar <0,000. Maka dapat disimpulkan bahwa ada perbedaan rerata pada kepuasan dan kepercayaan diri Mahasiswa antara sebelum dengan sesudah simulasi *thinking like nurse sehingga* ada pengaruh metode simulasi *thinking like nurse* terhadap kepuasan dan kepercayaan diri mahasiswa.

Tabel. 5.4 Pengaruh pemberian metode simulasi *thinking like nurse* terhadap metode pembelajaran klinik secara daring. (N=110)

Variabel	Mean	SD	SE	95% CI		pValue
				Lower	Upper	
Metode Pembelajaran daring responden sebelum dan sesudah intervensi	42,9	14,03	1,345	40,24	45,54	< 0,000

Berdasarkan tabel diatas didapatkan hasil bahwa rata-rata metode pembelajaran klinik secara daring pada mahasiswa sebelum dengan sesudah simulasi *thinking like nurse* sebesar 42,9, dan selisih perbedaan tersebut antara 45,54 sampai dengan 40,24 (95% *Confidence Interval of the difference lower and upper*, Sig (2-tailed) sebesar <0,000. Maka dapat disimpulkan bahwa ada perbedaan rata-rata antara metode pembelajaran klinik secara daring pada mahasiswa sebelum dengan sesudah simulasi *thinking like nurse sehingga* ada pengaruh metode simulasi *thinking like nurse* terhadap metode pembelajaran klinik secara daring.

5.2.Pembahasan

Metode *"Thinking Like Nurse"* ini adalah desain yang diadaptasi dari Tanner (2006) dan Konrad, Fitzgerald, dan Deckers (2020). Tahapan metode daring ini dibagi menjadi tiga tahapan yaitu *Clinical Judgment, Communication and procedure skill Simulation.* Metode ini didesain karena berdasarkan Adam (2015), metode pembelajaran online klinik harus meliputi tiga aspek *cognitive* (*knowledge, comprehension, critical thinking*), *Psychomoto*r (*skill development*); dan a*ffective* (emotional & behavioral respons). Metode ini didesain sebagai upaya respon adanya pandemi Covid-19 yang membuat mahasiswa keperawatan tidak dapat melakukan praktek di rumah sakit. Sebelum diterapkan metode klinik ini, kegiatan klinik *online* dilakukan dengan teknis pemberian kasus, mahasiswa diminta untuk membuat laporan pendahuluan, asuhan keperawatan selama tiga hari rawat dan presentasi kasus tersebut dan dilanjutkan dengan tanya jawab kasus. Dengan menggunakan metode ini mahasiswa hanya memiliki kepuasan dan percaya diri dengan rerata 37,28 dengan nilai rerata terhadap Metode Pembelajaran klinik secara Daring yang digunakan sebelum Intervensi adalah 37,58.

Kepuasan dan kepercayaan diri mahasiswa yang rendah dikarenakan proses pembelajaran yang belum optimal untuk menyajikan pengalaman belajar secara klinik yang dilakukan daring. Prosedur yang dilakukan masih berorientasi pada melatih mahasiswa untuk bisa membuat asuhan keperawatan, belum sampai pada tahap simulasi pengaplikasian, dengan metode ini mahasiswa hanya mendapatkan *knowledge* tanpa adanya pengalaman pembelajaran klinik

seperti komunikasi dengan pasien ataupun melakukan simulasi tindakan keperawatan. Hal ini sesuai dengan hasil penelitian yang dilakukan oleh Al-Balas, M., et.al (2020), bahwa metode praktek klinik medikal bedah pada masa pandemi harus meliputi tiga aspek yaitu pengetahuan, praktek asuhan keperawatan, dan pengalaman yang reprentatif dalam merawat pasien yang dilakukan secara daring dengan melakukan simulasi tindakan keperawatan. Demikian hasil penelitian dari Kevin C. McGann, et.al (2020) bahwa metode klinik secara daring akan efektif bila tidak hanya *knowledge* mengenai asuhan keperawatan saja tetapi diikuti dengan pemberian *feedback* terhadap prosedur yang disimulasikan, pemberian video, dan latihan komunikasi dengan pasien, dengan melakukan hal tersebut dapat menambah kepercayaan diri mahasiswa.

Penelitian lain menyebutkan bahwa ketidakpuasan mahasiswa dalam pembelajaran akibat adanya kecemasan akan tujuh hal yang dirasakan oleh mahasiswa yaitu mekanisme teknik pembelajaran *online* yang tidak jelas, tidak adanya tatap muka, risiko distraksi terhadap sosial media yang tinggi selama pembelajaran *online, feedback* yang minimal, lingkungan belajar *online* tidak mendukung dan tidak adanya interaksi dengan teman seperti dikelas (Abdous, 2019). Hasil penelitian Chen, et.al (2020) menunjukan bahwa beberapa hal yang membuat ketidakpuasan dalam *online learning* yaitu waktu yang sedikit untuk melatih kemampuan prosedural, tugas yang terlalu banyak, diskusi grup yang kurang, masalah teknis pembelajaran dan jaringan. Pada metode sebelumnya mahasiswa hanya mengerjakan kasus yang diberikan, membuat patoflow dan tanya jawab mengenai asuhan keperawatan yang dibuat, mahasiswa tidak dapat melihat perubahan kondisi pasien seperti mahasiswa merawat pasien diruang rawat.

Setelah dilakukan intervensi menggunakan metode *"Thinking Like Nurse"* yang diadaptasi dan dimodifikasi dari Tanner (2006) dan Konrad, Fitzgerald, dan Deckers (2020) dalam lima hari sebagai metode pembelajaran klinik daring maka rerata kepuasan dan kepercayaan diri mahasiswa meningkat menjadi 52,45 dengan peningkatan sebesar 40,69% dari sebelum intervensi. Sama halnya dengan nilai rerata terhadap metode pembelajaran klinik secara daring yang digunakan setelah intervensi yaitu 80,47, nilai ini meningkat sebesar 114 % dari metode sebelumnya. Hal ini karena metode *"Thinking Like Nurse"* memberikan mahasiswa pengalaman mengenai merawat pasien tetapi dilakukan secara daring. Tahap *Noticing* merupakan tahap pertama dari proses *clinical judgement*. Dosen memberikan kasus sederhana dan mahasiswa dilatih untuk melengkapi pengkajian, data penunjang yang dibutuhkan, yang ada seolah-olah mahasiswa bertemu dengan pasien baru di rumah sakit. Pada fase ini mahasiswa dipicu untuk berfikir kritis mengenai data yang harus dikaji, data diagnostik pada pasien yang mendukung serta alur berfikir mengapa data tersebut dibutuhkan untuk dilengkapi.

Pengusaaan kasus pemicu oleh mahasiswa merupakan kunci optimalnya proses pembelajaran daring (konrad, 2021; Kyrkjebø, Jane Mikkelsen,2006). Learning *Feedback* langsung diberikan oleh dosen setelah mahasiswa melengkapi data berupa apakah data pengkajian tersebut memang perlu dikaji sebelum mahasiswa menegakkan diagnosis. Dosen juga memberikan hasil dari pengkajian yang dilengkapi oleh pasien. Fokus hari pertama pada pengkajian ini memberikan kejelasan kepada mahasiswa mengenai kompetensi dalam kemampuan pengkajian keperawatan. Hal ini sesuai dengan penelitian dari Kim, J. W.,dkk. (2020) bahwa pemberian *feedback* yang tepat akan meningkatkan kepercayaan mahasiswa selama belajar daring.

Tahap *interpreting* adalah tahap dimana mahasiswa mampu menginterpretasikan data yang didapat melalui tahap *noticing.* Menegakan diagnosis dan mendesain intervensi yang akan dilakukan serta mengetahui rasionalitas dari pelaksanaan intervensi tersebut. Dosen melakukan diskusi tentang rasionalitas penegakan diagnosa dan perencanaan yang dilakukan. Pada tahap ketiga maka dilakukan tahap *responding* dimana mahasiswa melakukan evaluasi terhadap tindakan yang dilakukan. ketiga tahapan *clinical judment* yaitu *noticing, interpreting*, dan *responding* dilakukan interaksi dosen dan mahasiswa selama tiga hari dan dilakukan bertahap. Setiap kali proses pembelajaran dosen memberikan *feedback* dan pemicu untuk mahasiswa dapat berfikir kritis. Melalui metode ini mahasiswa mengetahui setiap tahap asuhan keperawatan yang mereka buat sesuai atau tidak, dan mengetahui rasional setiap tindakannya. *Feed back* didapatkan setiap selesai proses, merupakan interaksi dosen mahasiswa, inilah yang dapat meningkatkan kepuasan dan metode menjadi lebih efektif karena salah satu alasan ketidakpuasan pembelajaran online adalah kurangnya interaksi pada dosen dan mahasiswa (Hermant.,et.al, 2021; De Metz and Bezuidenhout, 2018; D'Aquila, J.M., Wang, D. and Mattia, A., 2019)

Asuhan keperawatan yang diberikan setiap harinya dibuat berdasarkan perkembangan atau perubahan kondisi pasien yang diberikan oleh dosen sebagai pemicu untuk asuhan keperawatan untuk hari berikutnya . Oleh sebab itu mahasiswa terus dilatih untuk berfikir kritis dalam mendesain asuhan keperawatan seperti dilahan praktek klinik. Hal ini sesesuaian dengn komponen belajar yang baik menurut Jefrries dan Rozollo (2006) meliputi kompetensi (tujuan, persiapan materi, kasus pemicu), *support* (sumber pembelajaran; motivasi yang diberikan oleh pengajar), penyelesaian masalah (kesempatan untuk bertanya, kemudahan untuk mencari sumber untuk memecahkan masalah), umpan balik (pemberian umpan balik yang konstruktif, dan proses refleksi diri), dan ketepatan (ketepatan dengan kondisi *real life*). Metode ini juga

merupakan Metode pembelajaran klinik yang berpusat pada mahasiswa dapat meningkatkan kepuasan dan kepercayaan diri mahasiswa bila pada prosesnya mampu memotivasi, adanya kehadiran dosen untuk interaksi dan kolaborasi bersama mahasiswa, aktivitas belajar yang jelas, dan mahasiswa memahami tujuan , kompetensi, dan deadline yang tepat. Tartavulea, dkk (2020)

Pada tahap kedua metode *Thinking like nurse* setelah *clinical judgment* yaitu *communication skill* dimana mahasiswa akan dilatih untuk melakukan *hand over*, laporan proses pasien kepada dokter dengan meggunakan ISBAR baik saat *hand over* ataupun pertelp. Mahasiswa mempraktekan overan dengan mahasiswa lain untuk kasus yang dikelola. Pembimbing mengamati proses *hand over* yang dilakukan mahasiswa, komponen yang disebutkan kelengkapan data yang dioverkan serta tindakan selanjutnya untuk dilakukan. Masukan juga diberikan oleh teman sesama antar kelompok. Tahap ini dilakukan karena menurut Carol O'neil., et.al (2008), tiga prinsip yang harus dipenuhi dalam pembelajaran daring adalah, easy to access, easy to navigate, and easy to interaction to others. Serta disebutkan pula bahwa komunikasi adalah core dari pembelajaran daring karena dengan komunikasi inilah akan terbangun interaksi antara mahasiswa dengan mahasiswa, student dengan dosen; dan student dengan kasus pemicu pada pembelajaran (Carol O'neil, 2008). Dengan meningkatkan interaksi dan komunikasi dalam pembelajaran maka akan meningkatkan kedisiplinan, kemampuan belajar mandiri, motivasi diri, tingkat partisipasi, manajemen waktu dan aktif dalam pembelajaran (Justina, & Tracey, 2014)

Pada tahap ketiga mahasiswa yaitu simulasi peer to peer dan mempraktekan tindakan yang dipilih untuk salah satu diagnosis. Tindakan ini dilakukan oleh mahasiswa secara daring. Tindakan yang dilakukan untuk disimulasikan adalah tindakan pengkajian, edukasi ataupun tindakan mandiri keperawatan. Simulasi pemberian edukasi kepada sesama mahasiswa dengan skenario perawat pasien merupakan metode simulasi tindakan klinik yang paling efektif secara daring (Diana, Maria, et, al. 2020). Simulasi tindakan keperawatan dengan skenario yang dimainkan secara daring merupakan bagian metode pembelajaran yang berpusat pada mahasiswa dan mampu meningkatkan kepuasan dan kepercayaan diri mahasiswa (Englund, Olofsson and Price, 2017). Pada tahap ini, dosen juga memberikan video prosedur keperawatan yang tidak mungkin dilakukan dengan bermain peran secara daring. Seluruh tindakan yang dilakukan didokumentasikan pada rekam medis simulasi yang disiapkan dan didesain sesuai dengan standar rumah sakit pendidikan yang biasa digunakan sebagai lahan praktek.

Ketiga tahap tersebut yang membuat kenaikan rerata terhadap kepuasan dan kepercayaan diri mahasiswa. Metode pembelajaran klinik ini mahasiswa dimotivasi untuk melakukan asuhan keperawatan sesuai dengan perkembangan pasien, melakukan komunikasi baik pasien perawat maupun perawat dengan perawat, dan dilatih untuk menumbuhkan rasa caring dan empati dalam merawat pasien. Andy, Laura, dkk (2021) bahwa terdapat tiga aspek yang harus dilatih mahasiswa untuk bisa meningkatkan kepercayaan diri dalam merawat pasien yaitu adanya pengalaman interaksi pasien perawat, empowerment pasien, dan melatih caring dan empati. Hal yang sama diungkapkan bahwa kepercayaan diri dalam belajar dipengaruhi oleh delapan faktor yaitu ahli atau menguasai materi atau keahlian tertentu, materi sesuai dengan kebutuhan, peningkatan kemampuan psikomotor, ketersediaan sumber referensi, dan kemampuan untuk mengatasi masalah yang ada (Franklin, Burns and Lee, 2014). Feedback yang jelas dan berkelanjutan dapat meningkatkan keyakinan dan kepercayaan diri maka individu akan mampu menggerakan fungsi kognitif untuk mencari upaya bergerak mendekati tujuan melalui berbagai cara dan mampu menetapkan tujuan yang spesifik untuk dirinya sendiri dengan kemampuan regulasi diri. Luthans, Youseff, & Avolio (2007).

Setiap hari diakhir pertemuan dinas *online*, mahasiswa melakukan refleksi diri terhadap kegiatan pembelajaran klinik. Hal ini didesain untuk meningkatkan kepuasan dan kepercayaan diri pada mahasiswa. Proses refleksi diri yang dilakukan pada proses belajar akan membantu mahasiswa dalam memahami *learning outcome*, melalui proses refleksi yang dilakukan juga akan meningkatkan professional develompmet, personal growth, empowerment, dan facilitated learning (langley, 2010). Pemahaman *learning outcome* yang baik oleh mahasiswa melalui refleksi diri mencegah mahasiswa mengalami, *helplesness, burnout, dan burden* pada mahasiswa (Wafika,etal, 2020). Metode pembelajaran ini juga meningkatkan peran dosen sebagai fasilitator, dosen bertugas tidak hanya memberikan kasus pemicu, dan mendengarkan hasil pemecahan kasus oleh mahasiswa dihari terakhir. Pada metode ini dosen memahami dan ikut didalam interaksi belajar daring klinik. Alasan ini menjadi salah satu alasan kepuasan dan kepercayaan diri mahasiwa, mahasiswa mengetahui kemana harus bertanya dan dilatih untuk berfikir kritis. Shawnda, Maridee, Katherine Terras (2020) *online students need instructor to provide personal presence, by being enganging, aproachable, understanded, patient, and passionate about subject.* Metode ini selain berfokus pada mahasiswa mengolah kasus dengan pendekatan asuhan keperawatan, tetapi juga bagaimana interaksi dosen dan mahasiswa.

BAB 6
KESIMPULAN DAN SARAN

6.1. Kesimpulan

Berdasarkan penelitian ini maka dapat disimpulkan bahwa pemberian metode pembelajaran klinik secara daring dengan menggunakan metode “thinking like nurse” memiliki pengaruh pada kepuasan dan kepercayaan diri mahasiswa. Metode ini didesain dengan adanya urgensi dampak dari Covid-19 yang menyebabkan mahasiswa tidak dapat praktek klinik di rumah sakit. Desain ini memberikan pengalaman belajar klinik mahasiswa seperti belajar pada lahan praktek klinik rumah sakit, dimana mahasiswa mengelola pasien melalui asuhan keperawatan selama lima hari sampai dengan pasien pulang. Desain ini juga dikembangkan untuk mahasiswa agar tetap mendapatkan kemampuan komunikasi dan prosedur keperawatan, serta interaksi antara perawat pasien, dan perawat dengan sejawat.

Penelitian ini diharapkan mampu memberikan kontribusi referensi terhadap pendidikan vokasi keperawatan untuk mengembangkan metode pembelajaran klinik secara daring. Metode ini juga diharapkan dapat diadaptasi oleh institusi pendidikan vokasi keperawatan dalam mencapai kompetensi pembelajaran klinik. Metode *thinking like nurse* dapat mengantisipasi perubahan peraturan lahan praktek rumah sakit yang telah menerima kembali untuk peserta didik dengan pembatasan jumlah, sehingga dapat digunakan sebagai *blended learning*. Metode ini juga perlu dikembangkan kembali dengan memperhatikan jumlah peserta didik dan jumlah dosen untuk mendapatkan proses yang lebih optimal.

6.2.Saran

6.2.1. Mahasiswa

Hasil penelitian ini menggambarkan bahwa mahasiswa harus tetap aktif dan menjalankan perkuliahan klinik secara daring dengan baik. Mahasiswa diharapkan dapat berpartisipasi dalam setiap langkah menggunakan metode *thinking like nurse* ini. Mahasiswa juga mendapatkan pengalaman mendapatkan *feed-back* dalam setiap proses yang dilakukan didalam pembelajaran klinik.

6.2.2. Dosen

Melalui penelitian ini, diharapkan metode pembelajaran yang diberikan oleh dosen dapat lebih interaktif dan menggambarkan kondisi pelayanan di rumah sakit.

Metode pembelajaran klinik daring ini tidak hanya sekedar memberikan kasus pemicu dan mahasiswa membuat asuhan keperawatan dari kasus yang diberikan. Metode ini sangat cocok untuk mendukung proses pembelajaran tuntas. Hasil penelitian ini diharapkan dapat dikembangkan oleh dosen dalam memberikan metode pembelajaran kepada mahasiswa terutama pembelajaran klinik daring atau pengembangan metode *blended learning* kedepannya.

6.2.3. Institusi Pendidikan

Penelitian ini diharapkan dapat menjadi dasar institusi pendidikan dalam mengembangkan metode pembelajaran daring. Metode klinik yang dilakukan daring dilakukan oleh dosen sehingga jadwal dan rasio dosen mahasiswa dalam pembelajaran perlu dipertimbangkan agar mahasiswa dapat mencapai kompetensinya dengan baik. Institusi pendidikan juga dapat mengembangkan standar perkuliahan klinik secara daring agar capaian kompetensi pembelajaran dapat tercapai.

6.2.4. Asosiasi Pendidikan Vokasi Diploma Tiga Keperawatan

Penelitian ini diharapkan dapat menjadi pengembangan lebih lanjut dalam rangka menciptakan standar metode pembelajaran secara daring untuk vokasi keperawatan. Desain jadwal, jumlah dosen mahasiswa, simulasi prosedur dapat menjadi dasar pengembangan lebih lanjut.

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PENJELASAN PENELITIAN

Judul Penelitian : Pengaruh Simulasi *"Thinking Like Nurse"* sebagai Metode Pembelajaran Klinik Daring Terhadap Kepuasan dan Kepercayaan Diri Mahasiswa selama Pandemi Covid-19

Peneliti : Dian Fitria; Jehan Puspasari; Puspita Hanggit Lestari
Institusi : Stikes RS Husada
No. Telp : 08388438839

Peneliti bermaksud melakukan penelitian yang bertujuan untuk memperoleh gambaran mengenai kepuasan dan kepercayaan diri mahasiswa setelah mengikuti proses pembelajaran klinik daring dengan menggunakan simulasi "thinking like Nurse" pada mata kuliah Keperawatan Jiwa dan Maternitas. Oleh karena itu peneliti memohon kesediaan mahasiswa Stikes RS Husada untuk berpartisipasi didalam kegiatan penelitian ini.

Penelitian ini melibatkan mahasiswa tingkat akhir pada semester V di Stikes RS Husada. Keputusan Mahasiswa untuk mengikuti kegiatan ini tidak mempunyai dampak atau pengaruh terhadap kesehatan dan keselamatan mahasiswa. Dan bila setelah anda memutuskan untuk mengikuti penelitian ini, mahasiswa bebas untuk mengundurkan diri dari penelitian ini kapanpun dan tidak akan ada dampak terhadap nilai akademik. Berikut penjelaskan mengenai penelitian yang akan dilakukan sebelum saudara memutuskan untuk berpartisipasi :

1. Penelitian ini memiliki tujuan untuk mengetahui pengaruh Pengaruh Simulasi *"Thinking Like Nurse"* sebagai Metode Pembelajaran Klinik Daring Terhadap Kepuasan dan Kepercayaan Diri Mahasiswa selama Pandemi Covid-19
2. Manfaat yang didapatkan responden adalah mendapatkan simulasi pembelajaran klinik secara daring dengan metode *"thinking like nurse"* yang mana simulasi ini di desain menyerupai setting pelayanan klinik. Manfaat umum yang diperoleh untuk peneliti yaitu mendapatkan pengembangan metode baru untuk pembelajaran klinik pada masa pandemi Covid-19
3. Penelitian ini diikuti oleh 66 orang mahasiswa
4. Penelitian ini akan dilaksanakan dengan cara mengisikan kuesioner yang membutuhkan waktu sekitar 25-30 menit, setelah menyelesaikan pembelajaran klinik dengan simulasi daring. Mahasiswa dapat dengan bebas mengisikan kuesioner sesuai dengan apa yang dialami tanpa adanya intervensi atau tekanan dari peneliti.
5. Kuesioner ini terdiri dari 3 (tiga) bagian yaitu Kuesionar untuk melengkapi data identitas (Kuesioner A), Kuesioner untuk mengetahui *Kepuasan dan kepecayaan diri (*Kuesioner B), dan kuesioner untuk mengukur persepsi mahasiswa mengenai metode pembelajaran simulasi yang dilaksanakan (Kuesioner C)
6. Responden diberikan kebebasan untuk mengisi kuesioner sendiri, namun bila dibutuhkan penjelasan lebih maka responden dapat meminta peneliti atau asisten peneliti untuk menjelaskan hal-hal yang dianggap kurang jelas, dengan menghubungi nomor kontak diatas.
7. Peneliti akan menjaga kerahasiaan dan keterlibatan responden dalam penelitian ini.
8. Nama responden tidak akan dicantumkan pada lembar kuesioner.
9. Data penelitian ini akan disimpan oleh peneliti didala komputuer pribadi dan hanya peneliti yang dapat mengakses data ini dengan sandi sebagai pengamanan.
10. Pelaporan hasil penelitian akan menggunakan kode, dan bukan nama sebenarnya.
11. Apabila hasil penelitian ini akan dipublikasikan, maka identitas yang berkaitan dengan responden akan dirahasiakan oleh peneliti. Siapapun yang bertanya mengenai keikutsertaan dan isian responden tentang penelitian ini, responden berhak tidak menjawab pertanyaan.
12. Keterlibatan responden sejauh ini tidak memiliki risiko yang mengancam keselamatan jiwa, dan tidak mempengaruhi nilai akademik responden.
13. Penelitian ini akan memberikan dampak langsung kepada responden terhadap pencapaian kompetensi pembelajaran klinik secara daring

Setelah membaca penjelasan diatas dan memahami tujuan dari penelitian yang akan peneliti lakukan, maka dipersilahkan untuk menandatangani lembar persetujuan pada lembar persetujuan yang tersedia selanjutnya.

Jakarta, Oktober 2020

Tim Peneliti

LEMBAR PERSETUJUAN

Saya yang bertandatangan dibawah ini,

Setelah membaca dan memperoleh penjelasan mengenai gambaran dan tujuan penelitian yang dilakukan maka saya mengetahui manfaat dan tujuan penelitian ini yang nantinya akan bermanfaat bagi proses pembelajaran daring selama masa Pandemi Covid-19. Saya mengetahui dan mengerti bahwa peneliti menghargai dan menjunjung tinggi hak-hak saya sebagai responden.

Saya menyadari bahwa penelitian ini tidak memiliki pengaruh yang buruk bagi saya. Saya mengerti dan menyetujui bahwa keikutsertaan saya didalam penelitian ini mempunyai manfaat yang sangat besar dalam upaya peningkatan kualitas dan pencapaian kompetensi melalui metode pembelajaran klinik secara daring

Dengan menandatangai surat persetujuan ini maka saya menyatakan telah bersedia mengikuti dan berpartisipasi dalam penelitian ini, tanpa adanya paksaan, dan bersifat sukarela.

Jakarta, ...2020

Peneliti Responden

Dian Fitria (tanpa nama responden)

Ketua Tim Peneliti Paraf/Tanda Tangan

KUESIONER A (IDENTITAS)

IDENTITAS RESPONDEN

Petunjuk Pengisian:

1. Mohon isikan data dengan benar
2. Berilah tanda (√) atau (x) pada kolom yang tersedia sesuai jawaban yang dipilih

Identitas Responden:

1. Usia : .....(dalam tahun)
2. Jenis Kelamin : ☐ Laki-laki ☐ Perempuan

KUESIONER B (KEPUASAN DAN KEPERCAYAAN DIRI)

Pada bagian ini anda diminta untuk mengisikan kuesioner dengan memberikan tanda (√) pada pernyataan yang sesuai dengan diri anda. Pernyataan dibawah ini menilai **kepuasan dan kepercayaan diri** yang anda miliki setelah mengikuti pembelajaran klinik secara daring dengan metode simulasi *"thinking like nurse".* pilihan jawaban sebagai berikut:

1 = SANGAT TIDAK SETUJU

2 = TIDAK SETUJU

3 = TIDAK DAPAT DINILAI

4 = SETUJU

5= SANGAT SETUJU

NO	Pernyataan	1	2	3	4	5
1	Metode pembelajaran yang digunakan dalam simulasi ini sangat membantu dan efektif					
2	Materi dan aktivitas pembelajaran dengan metode simulasi ini mendukung proses belajar saya					
3	Saya sangat senang dengan metode simulasi yang dilakukan oleh dosen saya					
4	Materi pembelajaran ini sangat membantu dan memotivasi saya					
5	Cara mengajar dosen saya sangat sesuai dengan gaya belajar saya					
6	Saya menguasai materi yang telah disimulasikan					
7	Proses simulasi memberikan poin-poin yang penting / hal prinsip yang harus saya kuasai dalam materi tersebut					
8	Saya dapat mengembangkan *skill* dan pengetahuan saya yang dibutuhkan dalam *setting* pelayanan					
9	Dosen saya menggunakan sumber yang sangat tepat dan sesuai selama proses simulasi					
10	Saya menjadi paham mengenai kemampuan / kompetensi apa yang harus kuasai dari proses pembelajaran simulasi ini					
11	Saya mengetahui kemana saya harus bertanya, bila ada materi yang tidak saya pahami selama pembelajaran ini					
12	Saya mengetahui bagaimana mengaplikasikan aktivitas simulasi pada aspek yang penting pada setiap materi yang diajarkan					
13	Dosen Memberitahukan apa yang dibutuhkan selama proses pembelajaran klinik					

KUESIONER C (penilaian terhadap simulasi *"thinking like nurse")*

Pada bagian ini anda diminta untuk mengisikan kuesioner dengan memberikan tanda (√) pada pernyataan yang sesuai dengan diri anda. Pernyataan dibawah ini menilai **proses simulasi** yang telah diikuti dengan metode simulasi *"thinking like nurse".* pilihan jawaban sebagai berikut:

1 = SANGAT TIDAK SETUJU

2 = TIDAK SETUJU

3 = TIDAK DAPAT DINILAI

4 = SETUJU

5= SANGAT SETUJU

NO	Pernyataan	1	2	3	4	5
1	Tersedianya informasi yang cukup mengenai petunjuk yang membuat mahasiswa lebih termotivasi dalam mengikuti simulasi pembelajaran klinik daring					
2	Saya sangat memahami tujuan dan kompetensi yang akan dicapai dari simulasi pembelajaran klinik					
3	Melalui simulasi ini menyediakan informasi dengan petunjuk pelaksanaan yang jelas untuk mengatasi masalah					
4	Tersedia informasi yang saya butuhkan dengan cukup					
5	Kasus dan petunjuk yang diberikan sangat tepat dan terarah sehingga meningkatkan pemahaman saya					
6	Dukungan selalu diberikan secara tepat waktu					
7	Saya selalu dihargai ketika saya membutuhkan bantuan dalam proses pemahaman					
8	saya merasakan dukungan dan dimotivasi selama proses simlulasi					
9	Saya sangat didukung dalam proses pembelajaran					
10	Pemecahan masalah secara mandiri sangat difasilitasi					
11	Saya dimotivasi untuk mencari tahu segala kemungkinan dalam simulasi					
12	Simulasi yang saya dapat kan telah di buat sesuai dengan level kompetensi dan skill pada level saya					
13	Simulasi memberikan saya kesempatan untuk membuat proritas pengkajian dan asuhan keperawatan					
14	Simulasi memberikan saya kesempatan untuk membuat tujuan yang akan dicapai untuk pasien yang saya kelola					
15	Masukan yang saya dapat kan sangat konstruktif					
16	Masukan yang diberikan menye					
17	Simulasi memberikan saya untuk dapat menganalisa apa yang saya lakukan					
18	Saya mendapat kesempatan mendapatkan masukan dari dosen saya					
19	Skenario yang diberikan seperti situasi yang nyata					
20	Faktor kehidupan yang nyata; situasi; dan variabel terbangun di skenario yang dbuat					

The Effect of Thinking Like Nurse Stimulation as an Online Clinical Learning Method on Nursing Students' Satisfaction and Confidence during Covid-19 Pandemic.

Abstract

Introduction: Corona Virus Disease (Covid-19) was declared as a pandemic by the World Health Organization (WHO) resulting in changes in existing patterns of life. This impact also affects the world of education, including nursing vocational education. Nursing vocational education must be able to design online methods for the clinicical competency with existing facilities and infrastructure. The online clinical method can describe the achievements achievable in clinical facilities so as to build students' satisfaction and confidence.

Method: This research used quasi-experimental pre-posttest without control group method by providing clinical learning thinking like nurse simulation. The research sample consists of 110 Diploma student with purposive sampling method. Simulation focuses on clinical judgment, communication skills, and skill simulations by adopting clinical practice in hospitals. Assessment is measured using Simulation Design Scale (SDS) and Student Satisfaction and Self Confidence in Learning Scale (SCLS). Pair t test with level of significance 0.05 is used to process data.

Result: It is found that there is an increase in students' satisfaction and confidence using the clinical simulation method of "thinking like nurse" has an avarage 40.69%. Meanwhile, online clinical learning methods has an average increase of 114%. There is an effect of thinking like nurse simulation method on students' satisfaction and self-confidence ($p < 0.05$).

Recommendation: This research is recommended to add to the reference for online nursing clinical learning methods during Covid-19. Determining the number of ratio between student and lecture online clinic learning can be cosidered for further research.

Keywords: Covid-19; online clinical learning; nursing student

INTRODUCTION

The determination of the status of Covid-19 spread as a Pandemic on 11 March 11 by the World Health Organization (WHO) resulted in all learning activities turned online. The Decree of the Minister of Education and Culture through a circular number 4 of 2020 gives an order to carry out the learning and teaching process from home starting from 24 March 2020 to reduce the acceleration of the spread of the Covid-19 virus.

All educational institutions are forced to adapt very quickly. The learning and teaching process from home must be carried out immediately to achieve the students' competencies. Simple online methods, such as through chat, voice record, video record, online meeting applications, email, to learning via web specially designed by educational institutions. All institutions are thinking hard to be able to provide effective online learning for their students, including educational institutions with Diploma nursing program (Al-Balas et al., 2020).

Educational institutions can no longer send students to gain learning experiences through clinical practices since the emergence of Covid-19. The closure of these educational practices cannot stop the teaching and learning process. It is not easy to transform learning at clinical institutions into an online effort; preparation is required to design appropriate methods so that clinical learning outcomes in knowledge and skills can still be achieved (De Metz & Bezuidenhout, 2018)

The three main competencies obtained from learning method at clinical institutions are the ability of students to carry out clinical judgments, communication skills, and nursing procedure skills. Learning methods that are carried out online must be done through very well-made simulations so that they are representative to achieve nursing knowledge and clinical judgment (Letcher, Roth, & Varenhorst, 2017). Clinical judgment is the key to caring and decision making for intervention on patients based on existing assessments and data, (Yuan, Williams, & Man, 2014), and reduced evidence-based experience in conducting clinical judgment can cause students to lack critical skills in nursing process and real problem solving on patients (Konrad, Fitzgerald, & Deckers, 2020a).

Online clinical learning has been carried out and evaluated in clinical courses in the even semester 2019/2020. The method used is to provide cases, group discuss, online case presentations, and providing videos on nursing action procedures. This method is not sufficiently representative of students who do not acquire experience doing clinical judgment, communication skills, and nursing procedure skills. Unrepresentative methods of learning have an impact on students' satisfaction and self-confidence. Some issues that make online learning dissatisfied are less time to practice procedural skills, numerous tasks, insufficient group discussions, technical learning, and network problems (Shih, Chen, Chen, & Wey, 2013a). Dissatisfaction may produce anxiety on students to cause them to doubt their abilities,

causing further impact, namely decreased academic achievement, to student retention (Abdous, 2019). Confidence is very important for all individuals since it affects the performance of the work done and the results of the work. Therefore, it is very important to build nurses' confidence with effective online learning methods so that they have satisfaction with the clinical learning process that is carried out online.

Based on this description, the researchers develop a “thinking like nurse” method adapted and modified based on the Clinical judgment for nurse learning model (Tanner CA., 2006). The process shall have three main stages to train skills in conducting clinical judgment, namely noticing, interpreting and response, and reflection. (Tanner CA., 2006). Noticing is the first stage, the lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data is needed to be completed. The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage. Making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. the responding stage is carried out where students evaluate the actions taken In this method, researchers include the process of communication and nursing procedure skills while students will be trained to think critically in overcoming patient problems according to their developmental conditions; besides that, students will also be trained to carry out activities in the nursing room such as hand over, Situation, Background, Assesment, Recommendation (SBAR), pre-conference, and post-conference. The student making self-reflection process carried out in the learning process will help students understand learning outcomes; the reflection process carried out will also increase professional development, personal growth, empowerment, and facilitated learning This research is expected to produce appropriate online clinical learning methods and to increase students’ satisfaction and confidence. The result of this study can be used as a the reference for online nursing clinical learning methods during Covid-19

MATERIALS AND METHODS

The method used in this study is a “quasi-experimental pre-posttest without control group” using statistical tests with paired t-test. The sampling technique uses a non-probability sampling with a purposive sampling method with a sample size of 110 students with the inclusion criteria of students who attended mental and maternity clinical lectures with a supervisor who is a member of the research team and the sampling process was carried out for five days for each class with lecture fully accompany for two session and two session student group discussion . Independent Variable in this research are online clinical methode, The Simulation Design Scale (SDS) instrument by Jeffries & Rozzolo (2006) with alpha Cronbach 0.96 to assess the method used this questionnaires are assessed using a Likert scale of 1-5. Dependen Variable of this research is satisfaction dan self-confidence. The instrument used, namely the questionnaire, is the Student Satisfaction Self Confidence in Learning Scale (SCLS) by

Jeffries & Rozzolo (2006) with a Cronbach alpha value of 0.94. The satisfaction assessment component consists of satisfaction on the learning method, the variety of materials provided, the facilities in the processes of learning, motivation, and suitability of the simulation process with the competencies to be achieved (Jeffries, P.R., Rizzolo, 2006). In measuring satisfaction and self-confidence, the researchers use the concept put forward by Jeffries & Rizzolo (2006). Self-confidence is assessed through the aspects of mastery of the material provided, the need for the material presented, the availability of learning resources, and a place to look for learning sources, both sources for questions and sources of reference.

The first stage of research implementation is to conduct a literature study and identification of research problems. The second stage is a pre-test to measure the level of satisfaction and self-confidence and an assessment of the design of the simulation method used by students who have participated in online clinical learning without "Thinking like nurse" method followed by the provision of "thinking like nurse" simulation method and, the third stage carries out a posttest to measure the level of satisfaction and self-confidence of students and an assessment of "thinking like nurse" learning method with the activities as provided on the table 1 Stages of implementing online "Thinking Like Nurse" clinical learning method

Table 1. Stages of Implementing Online "Thinking Like Nurse" Clinical Learning Method

Stages	Lecturers' Activities	Students' Activities
Explanation of learning methods	Explains the clinical learning process using the "Thinking like a nurse" simulation	
Clinical Judgment: Noticing **(Days 1-3)**	Determination work schedule groups - morning and evening	
	Shares medical records (simulations) and formulas to use	
	Divides trigger cases (cases will be provided on the first day and changes in the patient's condition will be given on the following day until the patient is discharged). Patients are treated for 3 days	Have discussion on the cases acquired Pre-conference *Hand over*
	Day 1- Simulation: asks questions 1. Which follow-up studies should be done? 2. Why are they done? 3. What diagnostic tests should be done? 4. What is the purpose of the examination? Day 2- the simulation provides the progress of the case. Simulation with questions: 1. What causes the change in the patient's condition? 2. Describe any further assessments to carry out Day 3 - simulated patient preparation for discharge. 1. What are the discharge preparations made by the nurse for the patient? 2. What is the rationale for such preparation? 3. What forms should the nurse prepare?	Fills in the assessment; Fills in the Initial patient's assesment form to the ward (day 1) Carries out further assessment (day 2) Prepares the patient to return home (day 3) Performs self-reflection
Clinical Judgment:	Simulation: through questions	Enforcing Nursing Diagnosis

Interpreting **(Days 2 and 3)**	1. What are the characteristic limitations of the diagnosis offered? 2. Which is the priority problem?	Performs self-reflection
	Simulation: through questions 1. Why are there such planning and outcome criteria?	Making plans and criteria for nursing care outcomes Performs self-reflection
Clinical Judgment: Responding **(Days 2 and 3)**	Simulation (discussion on zoomeeting) 1. Lecturers provide the results of nursing actions taken by students 2. The lecturer provides an overview of the patient's condition after the intervention 3. The Lecture provide advices for student about Nursing care delivered, SBAR hand over, and documentation.	1. Carrying out the actions to be performed in accordance with the action documentation planning on the documentation sheet. 2. Situation, Background, Assesment, Recommendation (SBAR) exercise 3. Communications 4. Performs self-reflection 5. Creating documentation of nursing actions 6. Filling out the Integrated patient progress notes form (documentation) 7. Handover exercise
	Simulation: through questions 1. What Should you do if the next condition of patient .....? (lecture explain progress patient condition) 2. Which your next priority implementation for patient?	Making plans and criteria for next nursing care outcomes
Reflecting **(Day 3)**	Simulation (discussion on zoomeeting) Lecture Motivates self-reflection by asking question about students understand learning outcomes; the reflection process carried out.	1. Self-reflection (while treating patients from admission to discharge) 2. post-conference
	Simulation: through questions 1. What the lesson learnt today? 2. How the feeling? 3. What the learning outcone you can get today? 4. What should you improve for your self?	Making Self Reflection
Communication and nursing procedure skills **(Days 4 to 5)**	Provides nursing procedures that will be trained in accordance with the agreement on the discussion of responding implementation divide nurse-patient	1. Creates patient-nurse scenarios for cases that have been created for 3 days. 2. Performs self-reflection

This study has passed the ethical test by the Health Research Ethics Commission of the Faculty of Nursing, the Airlangga University, number 2118-KEPK. Data collected through questionnaires and did not cause any harm on the respondents. Ethical requirements and respondent rights have been fulfilled throughout the research process.

RESULT

Univariate Analysis

Assesment of Satisfaction and Confidence

Table 2. Average Satisfaction and Confidence before and after the Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage (%)
Satisfaction and Confidence before Intervention	37.28	27.50	12.3	26-52	15.17	0,41-0,59	40.69
Satisfaction and Confidence after Intervention	52.45	52.00	5.2	38-65		0,62-0,80	

The results of satisfaction and self-confidence assessment (table 2) show that the mean value before the intervention is 37.28 with a median value of 27.50. Meanwhile, the mean satisfaction and self-confidence of respondents after the intervention is 52.45 with a median value of 52. The table above also illustrates that there is a difference of 15.17 in the mean before and after intervention with a mean increase of 40.69%. Hence, it can be concluded that there is a difference in the mean and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

Table 3. Average Online Clinical Learning Methods before and after Intervention (N=110)

Variables	Mean	Median	SD	Min-Max	Mean Difference	95% CI	Average increase percentage
Online Clinical Learning Methods before Intervention	37.58	27.50	12.8	26-52	52.9	0,38-0,57	114
Online Clinical Learning Methods after Intervention	80.47	80	6.7	61-100		0,61-0,79	

Based on table 3, it is found that the mean of the respondents' Online Clinical Learning Method before the intervention is 37.58 with a median value of 27.50. Meanwhile, the mean of clinical learning method by respondents after intervention is 80.46 with a median value of 80. Hence, it can be concluded that there is a difference in the average online clinical learning method before the intervention and after the intervention. The table above also illustrates that there is a difference of 52.9 in the mean before and after with a mean increase of 114%. Hence, it can be concluded that there is a difference in the mean

and an increase in the mean of the respondents' satisfaction and confidence before the intervention and after the intervention.

Bivariate Analysis

Table 4. The effect of providing online clinical learning methods with "thinking like nurse" method on students' satisfaction and self-confidence (N=110)

Variables	Mean	SD	SE	95% CI		P Value
				Lower	Upper	
Respondents' satisfaction and confidence before and after the intervention	15.16	13.07	1.246	12.70	17.63	<0.000

In examining the effect of providing online clinical learning methods with "thinking like nurse" method, it was found the students' average satisfaction and self-confidence before and after the "The effect of providing online clinical learning methods with "thinking like nurse" method on students' satisfaction and self-confidence is 15.16, and the difference between these differences is between 17.63 and 12.70 (95% Confidence Interval of the lower and upper differences, Sig (2-tailed) of <0.000. Hence, it can be concluded that there is a mean difference in students' satisfaction and confidence between before and after the "thinking like nurse" simulation; therefore, there is an effect of the "thinking like nurse" simulation method on students' satisfaction and self-confidence.

Table 5 .The effect of giving the "thinking like nurse" simulation method on online clinical learning methods. (N=110)

Variables	Mean	SD	SE	95% CI		pValue
				Lower	Upper	
Respondents' online learning methods before and after the intervention	42.9	14.03	1.345	40.24	45.54	<0.000

Based on the table 5, the results show that the average online clinical learning method for students before and after the "thinking like nurse" simulation is 42.9, and the difference between these differences is between 45.54 and 40.24 (95% Confidence Interval of the lower and upper differences, Sig (2-tailed) of <0.000. Hence, it can be concluded that there is an average difference between the online clinical learning method for students before and after the "thinking like nurse" simulation, therefore, there is an effect of the "thinking like nurse" simulation method on the online clinical learning method.

DISCUSSION

The "Thinking Like Nurse" method is a design adapted from Tanner (2006) and Konrad, and Fitzgerald and Deckers (2020). The stages of this online method are divided into three, namely Clinical Judgment, Communication, and Procedure Skills Simulation. This method is designed since, based on Adam (2015), the clinical online learning method must cover three cognitive aspects (knowledge,

comprehension, critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Nancy E. Adams, 2015). This method is designed as an effort to respond to the Covid-19 pandemic which makes nursing students unable to practice in hospitals. First semester on a Pandemidec Covid-19 and before the application of this clinical method, online clinical activities were carried out with case provision in which students were asked to produce preliminary reports on three-day nursing care and presentation of the case and continuing with cases' question and answer sessions. Through method, students only reached satisfaction and confidence with a mean of 37.28 with a mean value of the online clinical learning method used before the intervention of 37.58. The interaction of the old methode is less interaction between lecture and student, and the methode cannot describe the situation in hospital.

Student satisfaction and confidence are low due to the learning process which is not optimal for presenting clinical learning experiences conducted online. The procedure performed out is still oriented towards training students to be able to provide nursing care; not yet at the application of simulation stage and with this method, students only gain knowledge without any clinical learning experiences such as communicating with patients or simulating nursing actions. This is in line with the results of research conducted by Al-Balas, et.al (2020), saying that the clinical medical practice method during a pandemic must include three aspects, namely knowledge, nursing care practice, and representative experience in caring for patients performed online by simulating nursing actions (Al-Balas et al., 2020). The results of research by Kevin C. McGann, et.al (2020) state that the online clinical method will be effective if it is not only in the form of knowledge on nursing care but when it is followed by providing feedback on simulated procedures, providing videos, and practicing communication with patients, by so doing can increase self-confidence of the students (McGann et al., 2020).

Another study states that students' dissatisfaction in learning is due to anxiety on seven things felt by students, namely unclear online learning technique mechanisms, the absence of face-to-face session, high risk of distraction to social media during online learning, minimum feedback, unsupportive online learning environment, and the absence of interaction with friends such as on in the classroom (Abdous, 2019). The research results of Chen, et.al (2013) show several issues that cause dissatisfaction in online learning, i.e., less time to practice procedural skills, abundant of tasks, insufficient group discussions, technical learning, and network problems (Shih, Chen, Chen, & Wey, 2013b). In the previous method, students only work on the given cases, make a path of flow, and ask and answer questions on nursing care made; students could not see changes in the patients' condition such as students caring for patients in the ward.

After the intervention using the "Thinking Like Nurse" method adapted and modified from Tanner (2006) and Konrad, Fitzgerald and Deckers (2020) in five days as an online clinical learning method, the average students' satisfaction and confidence increase to 52.45 with an increase of 40.69% from the

condition before the intervention (Konrad et al., 2020a; Tanner CA., 2006). Likewise, the mean value for the online clinical learning method used after the intervention is 80.47; this value increases 114% from the previous method. This is because the "Thinking Like Nurse" method provides students with experiences on caring for patients but it is done online. The noticing stage is the first stage in the clinical judgment process. Lecturers provide simple cases and students are trained to complete the assessment and the necessary supporting data, as if the student met a new patient at the hospital. In this phase, the students are triggered to think critically about the data that must be studied, diagnostic data on supporting patients, and a flow of thinking on the reason why the data is needed to be completed. The management of trigger cases by students is the key to optimal online learning processes (Konrad, Fitzgerald, & Deckers, 2020b; Kyrkjebø, 2006). Learning Feedback is immediately provided by the lecturer after students complete the data to know whether the assessment data really needs to be studied before the students make diagnosis. The lecturer also provides the results of the assessment completed on the patient. The focus of the first day on this assessment provides clarity to students on the competencies in nursing assessment skills. This is consistent with a research from Kim, J. W., et.al. (2020) that giving the right feedback will increase students' confidence during online learning (Kim et al., 2020).

The interpreting stage is the stage where students are able to interpret the data obtained through the noticing stage. Making diagnosis and designing the interventions to be carried out and knowing the rationality of implementing these interventions. Lecturers discuss the rationality of diagnosis and planning. In the third stage, the responding stage is carried out where students evaluate the actions taken. The three stages of clinical judgment, namely noticing, interpreting, and responding, are carried out by the interaction of lecturers and students for three days and performed in stages. In each learning process, the lecturer provides feedbacks and triggers for students to think critically. Through this method, students know whether each stage of the nursing care that they make is appropriate or not, and know the rationale for each action. Feedback obtained after each process is the interaction between students and lecturers; this can increase satisfaction and the method becomes more effective because one of the reasons for dissatisfaction with online learning is the lack of interaction with lecturers and students (D'Aquila, J.M., Wang, D. and Mattia, A., 2019; De Metz & Bezuidenhout, 2018; Singh et al., 2021)

The nursing care given every day is made based on the development or changes in the patient's condition provided by the lecturer as a trigger for nursing care for the next day. Therefore, students are continuously trained to think critically in designing nursing care such as in clinical practice. This is in accordance with the good learning components according to Jefrries and Rozollo (2006) including competence (objectives, material preparation, trigger cases), support (learning resources; motivation provided by the lecturer), problem solving (opportunities to ask questions, ease of finding sources to solve problems), feedback (providing constructive feedback, and self-reflection processes), and

accuracy (accuracy with real life conditions) (Jeffries, P.R., Rizzolo, 2006). This method is also a student-centered clinical learning method that can increase student satisfaction and confidence when the process is able to motivate, the presence of lecturers for interaction and collaboration with students, clear learning activities, and students understand the right goals, competencies, and deadlines (Tartavulea, Albu, Albu, Petre, & Dieaconescu Silvia, 2020).

In the second stage of the "Thinking like nurse" method after clinical judgment, namely communication skills, students will be trained to do hand over, patient process reports to doctors using SBAR either during hand over or on phone. Students practice hand over with other students for managed cases. The supervisor observes the hand over process carried out by the students; the components mentioned are the completeness of the data being transferred and the next action to be taken. Input is also provided by peers between groups. This stage is carried out because according to O'neil, et. al (2018), three principles that must be fulfilled in online learning are easy to access, easy to navigate, and easy to interaction with others. It is also stated that communication is the core of online learning because it is with this communication that interactions will be built between students and students, student and lecturers, and students with trigger cases on learning (O'Neil, Fisher, Rietschel, & Fisher, 2018). Increasing interaction and communication in learning will increase discipline, independent learning ability, self-motivation, level of participation, time management and being active in learning (Reinckens, Philipsen, & Murray, 2014).

The third stage consists of students perform peer-to-peer simulation and practice selected actions for one of the diagnoses. This action is performed online by students. Actions taken to be simulated are assessment, education, or independent nursing actions. The simulation of providing education to fellow students with the patient nurse scenario is the most effective online clinical action simulation method (Rodríguez, Navarro, Pino, & Maroto, 2020). Simulations of nursing actions with scenarios that are played online are parts of student-centered learning method and are able to increase students' satisfaction and self-confidence (Englund, Olofsson, & Price, 2017). In this stage, the lecturer also provides videos of nursing procedures that are not possible to be performed by online role play. All actions taken are documented in a simulated medical record prepared and designed in accordance with the standards of teaching hospitals commonly used as practice venues.

These three stages produce average increase in students' satisfaction and confidence. In this clinical learning method, students are motivated to carry out nursing care according to the patient's development, perform communication for nurse-nurse and nurse-patient, and are trained to foster a sense of caring and empathy in caring for patients. Soundy, et al (2021) states that there are three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). The same thing is revealed in the study that self-confidence in learning is

influenced by eight factors, namely mastery or understanding of certain materials or expertise, materials according to needs, increased psychomotor abilities, availability of reference sources, and the ability to solve existing problems (Franklin, Burns, & Lee, 2014). Clear and continuous feedback can increase satisfaction and self-confidence so that individuals will be able to perform cognitive functions to seek efforts to move closer to goals through various ways and be able to set specific goals for themselves with self-regulation abilities (Luthans, 2007).

Every day, at the end of an online work meeting, students reflect themselves on clinical learning activities. It is designed to increase students' satisfaction and confidence. The self-reflection process carried out in the learning process will help students understand learning outcomes; the reflection process carried out will also increase professional development, personal growth, empowerment, and facilitated learning (Langley & Brown, 2010). Good understanding of learning outcomes by students through self-reflection prevents them from experiencing helplessness, burnout, and burdens (Suliman, Abu-Moghli, Khalaf, Zumot, & Nabolsi, 2021). This learning method also enhances the role of the lecturers as facilitator; the lecturers are in charge of not only providing trigger cases but also listening to the results of solving cases by students on the last day. In this method, the lecturers understand and participate in online clinical learning interactions. This becomes one of the reasons for students' satisfaction and confidence since they know where to ask and are trained to think critically. Schroeder, Shogren & Terras (2020) state that online students need instructors to provide personal presence, by being engaging, approachable, understandable, patient, and passionate about the subject. This method does not only focus on students processing cases with a nursing care approach but also on the interaction between lecturers and students (Schroeder, Shogren, & Terras, 2020). The limitation of this research havent consider yet the ratio of student and lecture based on ratio on clinical setting, nevertheless the number of students is divided into several small groups in team teaching.

CONCLUSIONS

Based on this research, it can be concluded that the provision of online clinical learning method of "thinking like nurse" has an influence on students' satisfaction and self-confidence. This method is designed with the urgency of the impact of Covid-19 causing students to be unable to do clinical practices in hospitals. This design provides a student clinical learning experience such as learning in a hospital, where students manage patients through nursing care for five days until the patient is discharged. This design is also developed for students to maintain communication skills and nursing procedures, as well as interactions between patient-nurses and nurses-peers. From this methode they learnt three aspects that students must be trained in in order to increase self-confidence in caring for patients, namely the experience of patient nurse interaction, patient empowerment, and training in caring and empathy (Soundy et al., 2021). This method is designed to achieve the clinical online learning method criteria which is must cover three cognitive aspects (knowledge, comprehension,

critical thinking), psychomotor (skill development), and affective (emotional & behavioral response) (Nancy E. Adams, 2015)

This research is expected to be able to provide a reference contribution to nursing vocational education to develop online clinical learning methods. This method is also expected to be adopted by nursing vocational education institutions in achieving clinical learning competence. The “thinking like nurse” method can anticipate changes in hospital practice regulations that have re-accepted students in a limited number, so that it can be used as blended learning. This method also needs to be re-developed by taking into account the number of students and the number of lecturers to get a more optimal process. This research is recommended to Determining the number of ratio between student and lecture online clinic learning can be cosidered for further research.

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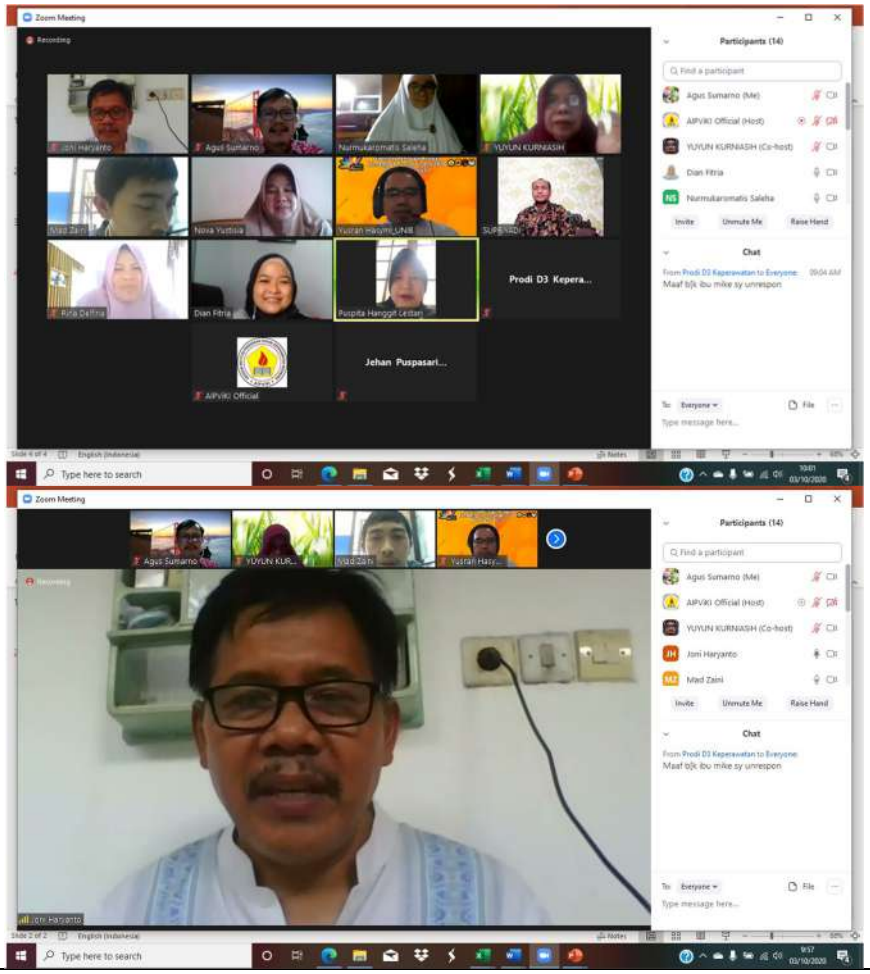
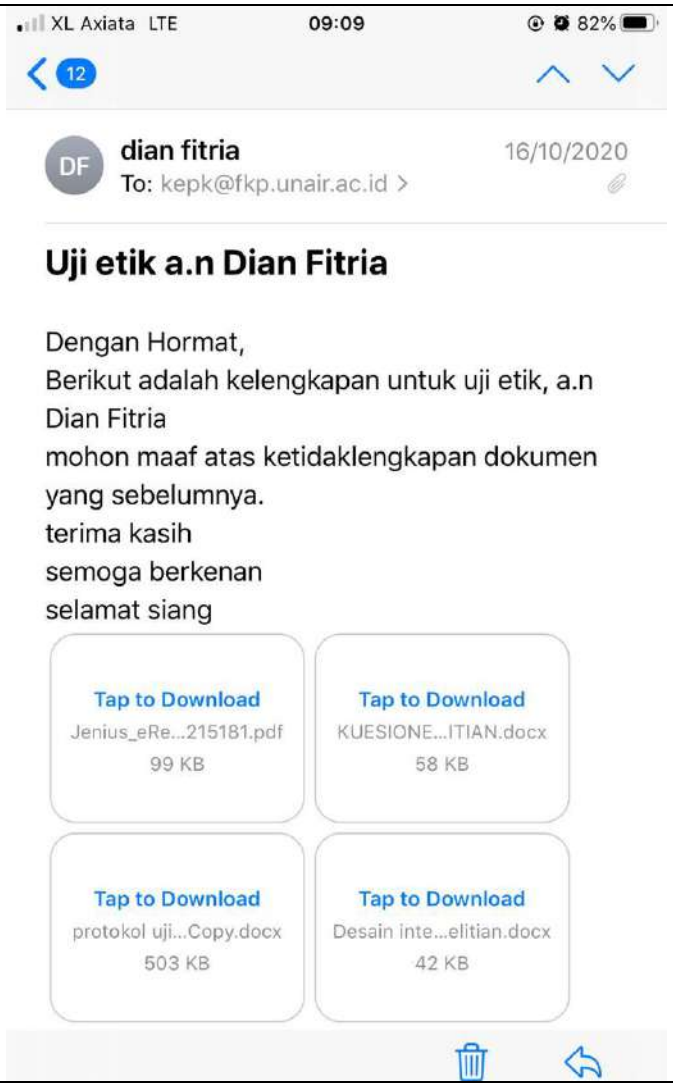
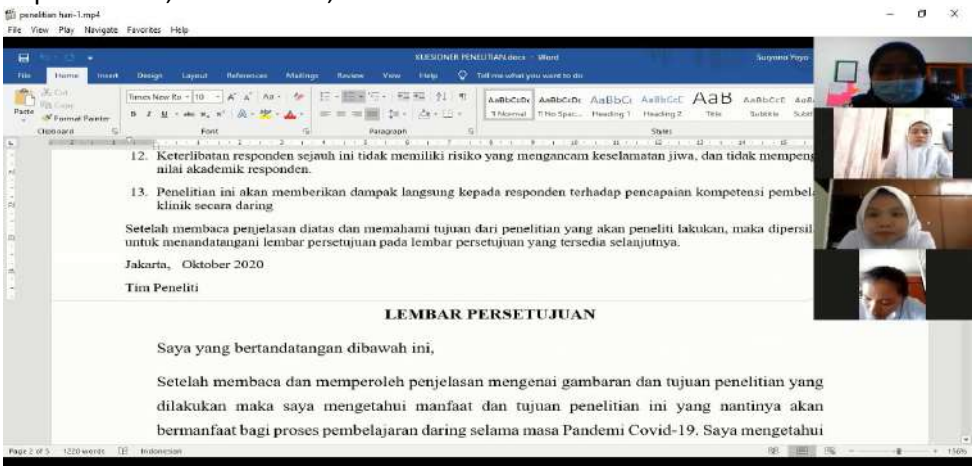
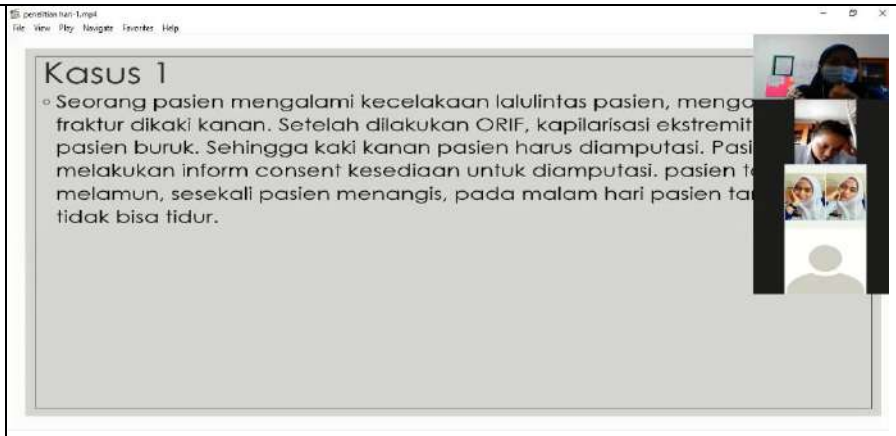
Log Book Kegiatan Penelitian

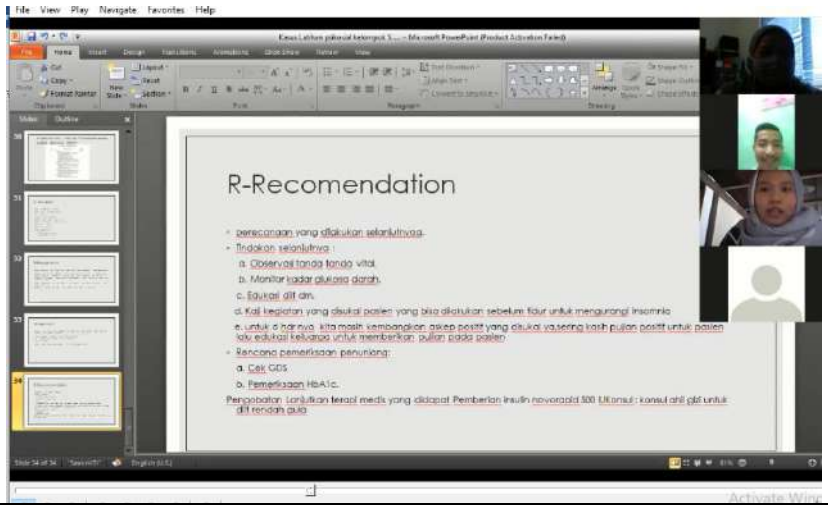
NO	Tanggal	Kegiatan
1	Sabtu, 3 Oktober 2020	Catatatan: Zoomeeting bersama reviewer. Dokumen: 
2	3 Okt – 15 Okt	Catatan: 1. Revisi proposal sesuai dengan masukan reviewer 2. Persiapan upload uji etik 3. Upload uji etik melalui komisi etik Fakultas Ilmu keperawatan Unair Dokumen:

		
3	18- 21- Okt- 2020	Proses review etik
4	21 – 22 Okt- 2020	Catatan: Revisi Etik dan upload revisi Dokumen:

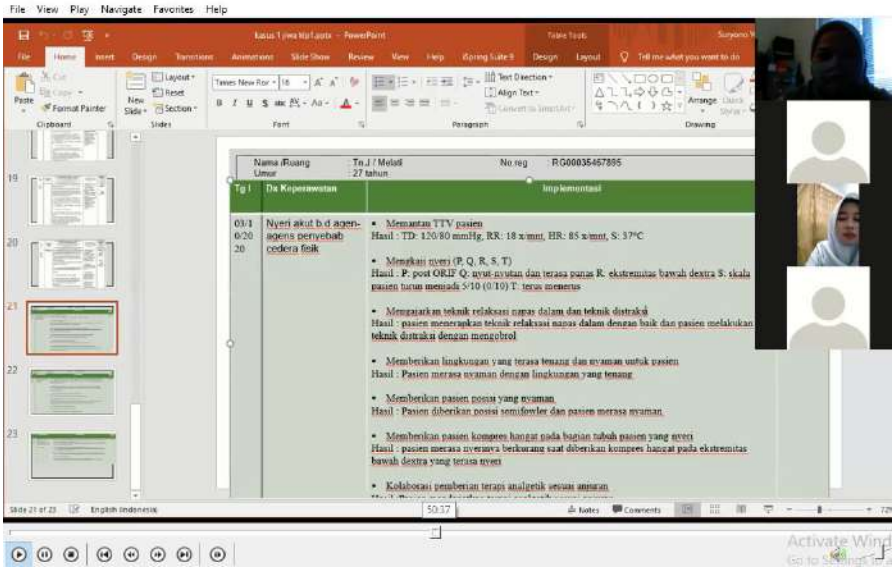
5	27- Okt-2020	Catatan: mendapat sertifikat lolos uji etik. Lolos uji etik : XL Axiata LTE 09:08 83% All Inboxes 2 Messages Komisi Etik Penelitian Univ... 27/10/2020 To: dian fitria **Re: revisi etik penelitian a.n Dian Fitria** Berikut kami lampirkan sertifikat etik Pada tanggal Jum, 23 Okt 2020 pukul 15.08 dian fitria <dianfitriafanani@gmail.com> menulis: Selamat Siang, Aslkm Wr.wb. Show Quoted Content Dian Fitria -- **Komisi Etik Penelitian Kesehatan** **Fakultas Keperawatan Universitas Airlangga** Email : kepk@fkp.unair.ac.id Phone : 081331336372/081335026588 (WhatsApp)
6	28 Okt – 1 Nov 2020	Catatan: persiapan media; bahan ajar; formulir Dokumentasi: lampiran
7	2 – 20 Nov 2020	Catatan : Implementasi simulasi pembelajaran simulasi “thinking like nurse” Dokumentasi: Penjelasan penelitian dan inform consent; pembahasan pengkajian, intervensi, implementasi, dan evaluasi, sbar  12. Keterlibatan responden sejauh ini tidak memiliki risiko yang mengancam keselamatan jiwa, dan tidak mempeng nilai akademik responden. 13. Penelitian ini akan memberikan dampak langsung kepada responden terhadap pencapaian kompetensi pembel klinik secara daring Setelah membaca penjelasan diatas dan memahami tujuan dari penelitian yang akan peneliti lakukan, maka dipersil untuk menandatangani lembar persetujuan pada lembar persetujuan yang tersedia selanjutnya. Jakarta, Oktober 2020 Tim Peneliti **LEMBAR PERSETUJUAN** Saya yang bertandatangan dibawah ini, Setelah membaca dan memperoleh penjelasan mengenai gambaran dan tujuan penelitian yang dilakukan maka saya mengetahui manfaat dan tujuan penelitian ini yang nantinya akan bermanfaat bagi proses pembelajaran daring selama masa Pandemi Covid-19. Saya mengetahui

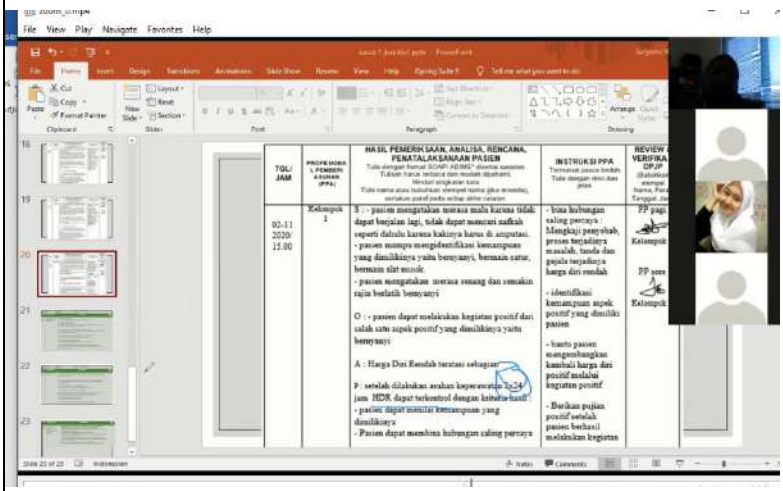

Kasus 1
Seorang pasien mengalami kecelakaan lalulintas pasien, mengo
fraktur dikaki kanan. Setelah dilakukan ORIF, kapilarisasi ekstremit
pasien buruk. Sehingga kaki kanan pasien harus diamputasi. Pasi
melakukan inform consent kesediaan untuk diamputasi. pasien t
melamun, sesekali pasien menangis, pada malam hari pasien ta
tidak bisa tidur.

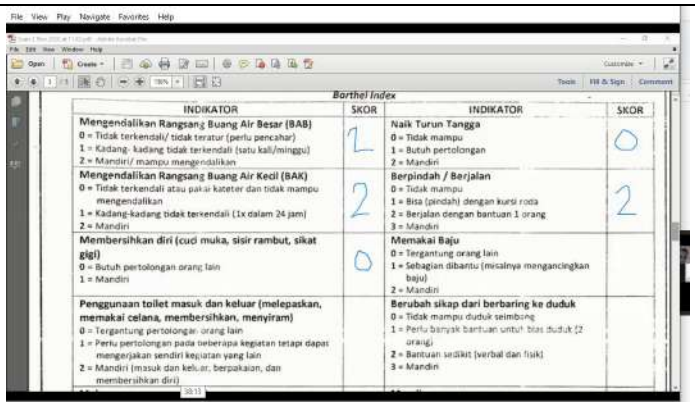
Analisa data
Ansietas
Data Subjektif
Pasien mengatakan agak sedikit gak bisa tidur
Pasien mengatakan ketakutan sendiri
Pasien mengatakan memikirkan kesehatannya
Pasien mengatakan takut tidak bisa sembuh
Pasien mengatakan merasa khawatir sekali
Pasien mengatakan takut penyakitnya makin parah
Pasien mengatakan takut sesak natas
Data Objektif
Pasien tampak khawatir
Mata pasien tampak lelah
Pasien tampak selalu bertanya tentang penyakitnya
Pasien tampak takut
TTV : TD: 120/80 mmHg, N: 80 x/menit, S: 38,5 C, RR:
Harga Diri Rendah
Data Subjektif
Pasien mengatakan takut ibunya diku
Pasien mengatakan takut saat pulang dikucilkan
Data Objektif
Pasien tampak tidak berkomunikasi melalui telpon
Pasien tampak sering berdiam diri
Pasien tampak tidak melakukan aktivitas
Pasien tampak tidak percaya diri


R-Recomendation
perencanaan yang dilakukan selanjutnya.
Tindakan selanjutnya :
a. Observasi tanda tanda vital.
b. Monitor kadar glukosa darah.
c. Edukasi diit dm.
d. Kali kegiatan yang dilakukan pasien yang bisa dilakukan sebelum tidur untuk mengurangi insomnia
e. untuk d nanya kita masih kembangkan sikap positif yang dilakukan yasering kasih pujian positif untuk pasien lalu edukasi keluarga untuk memberikan pujian pada pasien
Rencana pemeriksaan penunjang:
a. Cek GDS
b. Pemeriksaan HbA1c.
Pengobatan: Lanjutkan terapi medis yang didapat Pemberian insulin novorapid 500 UI konsul : konsul ahli gizi untuk diit rendah gula

zoom_0.mp4
File View Play Navigate Favorites Help
SBAR HAND-OVER
Perawat malam : Ayu
Perawat Pagi : Endah
S
Nama : ps Perempuan ps Ny.T
Ruang Rawat : Ruang papilla bed 4
Usia : 29th
No Rekam Medis 24434
Diagnosa Medis post op
Dokter yang merawat dr.Cristi
Pembiayaan : umum
Lama hari rawat sudah rawat hari ke-2
Diagnosa keperawatan berduka, ansietas, resiko infeksi

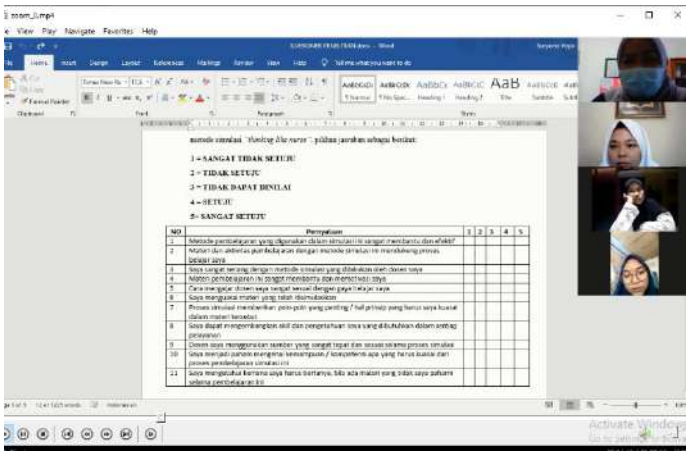

File View Play Navigate Favorites Help
Nama /Ruang
Umur
Tn.J / Melati
: 27 tahun
No.reg
RG00035467895
Tg I
Dx Keperawatan
Implementasi
03/1 0/20 20
Nyeri akut b.d agen-agens penyebab cedera fisik
Memantau TTV pasien
Hasil : TD: 120/80 mmHg, RR: 18 x/mnt, HR: 85 x/mnt, S: 37°C
Merakasi nyeri (P, Q, R, S, T)
Hasil : P. post ORIF Q: nyut-nyutan dan terasa panas R. ekstremitas bawah dextra S: skala pasien turun menjadi 5/10 (0/10) T: terus menerus
Mengajarkan teknik relaksasi napas dalam dan teknik distraksi
Hasil : pasien menerapkan teknik relaksasi napas dalam dengan baik dan pasien melakukan teknik distraksi dengan mengobrol
Memberikan lingkungan yang terasa tenang dan nyaman untuk pasien
Hasil : Pasien merasa nyaman dengan lingkungan yang tenang
Memberikan passen posisi yang nyaman
Hasil : Pasien diberikan posisi semifowler dan pasien merasa nyaman
Memberikan pasien kompres hangat pada bagian tubuh pasien yang nyeri
Hasil : pasien merasa nyerinya berkurang saat diberikan kompres hangat pada ekstremitas bawah dextra yang terasa nyeri
Kolaborasi pemberian terapi analgetik sesuai anjuran

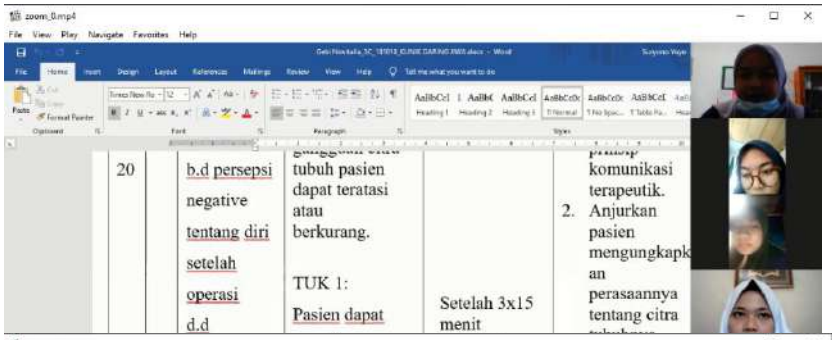

File View Play Navigate Favorites Help
TGL/ JAM
HASIL PEMERIKSAAN, ANALISA, RENCANA, PENATALAKSANAAN PASIEN
INSTRUKSI PPA
REVIEW & VERIFIKASI DPJP
02-11 2020 15.00
Kelompok 1
S : - pasien mengatakan merasa malu karena tidak dapat berjalan lagi, tidak dapat mencari nafkah seperti dahulu karena kakinya harus di amputasi.
- pasien mampu mengidentifikasi kemampuan yang dimilikinya yaitu bernyanyi, bermain catur, bermain alat musik
- pasien mengatakan merasa senang dan semakin rajin berlatih bernyanyi
O : - pasien dapat melakukan kegiatan positif dari salah satu aspek positif yang dimilikinya yaitu bernyanyi
A : Harga Diri Rendah teratasi sebagian
P : setelah dilakukan asuhan keperawatan 1x24 jam HDR dapat terkontrol dengan kriteria hasil :
- pasien dapat menilai kemampuan yang dimilikinya
- Pasien dapat membina hubungan saling percaya
- bina hubungan saling percaya
Mengkaji penyebab, proses terjadinya masalah, tanda dan gejala terjadinya harga diri rendah
- identifikasi kemampuan aspek positif yang dimiliki pasien
- bantu pasien mengembangkan kembali harga diri positif melalui kegiatan positif
- Berikan pujian positif setelah pasien berhasil melakukan kegiatan
PP pagi
Kelompok
PP sore
Kelompok



Barthel Index

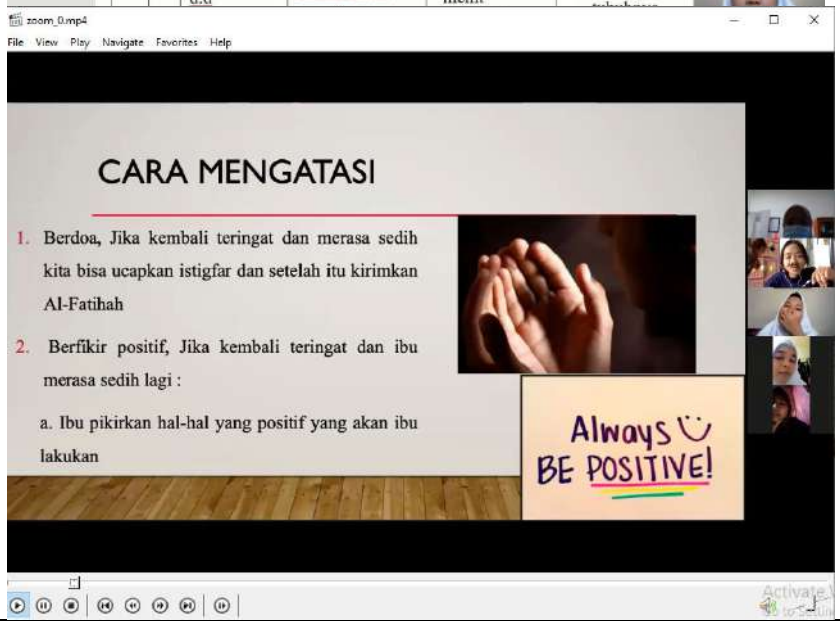
INDIKATOR	SKOR	INDIKATOR	SKOR
Mengendalikan Rangsang Buang Air Besar (BAB) 0 = Tidak terkendali/ tidak teratur (perlu pencahar) 1 = Kadang- kadang tidak terkendali (satu kali/minggu) 2 = Mandiri/ mampu mengendalikan	1	**Naik Turun Tangga** 0 = Tidak mampu 1 = Butuh pertolongan 2 = Mandiri	0
Mengendalikan Rangsang Buang Air Kecil (BAK) 0 = Tidak terkendali atau pakai kateter dan tidak mampu mengendalikan 1 = Kadang-kadang tidak terkendali (1x dalam 24 jam) 2 = Mandiri	2	**Berpindah / Berjalan** 0 = Tidak mampu 1 = Bisa (pindah) dengan kursi roda 2 = Berjalan dengan bantuan 1 orang 3 = Mandiri	2
Membersihkan diri (cuci muka, sisir rambut, sikat gigi) 0 = Butuh pertolongan orang lain 1 = Mandiri	0	**Memakai Baju** 0 = Tergantung orang lain 1 = Sebagian dibantu (misalnya mengancingkan baju) 2 = Mandiri	
Penggunaan toilet masuk dan keluar (melepaskan, memakai celana, membersihkan, menyiram) 0 = Tergantung pertolongan orang lain 1 = Perlu pertolongan pada beberapa kegiatan tetapi dapat mengerjakan sendiri kegiatan yang lain 2 = Mandiri (masuk dan keluar, berpakaian, dan membersihkan diri)		**Berubah sikap dari berbaring ke duduk** 0 = Tidak mampu duduk seimbang 1 = Perlu banyak bantuan untuk bisa duduk (2 orang) 2 = Bantuan sedikit (verbal dan fisik) 3 = Mandiri	





NO	Pernyataan	1	2	3	4	5
1	Metode pembelajaran yang digunakan dalam simulasi ini sangat membantu dan efektif					
2	Materi dan aktivitas pembelajaran dengan metode simulasi ini mendukung proses belajar saya					
3	Saya sangat tertarik dengan metode simulasi yang dilakukan oleh dosen saya					
4	Materi pembelajaran ini sangat memberikan dan memotivasi saya					
5	Cara mengajar dosen saya sangat sesuai dengan gaya belajar saya					
6	Saya menyukai materi yang telah disimulasikan					
7	Proses simulasi memberikan poin-poin yang penting / hal prinsip yang harus saya kuasai dalam materi tersebut					
8	Saya dapat mengembangkan skill dan pengetahuan saya yang didukung dalam setting pelayanan					
9	Dosen saya menggunakan sumber yang sangat tepat dan sesuai selama proses simulasi					
10	Saya merasa puas dan senang ketika saya berhasil / kompetensi apa yang harus dikuasai dari proses pembelajaran simulasi ini					
11	Saya mengalami kesulitan karena saya harus bertanya, bila ada materi yang tidak saya pahami selama pembelajaran ini					

20	b.d persepsi negative tentang diri setelah operasi d.d	tubuh pasien dapat teratasi atau berkurang. TUK 1: Pasien dapat	Setelah 3x15 menit	komunikasi terapeutik. 2. Anjurkan pasien mengungkapk an perasaannya tentang citra

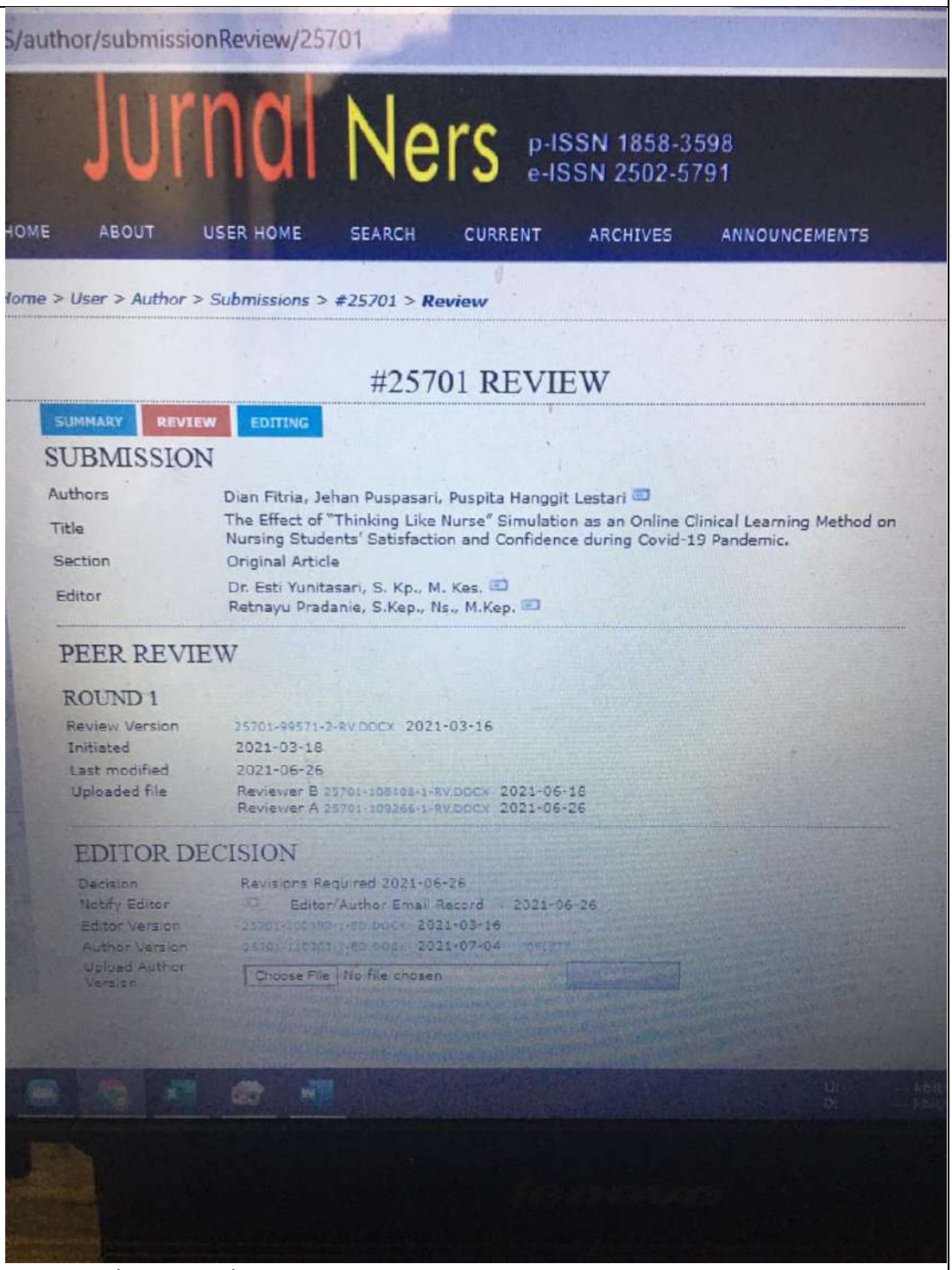


CARA MENGATASI

1. Berdoa, Jika kembali teringat dan merasa sedih kita bisa ucapkan istigfar dan setelah itu kirimkan Al-Fatihah
2. Berfikir positif, Jika kembali teringat dan ibu merasa sedih lagi :

   a. Ibu pikirkan hal-hal yang positif yang akan ibu lakukan

Always BE POSITIVE!

8	21 Nov-21 Desember	Catatan : Pengolahan data Dokumentasi:
9	21- 31 Jan 2021	Catatan : pembuatan Hasil dan pembahasan
10	1-28 Feb 2021	Catatan : Pembuatan Laporan penelitian dan manuskrip; tranlate
11	3 Maret 2021	 Catatan : Submit Jurnal ners unair Dokumentasi :

12	Juni- juli 2021	Catatan: pembuatan Video penelitian untuk pengurusan hak cipta (on progress)
13	Juli 2021	Rencana Pengurusan Hak Cipta

LAPORAN KEUANGAN SEMENTARA

1. Honor					
Honor	Honor/Jam (Rp)	Waktu (jam/minggu)	Minggu	Honor	Nomor Kuitansi
Ketua	Rp 30.000,00	2	20	Rp 1.200.000,00	1
Anggota 1	Rp 25.000,00	2	20	Rp 1.000.000,00	2
Anggota 2	Rp 20.000,00	2	20	Rp 800.000,00	3
SUB TOTAL (Rp)				Rp 3.000.000,00	
2. Alat penunjang lainnya					
Material	Justifikasi Pemakaian	Kuantitas	Harga Satuan (Rp.)	Harga Peralatan Penunjang (Rp.)	
Kuota Internet responden dan Peneliti	zoomeeting pembelajaran, rapat koordinasi dengan anggota	113	Rp -	Rp 3.508.500,00	4,5,6
Jasa pengolahan data	biaya jasa yang digunakan untuk mengolah data penelitian	1	Rp 500.000,00	Rp 500.000,00	7
SUB TOTAL (Rp)				Rp 4.008.500,00	
3. Bahan Habis Pakai					
Material	Justifikasi Pemakaian	Kuantitas	Harga Satuan (Rp.)	Biaya (Rp.)	
Materai	Surat Pernyataan dan kuitansi	11	Rp 7.000,00	Rp 77.000,00	8
Penggandaan dan penjilidan Proposal	Pengajuan proposal	1		Rp 112.500,00	9
	laporan kemajuan	1		Rp 45.000,00	10
	laporan akhir	1		Rp 39.000,00	11
SUB TOTAL (Rp)				Rp 273.500,00	
4. Perjalanan					
Material	Justifikasi Pemakaian	Kuantitas	Harga Satuan (Rp.)	Biaya (Rp.)	
Pengiriman Laporan Akhir	gosend	1	Rp 18.000,00	Rp 18.000,00	
				Rp 18.000,00	
5. Lain-lain					
Kegiatan	Justifikasi	Kuantitas	Harga Satuan (Rp.)	Biaya Per Tahun (Rp)	
Administrasi uji etik penelitian	Administrasi	1	Rp 400.000,00	Rp 400.000,00	12
est. Publikasi Jurnal	Publikasi	1	Rp 1.000.000,00	Rp 1.000.000,00	
Translate artikel	publikasi	1	Rp 1.500.000,00	Rp 500.000,00	13
proof reading				Rp 800.000,00	
SUB TOTAL (Rp)				Rp 2.700.000,00	
TOTAL ANGGARAN YANG DIPERLUKAN (Rp)				Rp 10.000.000,00	

1. Honor.

(1)

No. _____
Telah terima dari Aipviki
Uang sejumlah # Satu Juta Dua Ratus Ribu Rupiah #
Untuk pembayaran Honor penelitian Ketua

5-Juli-21

Rp. 1.200.000

Dan.

PAPERLINE

(2)

No. _____
Telah terima dari Aipviki
Uang sejumlah # Satu juta Rupiah #
Untuk pembayaran Honor penelitian Anggota 1

5. Juli 2021

Rp. 1.000.000,-

Jehan puspaseeri

PAPERLINE

(3)

No. _____
Telah terima dari Aipviki
Uang sejumlah # Delapan Ratus Ribu Rupiah #
Untuk pembayaran Honor penelitian Anggota 2

5. Juli 2021

Rp. 800.000

Puspita H

PAPERLINE

(4)

Giyanti Seluler

Jual Pulsa, Paket Internet, Token dll

Jl Flamboyan 3/6 Kelapa Gading, Jakarta

Tuan Toko .....

NOTA NO. .....

BANYAKNYA	NAMA BARANG	HARGA	JUMLAH
37	Paket Data M3	26.500	985.500
13	Paket Data 3	31.500	409.500
12	Paket Data telkomsel	36.000	432.000
5	Paket Data XL	31.500	157.500
11	Paket Data AXIS	31.500	346.500

Jumlah Rp. 1.216.000

Tanda Terima

Hormat kami,

(5)

Giyanti Seluler

Jual Pulsa, Paket Internet, Token dll

Jl Flamboyan 3/6 Kelapa Gading, Jakarta

Toko .....

NOTA NO. .....

BANYAKNYA	NAMA BARANG	HARGA	JUMLAH
8	Paket data M3	26.500	212.000
12	Paket data 3	31.500	378.000
7	Paket data telkomsel	36.000	252.000
2	Paket data Mentari	31.500	63.000
2	Paket data SF	32.000	64.000
2	Paket data axis	31.500	63.000
3	Paket data XL	31.500	94.500
1	Paket data A5	32.000	32.000

Jumlah Rp. 1.158.500

Tanda Terima

Hormat kami,

(7)

No. _____

Telah terima dari _____

Uang sejumlah Lima Ratus Ribu Rupiah

Untuk pembayaran Pengolahan Data Statistik Penelitian

Rp. 500.000,-

Kolimah

PAPERLINE

(6)

Giyanti Seluler

Jual Pulsa, Paket Internet, Teken dll

Jl Flamboyan 3/6 Kelapa Gading: Jakarta

NOTA NO. .....

BANYAKNYA	NAMA BARANG	HARGA	JUMLAH
9	Paket Data M3 56B	26.500	238.500
10	Paket Data Simpati 56B	36.000	360.000
4	Paket Data Axis 56B	31.500	126.000
2	Paket Data XL 56B	31.500	63.000
11	Paket Data 3 56B	31.500	346.500

Jumlah Rp. 1.134.000

Tanda Terima

Hormat kami,

(9)

Cahaya Abadi Printing

Foto Copy / Printing Digital / Percetakan

Jl. Pisangan Baru Tengah No. 16, Matraman Jakarta Timur
Telp : 0821 7465 4903 - 0812 9566 9366 Email : caprinting5@gmail.com

Tanggal : ...../...../20.....

Banyak	Nama Kerjaan	@ Harga	Jumlah
150	Foto Copy Qto, A4, ~~F4, A3~~	150	22.500
	Foto Copy Warna		
	Laminating		
	Jilid Hard Cover		
3	Jilid Soft Cover	5000	15000
	Jilid Spiral Kawat		
	Jilid Spiral Plastik		
	Jilid Biasa		
150	Print ~~Warna~~ / Bw	500	75000
	Stempel		
	Yaasin		

Yang menerima, Hormat kami,

(.....) (.....)

Jumlah	112.500
DP 50%	
Sisa	

No. Telp. .....

.....

.....

Catatan : Naskah yang sifatnya pemalsuan dan barang tidak diambil dalam 15 hari diluar tanggung jawab kami

"Kepuasan Anda Adalah Kebahagiaan kami"

(10)

Cahaya Abadi Printing

Foto Copy / Printing Digital / Percetakan

Jl. Pisangan Baru Tengah No. 16, Matraman Jakarta Timur
Telp : 0821 7465 4903 - 0812 9566 9366 Email : caprinting5@gmail.com

Tanggal : ...../...../20.....

Banyak	Nama Kerjaan	@ Harga	Jumlah
100	Foto Copy Qto, A4, ~~F4~~, A3	150	15.000
	Foto Copy Warna		
	Laminating		
3	Jilid Hard Cover	5000	15.000
	Jilid Soft Cover		
	Jilid Spiral Kawat		
	Jilid Spiral Plastik		
	Jilid Biasa		
30	Print Warna / Bw	500	15.000
	Stempel		
	Yaasin		

Yang menerima,	Hormat kami,	**Jumlah** 45.000
		DP 50%
(.....)	(.....)	**Sisa**

No. Telp. .....

.....

.....

Catatan : Usakah yang sifatnya pemalsuan dan barang tidak diambil dalam 15 hari diluar tanggung jawab kami

"Kepuasan Anda Adalah Kebahagiaan kami"

(11)

Cahaya Abadi Printing

Foto Copy / Printing Digital / Percetakan

Jl. Pisangan Baru Tengah No. 16, Matraman Jakarta Timur
Telp : 0821 7465 4903 - 0812 9566 9366 Email : caprinting5@gmail.com

Tanggal : ...../...../20.....

Banyak	Nama Kerjaan	@ Harga	Jumlah
70	Foto Copy Qto, A4, F4, A3	150	10.500
	Foto Copy Warna		
	Laminating		
	Jilid Hard Cover		
2	Jilid Soft Cover	5000	10.000
	Jilid Spiral Kawat		
	Jilid Spiral Plastik		
	Jilid Biasa		
33	Print Warna / Bw	500	16.500
	Stempel		
	Yaasin		
1	lem Joyko		2000

Yang menerima,	Hormat kami,	**Jumlah** 19 000
		DP 50%
(.....)	(.....)	**Sisa**

No. Telp. .....

.....

.....

Catatan : Naskah yang sifatnya pemalsuan dan barang tidak diambil dalam 15 hari diluar tanggung jawab kami

"Kepuasan Anda Adalah Kebahagiaan kami"

(12)

Komisi Etik Penelitian Kesehatan
Fakultas Keperawatan Universitas Airlangga

Kwitansi Pembayaran

No : 1986
Telah terima dari : Ns. Dian Fitria, M.Kep., S.Kep.I
Uang sejumlah : Empat Ratus Ribu rupiah
Untuk Pembayaran : Pengaruh Simulasi "Thinking Like Nurse" sebagai Metode Pembelajaran Klinik Daring terhadap Kepuasan dan Kepercayaan Diri Mahasiswa selama Pandemi Covid-19.

Surabaya, 16 Oktober 2020

Rp 400.000,-

Sylvia Dwi Wahyuni, S.Kep., Ns., M.Kep

KOPERSADA
Jl. Raya Mangga Besar 137 / 139
Jakarta Pusat

2 / 11 / 2020
Tuan
Toko

(8)

Nota Kontan No.

Banyak nya	NAMA BARANG	Harga satuan	Jumlah
5	materai	7000	35.000

Tanda Terima

PERHATIAN
Barang-barang yang sudah dibeli tidak dapat ditukar / dikembalikan.

JUMLAH Rp. 35.000

Hormat kami,

KOPERSADA
Jl. Raya Mangga Besar 137 / 139
Jakarta Pusat

31/8/2020
Tuan
Toko

(8)

Nota Kontan No.

Banyak nya	NAMA BARANG	Harga satuan	Jumlah
6	METERAI	2000	

Tanda Terima

PERHATIAN
Barang-barang yang sudah dibeli tidak dapat ditukar / dikembalikan.

JUMLAH Rp. 42.000

Hormat kami,

Arfan Achyar
Penerjemah Bersertifikat HPI
Anggota Himpunan Penerjemah Indonesia (HPI)

TANDA TERIMA PEMBAYARAN

Jakarta 1 Maret 2021

Saya, **Arfan Achyar**, yang bertanda tangan di bawah ini menyatakan telah menerima uang sebesar **Rp.500.000 (Lima Ratus Ribu Rupiah)** yang dikirim melalui transfer bank dari Ibu **Dian Fitria**, sebagai Pembayaran untuk Jasa Penerjemahan Dokumen Ilmiah.

Demikian tanda terima pembayaran ini dibuat untuk digunakan sebagaimana mestinya. Hormat saya,

Arfan Achyar
Penerjemah Bersertifikat HPI