Scoping Review

STRATEGY OF CLINICAL PRACTICE LEARNING OF MIDWIFER OF STUDENTS: A SCOPING REVIEW

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KEYWORDS
Strategy; Clinical Practice Learning; E-learning; Video Conferencing; Case Study Simulation Based Learning

ABSTRACT

Background: Clinical practice learning is the most important part of health education programs. The limitation of the presence of students at hospitals to avoid exposure to Covid-19 causes the lack of training received by students.

Objective: The purpose of this study was to systematically map the results of research on clinical practice learning methods carried out by health professional education as learning recommendations during the Covid-19 pandemic.

Method: This research was conducted with a five-stage review process, starting with searching for articles through relevant databases, namely Pubmed, Science Direct and Wiley, and finding 11 articles relevant to the inclusion criteria that have been determined.

Result: Based on the review results, several clinical learning methods were found using E-learning through video, telehealth collaboration, and simulation based learning. There are several advantages and disadvantages to using each of these methods. Not all of these methods can be used as an evaluation of the student learning process. E-learning through videos can be done as a learning innovation to provide opportunities for students with specific learning objectives.

Conclusion: In conclusion, in practice there are clinical experiences that cannot be included by any method. Therefore, the standardization of student competencies is fulfilled by the Midwife Competency Test. However, clinical learning strategies in midwifery education can be done through E-learning with video conference, telehealth collaboration, and combination simulation methods with case studies which have the effectiveness to achieve certain learning objectives according to each method. In practice, information technology can be used as an innovation in distance learning. The implementation of this learning strategy requires good support and cooperation between institutions for clinical practice locations and the education institutions. And, Infrastructures need to be prepared to support the clinical practice learning process.

INTRODUCTION

A midwife is required to be able to provide quality services, because midwives are in a very strategic position in reducing the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). As a provider of midwifery education, education must be able to ensure that its graduates are competent practitioners to provide safe and quality services in improving the health status of women / society. Currently with the profile of Diploma III midwifery graduates as care providers, namely midwifery care providers with care centered on women (women center care) are expected to be able to become professional midwives [1]. On January 30, 2020, WHO declared the Covid-19 outbreak a public health emergency of concern internationally because it posed a high risk, especially for countries with vulnerable health service systems [2]. The existence of the Covid 19 pandemic requires the learning process in all education to now shift to online learning including in health education [3]. However, in some countries, clinical and teaching placements in practice have proceeded as normal. Elsewhere, clinical placement was delayed, with no certainty about when they could continue on to clinical placement [5].

Clinical practice learning is the most important part of any health education program. Clinical practical learning provides experience for students by applying knowledge to real situations. Learning in practice requires students to be able to apply knowledge, attitudes and professional skills by thinking critically in taking action [6]. However, there is a situation due to Covid-19 which causes a reduction in the clinical experience of students due to restrictions on the number of students attending health
based on the PEO framework contained in Table 1, the question of this scoping review is how is the clinical practice learning strategy carried out by students in health education?

Researchers identified relevant studies starting with searching articles through databases, namely Pubmed, Willey and ScienceDirect, which are connected to zotero so that they can be stored directly. The keywords used are ((((((("learning methods") AND "clinical practice") OR "clinical placement") OR "clinical teaching") AND "midwifery student") OR "nurse student") OR "medical student ") AND" midwifery education ") OR" nursing education ") OR" medical education "). Researchers performing automatic duplicate removal of articles at Zotero further identify relevant studies by removing articles with irrelevant titles/abstracts. Relevant studies were selected according to the following inclusion and exclusion criteria:

Inclusion Criteria
1) Published from 2010 to 2020 (the last 10 years), allows readers to judge how recent the article in the scoping review is, 2) Published in English. Make it easy for researchers to understand articles, 3) The article discusses practical learning methods that improve the ability to take clinical action, or develop skills in making decisions (referring to the objectives of clinical practice learning), 4) The article discusses innovations in clinical practice learning methods carried out remotely, 5) The article discusses methods of clinical practice learning carried out by students in health education, 6) The article discusses the evaluation of clinical practice learning outcomes with the methods used, 7) The article discusses student experiences when learning clinical practice using the clinical practice method used, 8) Type of article Peer-reviewed article, primary research

Exclusion Criteria
1) The article discusses methods of remote clinical practice service carried out by health workers or by education other than health education, 2) The article discusses distance learning methods that are not in health professional education, 3) The article discusses theoretical learning, 4) Review articles. The findings from the selection of articles with 22 complete texts were then carried out a critical appraisal and 11 complete articles which would be reviewed by the researcher. Critical appraisal is used only as an illustration to the reader that the articles in this review are of a certain grade quality. In the selection process of this article, the researcher used a prism flow chart to transparently describe the process that had been carried out as shown in Figure 1 [12]. The results of the articles in the review are presented in the form of data extraction as shown in Table 3.

Table 1. Scoping review question framework

<table>
<thead>
<tr>
<th>P(Population)</th>
<th>E(Exposure)</th>
<th>O(Outcome)</th>
<th>T(Themes)</th>
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<tbody>
<tr>
<td>students</td>
<td>clinical</td>
<td>Learning</td>
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<td>health</td>
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<td>Student,</td>
<td>placement</td>
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<td>Medical Student,</td>
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HASIL DAN PEMBAHASAN

The results of the review are then compiled, summarized and reported based on the characteristics of the article and mapping data. The characteristics of the article are divided into 2 groups, namely the type of research method and the type of education, as shown in Figures 2 and 3.

Records identified through database:
Pubmed : 523
Since Direct: 824
Willy: 502
Total 1849

Records Screened (n=1776)

Records Exclude duplicate : 73

Excluded title and abstract :
Not Relevant: 1652
Review : 72
Not English: 4
Not Article: 9
Total 1737

Full text articles assessed for eligibility (n=39)

Does not match the inclusion criteria :16

Relevant (n=23)

Critical Appraisal 12

Corresponding article meets critical appraisal = 11

The results of the data mapping extracted from this scooping review article are organized into several themes. The themes included in this review of this article include:

a. E-learning via video conferencing with sub-themes; strengthening the relationship between theory and practice, reviewing relevant theories prior to clinical placement, pleasant learning experiences [13] [17] [23].

b. Telehealth Collaboration with video conferencing which has sub themes namely personal reservation about long distance shipping, programmatic scaffolding, obstacles and handling [14].

c. Simulation-based learning with sub-themes with sub-themes: increasing self-confidence, increasing caring skills, reducing anxiety and improving clinical reasoning, training skills, increasing self-efficacy, and increasing knowledge [15] [16] [18] [19] [20] [21] [22].
Fig. 3 Characteristics of articles by type of education

### Table 2. Characteristics of Studies in Review

<table>
<thead>
<tr>
<th>No</th>
<th>Title/ Author/ year</th>
<th>Country</th>
<th>Aim</th>
<th>Study design</th>
<th>Participants/ Number of Samples</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A clinical practice teaching and learning observatory: The use of videoconferencing to link theory to practice in nurse education/ [13]</td>
<td>Inggris</td>
<td>implementation and evaluation of innovative approaches using video conferencing to help student nurses connect theory with practice.</td>
<td>Mixed methods</td>
<td>participants: - A lecturer, co-author of this paper - Diabetes nurse specialist. - 8 Patients and 2 patient nurses. - An IT technician, co-author of this paper - 38 Student nurses: 2 batches (n ¼ 16) and (n ¼ 22)</td>
<td>students describe CP-TLO as a rewarding and enjoyable learning experience.</td>
</tr>
<tr>
<td>2.</td>
<td>Collaborative Care at a Distance: Student Therapists' Experiences of Learning and Delivering Relationally Focused Telemental Health[11]</td>
<td>Amerika Serikat</td>
<td>determine the experience of learning how to use video conferencing to provide relationship-focused mental health care</td>
<td>A phenomenological research design (Qualitative study)</td>
<td>10 graduates from a COAMFTE-accredited master's degree program that emphasizes telemental health training</td>
<td>four aspects of the MFT (Marriage and Family Therapists) student experience, to describe the experience of student therapists providing telemental health services. 1. Personal Reservation for Long Distance Delivery 2. Programmatic Scaffolding 3. Technology Barriers to Telemental Health 4. Overcoming Technology Barriers through Intentionality</td>
</tr>
<tr>
<td>3.</td>
<td>Midwifery students' experiences of simulation- and skills training[22]</td>
<td>Swedia</td>
<td>explores the experiences of midwifery students in simulation and skills training</td>
<td>Qualitative study</td>
<td>Midwifery students (n = 61), advanced, were interviewed in 13 group interviews</td>
<td>Students feel prepared and confident before their clinical practice, and simulation- and safety-enhancing skills training for all involved, capable of developing hands-on skills and communication, the power of collaborative learning, a highly valued learning environment and facilitating clinical practice</td>
</tr>
<tr>
<td>4.</td>
<td>Simulation in midwifery education: A descriptive explorative study exploring students’ knowledge, confidence and skills in the care of the preterm neonate [18]</td>
<td>South Australia</td>
<td>find out if a simulation activity in a simulated learning environment influenced by midwifery knowledge, confidence and skills of students to provide care to preterm neonates during clinical placement</td>
<td>Descriptive explorative</td>
<td>final year midwifery students, completing courses to care for the sick, compromised or premature neonates, and associated clinical placement courses</td>
<td>effective learning strategies in an undergraduate midwifery program. College student knowledge, self-confidence and skills increased significantly after the simulation activity (p&lt;0.001). Further improvement in this area was noted after their clinical placement.</td>
</tr>
<tr>
<td>5.</td>
<td>Using Videoconferencing to deliver anatomai teaching to medical students on clinical placement [8]</td>
<td>Inggris</td>
<td>provide teaching sessions for students on clinical placements using Videoconferencing</td>
<td>Mixed methods</td>
<td>There are 2 groups First group of 6 students in 2nd year on clinical placement.</td>
<td>Result in the first case: 'It is very useful to be able to examine a patient and then discuss them findings in detail and linking them back to anatomy’</td>
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DOI: [http://dx.doi.org/10.35730/jk.v12i1.434](http://dx.doi.org/10.35730/jk.v12i1.434)
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Methods/Findings</th>
<th>Results/Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Simulation in nursing education: An evaluation of students’ outcomes at their first clinical practice combined with simulations [16]</td>
<td>Israel</td>
<td>video conferencing A descriptive quantitative study 61 second year nursing students at their first clinical practice</td>
<td>The second group consists of two groups with each group totaling 30 students in the 3rd year. The teaching at this session was well received, with the main advantages being presented as the ability to revise or review relevant anatomy prior to their clinical rotation.</td>
</tr>
<tr>
<td>7. Effects of Simulation on Nursing Students’ Knowledge, Clinical Reasoning, and Self-confidence: A Quasi-experimental Study [15]</td>
<td>Korea</td>
<td>evaluating the effectiveness of simulations in reducing anxiety and promote self-confidence, nurturing skills, and satisfaction with simulations Junior nursing students enrolled in medical surgery nursing courses were eligible for inclusion, and all agreed to participate (N = 94)</td>
<td>The results show that the anxiety score decreased, while the self-confidence score and caring ability increased after using the simulation. Caring efficacy was predicted negatively by anxiety, and positively by self-confidence, caring ability, and satisfaction with simulation.</td>
</tr>
<tr>
<td>8. The Effect of Simulation Teaching on Baccalaureate Nursing Students’ Self-confidence Related to Peripheral Venous Catheterization in Children: A Randomized Trial [17]</td>
<td>Iran</td>
<td>quasi-experimental assess the effect of addition a one-time simulation experience for the didactic curriculum regarding nursing student knowledge acquisition, clinical reasoning skills, and self-confidence</td>
<td>The results show that students at the simulation group scored significantly higher on clinical reasoning skills and related knowledge than they did didactic lecture groups; no differences were found for self-esteem.</td>
</tr>
<tr>
<td>9. Effect of simulation on knowledge, self-confidence, and skill performance in the USA: A quasi-experimental study [20]</td>
<td>USA</td>
<td>simulated effect of medium versus low fidelity simulations about knowledge, confidence, and skill performance</td>
<td>There were significant differences for the two groups in knowledge and skills performance (measured by a mini objective structured clinical examination), but not between groups. Unexpectedly, the case study group had higher levels of self-confidence (self-reported).</td>
</tr>
<tr>
<td>10. Effectiveness of Simulation on Knowledge Acquisition, Knowledge Retention, and Self-Efficacy of Nursing Students in Jordan [19]</td>
<td>Jordan</td>
<td>tested the effect of high fidelity basic life support (BLS) simulation on knowledge acquisition, knowledge retention, and self-efficacy of Jordanian nursing students</td>
<td>The results show an increase in knowledge acquisition and retention for the experimental and control groups. Independent t test showed a significant difference in self-efficacy at BLS between the experimental group (M 84.4) and the control group (M ¾ 75.1; t ¾ 3.91, df ¾ 108, p ¾ .001) Hypothesis zero rejected.</td>
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From bedside teaching to webside: A neurological teaching experience [7]

To maintain clinical exposure in students and give them the opportunity to learn from our real patient scenarios, adapted conventional bedside teaching. 'Teaching on the web' uses interactive video conferencing technology.

Mixed methods

Five groups of four to five medical students each used a patient.

Positive feedback from students about webside teaching was found to be comparable to or better than bedside teaching in meeting learning outcomes, except for physical examination skills. Although this cannot be substituted bedside physical examination, but it can provide the necessary information to facilitate clinical discussions.

1. E-Learning learning via video conferencing

E-learning is an innovation that can be used in the learning process, not only for learning materials but also as a change in the various competencies of students. Through e-learning, students not only listen to discussion material from educators but are also active in observing, conducting, demos, and so on [24]. As a technology medium, video conferencing has several specific advantages, namely: (1) it is interactive; (2) involving participants in learning activities; 3) Messages are delivered quickly or in real time, 4) The material can be communicated simultaneously to its users, 5) Overcoming distance constraints in communicating [25].

Video conference conducted by Allshop, et al., (2020), and Rush, et al. (2011) have provided experiences for students to be able to communicate directly with patients, with the aim of identifying patients and then conducting clinical discussions. This method shows that it can train student-patient communication, and the lecturer can observe directly how students dig up the information needed with the patient's case and then conduct long-distance discussions. Rush, et al (2011) assume that not all students get the opportunity for clinical rotation, so this method provides opportunities for students to gain new experiences in clinical learning.

Patient identification, information gathering and physical examination are part of the competencies that must be achieved by students. This action is the initial process for someone to establish a diagnosis [26]. Identification carried out on patients through this video conference can be a material for clinical discussion between students and clinical tutors or supervisors [17] [23]. The clinical discussion materials are cases based on real-life scenarios and this is a form of learning method known as case studies. Case studies in teaching will assist nurse educators in promoting active learning; furthermore, it will assist in developing critical thinking skills, which are very important in decision making for nurses and other nurse health professionals [27]. The method used by Rush et al, (2011) and Allshop et al, (2020) can strengthen the relationship between theory and practice, as material for clinical discussion, being able to review relevant theories before implementing clinical practice. Learning with the conscious involvement of students in situations and experiences will help change attitudes and behavior, develop higher order thinking skills, increase perception, and build knowledge [28].

However, there are learning objectives that cannot be achieved using this video conference learning method. As has been done by Tsang, et al., (2020) who cannot meet learning outcomes related to clinical procedures and cannot see the student's professional attitude, the tutor must help students when doing bedside teaching through video conferences by carrying out a physical examination that is not can be done by students directly. This is because there are limitations to the function of technology, namely limited access to visual and auditory cues [14]. Video conferencing can be a medium in providing opportunities for students to continue to be able to identify patients remotely and provide a valuable and enjoyable learning experience [17] [13].

2. Telehealth collaborative via video conferencing

In a study by Springer et al., (2020), telehealth was conducted to provide mental health services by family therapists. This study aims to understand the life experiences of participants who provide remote mental health care conducted via technology (telehealth) in rural clinics. Telehealth is defined as the use of medical information that is exchanged from one site to another via electronic communication to improve patient health [29].

Students feel confident in performing their skills once the therapist has a good relationship with the community, because supervisors provide important support that builds their competence [14]. The role of clinical supervisors greatly affects student
satisfaction and success. With a supervisory role students can develop the knowledge, skills, values and attitudes necessary for comprehensive care [30]. In the implementation of the use of Telehealth in providing health services, obstacles were found that could interfere with the service delivery process, including bad internet connection, not having clear video, active mute mode, [14]. They also reported difficulties in keeping children's attention limited by technology in their ability to intervene as a way to increase their attention [14]. Koivuinen and Saranto (2018) explain that telehealth through video conferencing cannot be used in all types of patients, so it is necessary to look at patient characteristics.

Telehealth provides opportunities for rural communities to get mental health services (in particular) without having to come to the city [14]. In a study by Linberg et al (2009), providing services using video conferencing can facilitate nurses to provide support to patients who return home after giving birth. As Lewis (2020) explains that in this Covid-19 pandemic situation, telehealth can be used by students in providing health counseling and promotion. Providing health education and promotion is part of the seven areas of midwife competence, namely the area of effective communication, health promotion and counseling areas. Telehealth with video conferencing is a form of real time (in person), which is suitable for training student skills in providing counseling or education to clients remotely [25].

3. Simulation

Simulation learning is the presentation of simulated clinical situations for teaching and learning with the aim of creating opportunities for deliberate practice of new skills without involving real patients [33]. Simulation learning has provided many benefits for students including being able to increase student self-confidence, train clinical action and communication skills, train critical thinking, train students' clinical learning, improve patient care skills and reduce anxiety in dealing with clinical practice [15] [16] [18] [19] [20] [21] [22]. As research conducted by L et al (2013) using high-fidelity and low-fidelity simulators. The results show that the high-fidelity and low-fidelity simulations are both associated with an increase in critical thinking scores in nursing students. In addition to improving critical thinking skills, simulation methods can also increase student self-confidence, such as in the research of Mc Cabe, Gilmartin, & Goldsamt (2016) which states that there is a significant increase in overall student self-confidence.

Self-confidence is an important variable in student learning in a clinical setting. With a strong sense of self-confidence can affect the effectiveness of caring. This is evidenced by Khalaila (2013). The results show that self-confidence is also positive when it is correlated with caring effectiveness ($r = 0.54$, $P = 0.001$). Ji & Eun (2015) have also proven that simulations can improve students' clinical reasoning abilities. It is known that this clinical reasoning ability is needed in clinical practice. Clinical reasoning is a clinician's mindset to take wise action in carrying out the best action stage according to a specific context [10]. Research by Tsang, et al., (2020) shows that learning through video cannot meet learning outcomes related to clinical procedures and cannot see the professional attitude of students, tutors must help students when doing bedside teaching through video conferences by carrying out physical examinations. cannot be done by students directly. This is because there are limitations to the function of technology, namely limited access to visual and auditory cues [23]. As an alternative to clinical learning, simulation methods can be used.

Simulation in nursing and midwifery education is a pedagogical strategic that uses one or more educational methods or types of equipment to provide simulation experiences to promote students from beginners to experts. In making case scenarios, it must be adjusted to the competency targets and goals to be achieved [36]. Goals are expected to be achieved during the scenario, but secondary objectives can also be set and discussed during the debriefing. These objectives will guide the selection of simulators and simulation practice [37], in low-fidelity simulations, objectives focus on psychomotor knowledge and skills; in intermediate fidelity simulations, they focus on more complex knowledge and techniques; and in high-fidelity simulations, they focus on non-technical skills such as communication, decision making, teamwork, clinical judgment, and leadership [36].

The success of the simulation is not limited to a certain type of simulation modality, and a higher degree of accuracy, but the extent to which the simulation is able to replicate real events and / or the workplace (fidelity / realism) or the ability of the simulation to reproduce reactions, interactions in the real world [38]. In health care simulations, high-fidelity refers to a simulation experience that is very realistic and provides high levels of interactivity and realism for students [39]. Based on the evidence from several research results that the simulation method with case scenarios is able to show student performance skills, is able to demonstrate clinical learning skills and is able to demonstrate skills in performing clinical procedures, so that the simulation method with case scenarios can be used as a method of evaluating skills in performing clinical procedures. according to the diagnosis and problem. The simulation method can be used as a summative form of evaluation to provide an accurate view of the student's final performance and the ability to acquire technical and clinical skills, which allows students to be scored [36].

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CONCLUSION

In clinical practice learning, there is a clinical experience, there is an attitude or performance of students in carrying out clinical actions with a sense of responsibility and caution, which cannot be replaced by any method. However, to achieve certain learning objectives, clinical practice learning methods can be used. With a combination method of simulation with case studies or case scenarios where the method has the effectiveness of learning objectives in clinical practice. The facilitator needs to prepare a case scenario that includes the competence of midwives and infrastructure or environment, both low fidelity and high fidelity according to the learning objectives. The minimal clinical infrastructure or environment, both low fidelity and high fidelity scenario that includes the competence of midwives and objectives in clinical practice.

CONCLUSION

There is an attitude or performance of students in carrying out continuous evaluation regarding barriers and effectiveness in the learning process.

REFERENCE


