Clinical Clerkship Student Perspective During Online Learning

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Abstract: The Coronavirus that causes Covid-19 impacts all lifelines, including education, teaching, and learning. Distance learning makes students learn independently, finding other learning sources as support, knowing that it was initially carried out face-to-face in class. For now, it is done remotely. The doctor is one of the professionals who dramatically determine the quality of public health services. The stages to produce a professional doctor through academic settings through education at the Faculty of Medicine with a Bachelor of Medicine degree. The next step is the stage of professional education carried out in Health Service Institutions. Medical education includes Clinical and Non-Clinical Skills Training, including Clinical Practice following the applicable medical procedures at Teaching Hospitals according to the skill level listed in the Competency Standards for Indonesian Doctors. This study aims to explore the Clinical Clerkship Student's perspective on online learning during a pandemic. Mixed methods study. Forty-one Clinical Clerkship Students were interviewed in the face of the pandemic learning period. The level of satisfaction with six new learning models in clinical clerkship students in the pandemic era showed results above 90%. Postponement of practicing activities for patients at the hospital poses its obstacles, but they have to do distance learning. There is great hope for the resumption of offline activities in teaching hospitals with Clinical Clerkship Students' vaccination.

Keywords: Clinical Clerkship Student, Teaching Hospital, Online Learning, Covid 19 Pandemic, Clinical Practice

Introduction

All lines of life are now affected by the Coronavirus that causes Covid-19, including in Indonesia. In education and society's way of life changes, a striking shift in culture lives its life and the teaching and learning process. From elementary, middle school to university, the entire learning process is carried out from home, both work from home and school from home. Distance learning makes students learn independently, finding other learning sources as support, knowing that was initially carried out face-to-face in class. For now, it is done remotely.

The stages to produce a professional doctor through academic settings through education at the Faculty of Medicine with a Bachelor of Medicine (S.Ked) degree. The next step is the stage of professional education carried out in Health Service Institutions in Hospitals or Puskesmas. Medical education includes Clinical and Non-Clinical Skills Training, including Clinical Practice following applicable medical procedures at Teaching Hospitals according to the skill level listed in the Competency Standards for Indonesian Doctors. It is not easy to regulate the clinical clerkship activity system for medical professional education students when continuing at the hospital during the pandemic (Covid-19) to gain knowledge and skills following predefined competencies.

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Changing the method of medical education in the pandemic era with PJJ is a new challenge. Aspects of clinical skills, experience with patients, and professionalism aspects cannot be replaced by the PJJ method (Rozaliyani et al., 2020).

Evaluation methods and patient-based clinical examinations have also become difficult to implement due to social restrictions. This shows that apart from the emergence of difficulties in achieving Indonesian doctors' competency standards, the evaluation method to assess this competency's achievement is still an obstacle.

Literature Review

The learning stage of the young secretariat in the teaching hospital includes the following levels: Ability level 1 (Knows): knowing and explaining; Skill level 2 (Knows How): Have seen or been demonstrated; Proficiency level 3 (Shows): Have done or have implemented under supervision; Proficiency level 4 (Does): Able to do independently and 4A. Skills that are attained at the time of graduating as a doctor. Clinical practice education materials consist of Bedsite Teaching, Case Base Discussion (CBD), Direct Observation of Procedural Skills (DOPS), Mini Clinical Evaluation (Mini CEX), and Objective Structured Long Examination Record (OSLER). The description is as follows: Bedsite teaching is patient-based teaching where students see and study cases directly in practicing their clinical skills, in the form of inpatient visits. Case-based discussion (CBD) uses the question and answer method and structured case-based discussion to assess students' clinical reasoning abilities to understand the basis/reasons behind a decision. Direct Observation of Procedural Skills (DOPS) is an assessment method focused on assessing students' procedural skills by observing them when interacting with patients. The Mini Clinical Evaluation Exercise (Mini-CEX) is a method designed to assess essential clinical skills required for good clinical care, including behavior, knowledge, and attitudes. Objective Structure Long Examination Record (OSLER), a modification of long case clinical exams used in the medical education stage (clinical clerkship) to comprehensively assess students' clinical abilities in dealing with some instances, consisting of 10 assessment items. The points of the assessment include: Anamnesis includes a process of communication skills, a systematic approach and a case facts approach, a physical examination, namely a systematic approach, examination techniques and enforcement of relevant physical findings, other assessments consist of rational follow-up planning, proper management, and accuracy clinical.1 Teaching that can be done online only includes references /scientific papers, journal reading, pre-tests, and post-tests (Program Studi Pendidikan Profesi Dokter, 2020).

Integration of Basic Medicine and Clinical Medicine is the integration of competency-based education. Knowledge includes cognitive aspects through interactive lectures, independent learning, and group discussions. Students' ability to carry out clinical procedures, diagnosis algorithms, management, and communication are aspects of skills. Meanwhile, empathy and ethics are aspects of professionalism (Konsorsium Ilmu Kesehatan, 2013).

Methodology

Mixed methods. The satisfaction rate for receiving the learning model is processed descriptively quantitatively. The perspective on implementing the learning model is described qualitatively. Forty-one Clinical Clerkship Students at Eye Department in Satellite Teaching Hospital were interviewed in the face of the pandemic learning period. They received a new learning model, namely presentations and making slides, searching for journals and doing reviews, post-tests with interactive quizzes, making videos of physical examinations, and studying infographics.

Findings & Discussion

Of the 41 clinical clerkships who were the most respondents 23-24 years old, and had only undergone 1-2 rotations, the waiting time for the pandemic to be admitted to the hospital was 7-8 months, and more than half had been completely vaccinated.

Table 1

Characteristics of the Respondent

Characteristic	No. of respondents (%)
Age	
21-22	8(17.1)
23-24	23(56.1)
25-26	10(24.4)
Rotation before Pandemic	
1-2 times	19(46.3)
3-4 times	10(24.4)
5-6 times	12(29.3)
Previuos Online stases	
Has never been	13(31.7)
1-2 times	28(68.3)
Waiting Time	
1-2 months	5(12.19)
3-4 months	8(19.51)
5-6 months	10(24.39)
7-8 months	14(34.14)
>8months	4(9.7)
Vaccination History	
Has Never been	14(34.1)
One time	5(12.2)
Two times	22(53.7)

The level of satisfaction in receiving new model learning in online conditions is as follows: The interactive post test got above 96% satisfaction, maybe because of the giving of prizes and the interactive quiz way that was fun for them. The presentation on the zoom metting platform also did not seem to be a burden for them, as evidenced by a satisfaction level of above 95%. They are also happy and satisfied with making videos, interactive slides and infographics in education. Unfortunately, reviewing journals only has a satisfaction rate of around 90%, this may be because there are no specific techniques that are fun for them in reviewing a journal in fun.

Table 2
Satisfaction level in the new learning model

| No	Activity	1	2	3	4	5
1	Making slides on eye topics is fun and useful	0	0	1 (2.4)	12 (29.3)	28(68.3)
2	Eye topic presentation is Fun and Helpful	0	0	1(2.4)	8(19.5)	32(78)
3	Searching for a Journal, studying it, making slides, and presenting it is fun and rewarding	0	2(4.9)	0	14(34.1)	25(61)
4	Post test with interactive quiz is fun and useful	0	0	0	6(14.6)	35(85.4)
5	Making Physical Examination Videos is fun and Useful	0	0	1(2.4)	11(26.8)	29(70.7)
6	Making educational infographics is fun and rewarding	0	1(2.4)	2(4.9)	7(17.1)	31(75.6)
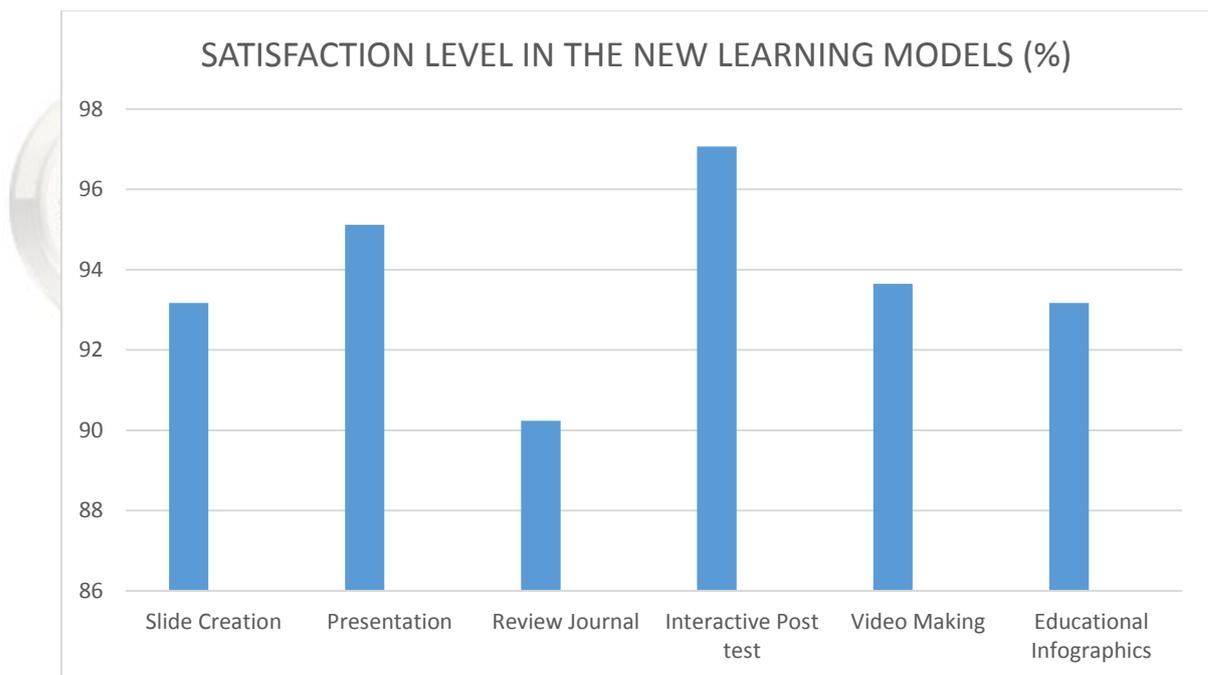
Figure 1.
Satisfaction Level in The New Learning Models

Benefit new learning

In this study, we categorized qualitative data into the benefits of new learning outcomes, difficulties during new learning, activities while waiting for the pandemic, and hopes for further education. Students' services train various kinds of soft skills in understanding, creativity in making videos, animation, excellent and valuable preparation needs before starting education at the hospital. The benefits of this new learning can also refresh understanding, and it can still run the stage even though it is still in a pandemic period. With online education during the phase, Clinical Clerkship students must understand more about technology because, during the

online period, they will use many platforms such as zoom, google meetings, and other media. In terms of place and time, online learning is very flexible because Clinical Clerkship students can study anywhere and anytime. Because this does not require students to go to the hospital, students can save money in fees. The time spent on online lectures is usually shorter, and because online, it is typically rare for first-time students to enter the platform so they can start on time. Online learning can also make Clinical Clerkship students more independent to learn and encourage them to be more active in interacting with fellow students. Also, online education benefits students during guidance because it can be recorded during learning. If there are things that are forgotten when explained, they can playback the guidance video.

> *The most important thing is that all of the learning objectives can be fulfilled even through online learning. Fun online learning activities with the latest innovations according to the times make us able to present material creatively and fun. besides that, we can also learn other things, like creating an animation*

> *Can continue to clerkship activities in theory and some clinical practice simulations, especially in eye health. There is also a discussion in theoretical guidance if students do not understand. Some points missed online advice can be continued by looking for these materials from various references regularly. This activity is carried out independently and then becomes a topic of discussion at the next meeting.*

Problem new learning

Learning difficulties during the pandemic will be seen for clinical clerkship students. The most prominent and most prominent is the problem of the wifi network. Even though most of the students are in Jakarta, some students have returned to their respective hometowns. The main obstacle that is felt in the absence of the patient meeting directly makes the students feel less exploring social experiences with patients in the hospital.

> *Even though online learning is fun, we also need to hone our skills. So this may be difficult for us because even though we know how to do a physical examination, we lack direct examination experience. We can immediately see what is normal or abnormal during a quick test. The abnormality is how the picture with repeated examination experiences will further hone our future provisions.*

> *The majority of some of the obstacles encountered were not meeting cases directly. There is also a little difficulty finding references that rely on internet media to eradicate textbooks owned in the student's residence. However, the direction and guidance from the consultant greatly facilitate students.*

> *The difficulties experienced while undergoing online co-operation, for example, are connection problems. Some of us are in locations with poor signal reception, for instance, outside the city or in Jakarta. There are still some places where the operator's signal is less stable, so there is often miscommunication when zooming until a connection is lost. Connection disruptions are also sometimes caused by weather changes such as rain, floods, and others. As a result, sometimes we didn't hear our lecturers or friends' explanations because their voices were cut off. This signal problem also affects when displaying video so that*

sometimes even good videos cannot be fully understood because of a connection that is not very stable. Besides, it is difficult to consult freely with interaction via zoom because it is limited in duration. Sometimes the question arises after the zoom ends, and during the next zoom, we forget about the problem. Online learning also makes us still confused about the actual conditions when we became doctors because we did not see the patient's condition directly or the process and treatment now in the hospital. Some methods and management of eye cases require repeated training, so it isn't easy to achieve online because seeing online through video is different from seeing the process/skill directly.

Activities carried out while waiting for rotation

In learning during the pandemic period for clinical clerkship students, one of the problems that must be faced is waiting for rotation to enter the teaching hospital stage. Some students spend their time taking online courses, such as online electrocardiography (ECG) reading courses and English courses, instead of just making dalgona coffee, watching netflix, or making tiktok.

We are doing positive things and running a business, looking for insights and looking for relationships that aim for a better future.

Learn and learn other things to not get bored with the pandemic situation and maintain the mood to stay enthusiastic about undergoing koas. Eat, sleep, sometimes take part in free webinars, watch movies, learn to invest in stocks.

The activity carried out in waiting for rotation is doing exercise every two times a week to increase endurance and make the body healthier. Read books related to Koas and also other books that can be useful in filling the current period. Enter online learning seminars related to diseases in the field of medicine through zoom. Watch dramas and movies. Take up new hobbies such as baking cakes, cooking new dishes. Sports, playing games, playing music, and studying.

I fill the available time by attending online seminars. The seminars I attend are usually from my campus. I will be given an e-certificate after attending these seminars, and this can help get softpoints and add knowledge according to the topics discussed in the symposium.
While waiting for the stage, I was learning English because I still couldn't speak English, so I took English courses and watched many learning videos on YouTube. Sometimes I also watch some Korean dramas or Thai films on my laptop to sleep myself.

Expectations conveyed for learning in a pandemic period

In the end, all will hope that this pandemic will end so that the clinical clerkship student can meet again with patients at the Teaching Hospital, along with Covid 19 vaccination coverage for co-workers who have entered the second stage. Some of the views of student are described below:

I hope that this pandemic will end soon so I can learn more deeply and directly. I also hope that more videos and examples of the many cases that occur can be studied online.

Keep understanding and studying general practitioners' competency standards as much as possible, even though there are several limitations due to adjustments in learning activities at the secretariat during the COVID-19 pandemic.

We all know that now is a difficult time for almost all society levels, even from any field, especially the health sector. As a result, it can have a broad impact, including the lengthening of our study period as Clinical Clerkship students. Of course, this is not what anyone wants, be it from Clinical Clerkship students, educational institutions, or students' parents. The existence of online Clinical Clerkship student activities that have been carried out is enough to help the learning process that has been hampered due to this pandemic. However, online learning activities online are not entirely practical because there are several things such as skill abilities or physical examination skills that cannot be obtained by meeting online alone. However, after holding this vaccination activity, I hope that it can become a bright spot for us to carry out our activities properly.

Conclusions

From the above research, the new learning methods for clinical clerkship students in the eye department of a satellite teaching hospital are fun and useful, but learning in teaching hospitals must be done because they have to face the patient to face. The drawback of this study is that it only examines one section and one hospital. Hopefully, many researchers can develop various learning techniques for clinical clerkship students over long distances in the future.

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