
EVALUATION OF IMPLEMENTATION OF NEONATAL EMERGENCY PRECAUTION TRAINING CURRICULUM THROUGH THE KIRK PATRICK MODEL APPROACH TO REGIONAL MANAGEMENT TRAINING PROVIDER OF INDONESIAN MIDWIFE ASSOCIATION IN BALI PROVINCE IN 2023

By

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ABSTRACT

Human resources are a valuable investment for an organization. So the need for training in an effort to increase knowledge and behavior in order to create professional health workers. The Regional Management of the Indonesian Midwives Association has held a Maternal Neonatal Emergency Awareness Training (KKMN). The need for a post-training evaluation to determine the success of the training carried out. The targets of this evaluation are midwives participating in the 2022 KKMN Training. The data collection technique is secondary data from the results of KKMN training evaluations and interview and observation data on individual alumni, colleagues and agency leaders. This evaluation was analyzed quantitatively by transforming into Kirkpatrick's model and describing the studies at each level. The results are that at level I the reaction of alumni participating in KKMN training with high motivation is 80%, level II learning as a form of independent learning effort for training participants is 80%, for level III the behavior of training alumni has behavior that impacts colleagues and the work performance of the puskesmas is 95%, the results of level IV alumni results have a performance that contributes to real performance at the institution by 95%. This also simultaneously provides an overview of the implementation of the KKMN curriculum which is analyzed for its effectiveness by looking at aspects of the program structure which are quite good and can be carried out according to training standards. the notes obtained are contained in modules that need to be made specifically, material that needs to be updated following the latest policies and analysis of pre- and post-test questions in order to better evaluate participant outcomes. The results of this evaluation can also be studied further as best practice as the involvement of professional organizations in efforts to strengthen sustainable education and training so that all health workers can improve their competence in serving the community in various settings

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1. INTRODUCTION

Reliable apparatus human resources (HR) is a valuable investment for an organization. Apparatus HR has a great obligation and responsibility to accommodate Existing human resources at the same time embody the will of society. Therefore, the capacity and competency of the human resources of the apparatus must be continuously improved and utilized in the framework of carrying out these tasks.

The need for increased capacity and competence and professionalism so that organizations can survive and develop is in the form of training. Training is one

a strategic way to develop and improve capabilities, expertise, quality of work, talent leadership, reliable skills, and loyal apparatus dedication. Human resource development organized through this training has the aim of increasing capacity, productivity and welfare. The need for good design from planning to post-training is given, and continuous monitoring is needed in order to produce professional apparatus.

The UPTD Health and Community Training Center (Bapelkesmas) is one of the regional technical implementing units of the Bali Provincial Health Office which organizes health technical training.

Training is an effort to increase changes in knowledge and behavior in order to create professional health workers. There have been many trainings carried out in accordance with the main duties and functions of the UPTD Health and Community Training Centers (Bapelkesmas), one of which is the District Food Inspector (KKMN) Training throughout the province of Bali, so it is necessary for researchers to assess the success of the training that has been carried out by conducting a post-evaluation. training (EPP) to see the real impact in increasing the competence of food inspectors in districts/cities.

2. METHODS

This research is a descriptive cross-sectional study in which the analysis uses a qualitative explanation of the facts and phenomena that exist from the aggregate data studied.

The targets of this post-training evaluation are food inspectors who have participated in the District KKMN Training (Klungkung, Bangli and Tabanan Regencies), the training will be held in 2021, at the UPTD-Bapelkesmas Health Office of the Province of Bali with a total of 30 participants.

There are two primary data used in this study. Primary data on participant activities and inspection stages that have been carried out by participants, confirmation of Follow-up Plans (RTL) that have been prepared during the training as well as supporting and inhibiting factors were collected using a questionnaire. Data confirmation of participant performance by direct superiors also through filling out a questionnaire. Secondary data was obtained through collecting the results of uploading participant inspection activities that had been carried out after attending the training.

Evaluation data after the KKMN training were analyzed quantitatively which had been transformed into the Kirkpatrick model, and described studies at the levels of reaction, learning, behavior and result. The results of the measurement of the Kirkpatrick training evaluation model transformation study framework are as follows: Level one measurement (Reaction) is assessed from the motivation of respondents to take part in the training with a closed questionnaire. Level two measurement (Learning) is assessed from the attitude and learning cycle of the post-training participants with a closed questionnaire. The third level measurement (Behavior) is assessed from changes in knowledge, attitudes and skills of alumni carried out by responding to the selection of statements in the questionnaire as a new habit of changing behavior after the KKMN training which alumni actually actualize in the workplace. The fourth level measurement (Result) is assessed from the performance results observed from the checklist of the real work results of the respondents, this aggregate data is triangulated (combined) on the assessment of Alumni, colleagues and superiors as a team work unit that has an impact on realizing organizational performance as a cycle actualization behavior change communication activities at the Puskesmas and in the midst of the community.

3. RESULTS AND DISCUSSION

Results

Characteristics of KKMN Training Alumni Respondents

Table 1. Education Level of Alumni Trainersan KKMN

Level of education	Total	Percentage
DIV/S1	10	25
Diploma III	30	75



Total	30	100,0
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Based on table 1 above, it can be seen that the educational background of the alumni of the KKMN training, as many as 40 respondents to the KKMN post-training evaluation survey. Alumni identification data is seen based on the education level of the respondents who are required to become a District Food Inspector (KKMN), with the lowest education being Diploma III. The minimum education requirement is diploma III, because to become a professional KKMN, accuracy and analytical skills are required when carrying out inspections. The analysis must be precise and correct so that it can provide input to business owners, and can work together with assistants, namely the Food Safety Extension Officer

Table 2. Responding Institutionsn training KKMN

Institute	Total	Percentage
Public health center	10	25
Hospital	10	25
Midwife Independent Practice	10	25
Other Institutions (Clinic, Village Health Post, etc.)	10	25
Total	40	100.0

The data taken in this KKMN post-training evaluation study included 25% coming from the Puskesmas, 25% coming from the Hospital, 25% coming from the Midwife Independent Practice and 25% coming from other institutions such as clinics, Village Health Posts, and others

Table 3. Charcoalteristic Origin District ReAlumni of KKMN Training

Regency	Total	Percentage
Jembrana	5	12.5%
Tabanan	4	10%
Bangli	4	10%
Klungkung	4	10%
Buleleng	5	12.5%
Klungkung	4	10%
Denpasar	5	12.5%
Badung	4	10%
Gianyar	5	12.5%
Total	40	100.0

The KKMN post-training evaluation study, taking 9 districts/cities as branch representatives which had members participating in the KKMN training was carried out by the Regional Management of the Indonesian Midwives Association, Bali Province. It can also be seen the number of respondents who answered the evaluation questionnaire. All branches of the Bali Province Indonesian Midwives Association have implemented the provisions of continuing education and training by implementing one clinical training in an effort to prove competence maintenance every 5 (five) years.

Results of the Study on the Performance Assessment of Training Alumni, and Direct Supervisors From the respondent's data, it was found that the output competencies from the KKMN Training could strengthen the quality of Obstetrics and Neonatal services. This was described from various improvement efforts in the aspect of preparing midwifery services, such as a review of SOPs adjusted to current references and policies based on knowledge gained during training. for example in the SOP for antenatal care, infection prevention and control, and resuscitation pathways as the management of asphyxia in newborns. In addition, infrastructure facilities can also be equipped and proposed for several tools that have not been fulfilled in accordance with the standards. In addition to the preparatory aspect in the aspect of managing midwifery services, there are also a number of quality improvements including increasing speech-gathering services to be aware of complications during pregnancy, postpartum family planning counseling and suggesting the involvement of companions in each antenatal check-up for patients so that decision-making can also be taken more quickly. , as well as conducting classes for pregnant women and using the MCH handbook in an effort to convey information on examination results and education to improve life skills for pregnant women and their families in daily pregnancy care.

Discussion

2023 KKMN Post-Training Evaluation Based on the Kirkpatrick Model Level I: Reaction (Motivasi Alumni)

The results of the training evaluation transformation of the Kirkpatrick model from a detailed level I evaluation survey study: Reaction Alumni participated in the 2022 KKMN training with high motivation based on the tabulation of selected statements on instruments with 20% excited and 80% very excited categories. It can be seen, that in participating in the KKMN training, the midwives were excited because the KKMN training included clinical training which was one of the proofs of fulfilling the requirements for maintaining clinical competence of midwives by collecting 25 professional credit units (SK), where the KKMN training itself had 3 SKP out of 25 SKP required. In addition to this, the distribution of the schedule attached to the information on the implementation of the training and the summons to participants shows that the material that will be obtained during the training is material that supports the maintenance of midwife competence as part of the implementation.

duties, roles and main functions of a midwife and can also be used when proving competence through credentials and extending the Registration Certificate (STR). Level II: Learning (Alumni Independent Learning Cycle)

The learning process in class when the participants attended the training, obtained data on the suitability of the material with the work, namely 95% answered "appropriate" 5% answered "not appropriate". This proves that the material provided is in accordance with the work of the respondents, namely as a midwife in a clinical setting. However, there were 5% who stated that it was not appropriate. It is possible that midwives are in charge of clinical settings but are in divisions or installations that do not directly handle pregnant, maternity or postpartum women, such as in the admissions and HR departments. So that the material provided supports the maintenance of competence but is not fully usable in accordance with the duties at the institution. In this learning cycle, participants felt quite helped by the online program because it was not easy to get the opportunity to leave assignments for 5 (five) full days, so that the implementation of training designed for blended learning greatly helped the adaptation of participants as much as 80%, but 20% of participants actually wanted training. carried out in full classical which is possibly caused by signal problems in the implementation of online training. Identification of relevant material is reflected 100% of all relevant material and nothing is irrelevant. Learning media and facilities are also sufficient both in the online learning process and in the classical learning process, this was described by the training participants in the form of examples of facilities such as learning videos and manicure tools which are quite complete. Things that were felt to be helpful during the training were the modules and materials in the form of PPT which were sent via the Google class room and WhatsApp group as one of the learning tools. In addition, the existence of training controllers and facilitators was also stated to be very helpful in mastering competence in the KKMN training process, especially during classical times. Time management was something that was reflected both by the participants considering the many maneuvers and skill procedures that had to be mastered by the trainees at that time. The only thing that is felt to be an obstacle is the internet signal during online training but not much considering that this is only a momentary disturbance that can be overcome. This is supported by the results of the evaluation of the implementation of the training made in the committee's training report document. In addition, there is also a description of the observations of the training controllers that the facilitator conveys some of the latest

regulations related to the standard of antenatal care which has now been adjusted to six times according to their respective goals and there is an update of the flowchart for resuscitation of newborns with asphyxia. Another summary of the training controller's report is to complete training modules that are specific to KKMN training following the KKMN training curriculum. In addition, it is hoped that the pre- and post-test questions can be readjusted by each facilitator in addition to adding to the collection of the contents of the KKMN training question bank to avoid leakage of questions due to being carried out online, it also requires adjustments to some questions that cannot be answered at all by the training participants both during pre test and post test. Several trainings have used questions modified by the facilitators because questions are needed that can measure participants' abilities more accurately, this can be seen by the increase in cognitive achievement through observation. Improved pre and post tests compared to using evaluation questions in the curriculum. In observing the KKMN pre and post training questions, what has not been completed is that it has not been proven by test analysis by the facilitators and training controllers for the input submitted to each training control.

Level III: Behavior (Changes in Alumni Work Behavior)

Respondents' statements about changes in behavior due to the implementation of KKMN training materials in support of the main tasks in the field of assignments indicate a climate of changing habits in the categories of strongly agree (20%) and agree (80%). So that can be said

the training participants experienced changes in work behavior which affected colleagues and the work atmosphere was spread both in the Puskesmas, hospitals, PMB and in clinics. This can also be explained in connection with the results of interviews with the direct supervisor who stated that there had been changes in the aspects of preparation and management of midwifery services. In addition, the aspect of post-training behavior change was also developed through socialization activities of the results of the training by all respondents (100%) which had been carried out to work teams in their respective work places.

Level IV: Result (Improvement of Alumni Performance)

Based on the survey choice statement tabulation, it was found that the results of the material provided in the learning process at the training, there was one person who stated that it was not appropriate as much as 5%, this is because in carrying out inspections it is very difficult to implement sorting, even though this sorting must be done by employers to maintain quality raw material. In addition, the results of the respondents' assessment of organoleptic material were closely related to the respondent's work, namely 70% stated "appropriate", 25% said it was not appropriate and 5% "did not answer". This is also related to the implementation of inspections, the respondents have never carried out this organoleptic test, even though this test is very simple and can be carried out during inspections.

In addition, the assessment of sorting material is closely related to the respondent's work with the result that 90% answered "according", 5% answered "not appropriate" and 5% "did not answer". This proves that the material provided in the learning process at the training, there was one person who stated that it was not appropriate as much as 5%, this is because in carrying out inspections it is very difficult to apply sorting, even though this sorting must be done by employers to maintain the quality of raw materials.

Study on the Performance Assessment of Training Alumni, and Direct Supervisors

Based on the tabulation of the statement of the KKMN Training evaluation survey options as a form of performance improvement, KKMN Training Alumni, the teamwork climate supports each other in the implementation of activities from collaborative KKMN training participants. The results of the 2023 KKMN post-training evaluation study at Level IV: Result, show the choice of statements in the categories of strongly agree (95%) and agree (5%) or cumulative percentage: 96.25% which when compared to the study indicators is greater than 95%. This means that the performance of the Alumni of the KKMN training has a good performance output.

To evaluate level IV: Result, what is measured is the increase in the performance of Alumni as assessed by the participants themselves (Self Assessment) from the checklist of KKMN activity products in the Main Task of making improvements in aspects of midwifery service preparation, management of midwifery services and fulfillment of evidence-based service standards.

KKMN training is able to contribute to improving the performance of Alumni related to efforts to strengthen the principles of midwifery services which refer to minimum service standards such as antenatal assistance that meets the 10 T standards related to periodic weighing and measuring height, measuring blood pressure, assessing nutritional status through measuring circumference upper arm, measuring the height of the uterine fundus, determining the presentation of the fetus and fetal heart rate, screening and administering tetanus toxoid, administering iron tablets, laboratory tests, speech interviews (counseling and explanation), management or getting treatment. In addition, risk screening by paying attention to risk factors, carrying out awareness of complications by making service flows according to standards and implementing communication and counseling of midwifery

services based on client needs which are increasingly organized and getting better by implementing the KKMN strategy in the workplace. This is also justified from the point of view of a combined assessment (triangulation) between colleagues and immediate superiors, each of which gives an overview of agreeing and strongly agreeing to the improvement efforts carried out.

4. CONCLUSION

The conclusions that can be drawn in this study are the evaluation results at each level as follows; level I: Reaction Alumni attend KKMN training with 80% motivation; evaluation results of level II: Learning as a form of self-learning effort KKMN Training Alumni of: 80%; evaluation results Level III: Behavior, Alumni have behavior that impacts colleagues and has an impact on work performance at the Puskesmas by 95%; evaluation results Level IV: Result Alumni have a performance that contributes to increasing real performance in their institution by 95%.

Based on the triangulation of actualization results (triangulation) between colleagues and their immediate superiors, it can be concluded that the success of the KKMN training for Midwives has made a real contribution to improving Alumni performance by 96.25% based on a comparison of combined assessments. This is at the same time proof that the KKMN training curriculum has been able to deliver competencies in accordance with the learning objectives. The entire program structure can also be felt relevant by all students which is obtained from monitoring the learning process of participants through traceability in the implementation evaluation. In addition, the distribution of schedules is also felt according to time standards and flowcharts in learning and adapts to the prerequisites of one training subject to another. There is an addition to the implementation of the implementation of this curriculum, namely in the requirements for facilitators where the involvement of specialist anesthetists with obstetrical anesthesia consultants is involved in delivering material in the management of maternal emergencies because there are specifications for handlers for pregnant women and non-pregnant patients in stopping breathing conditions and techniques for providing material which was appreciated by all participants. Based on this, of course, it can be input for the involvement of professional anesthesiologists in the facilitator requirements.

5. SUGGESTION

The KKMN training curriculum has been able to deliver HR capacity building in terms of implementation of precautions for maternal and neonatal emergencies for primary care. The statement of primary services can be conditioned to accommodate the needs of fellow midwives in hospitals because midwives who work in hospitals also need competency strengthening independently as well as collaborative services. In addition, the modules can be published together with the curriculum in the training accreditation system so that it makes it easier for participants to prepare for training. Periodic review is needed considering that the latest regulations regarding service standards in pregnancy have been issued and the latest resuscitation flowchart has been published by the Indonesian Pediatrician Association. Studies of the test instrument also need to be carried out in order to meet the quality standards of the questions. In proving that the KKMN Training contributes to increasing the competency of midwives in districts/cities, it is necessary to carry out further scientific research on the continuity of services according to standards and also analyze various policies which are service transformations in accordance with the latest policies.

REFERENCES

- [1] Kirkpatrick, Donald L., James D. Kirkpatrick. 2007. Implementing the four levels: a practical guide for effective Evaluation of training programs, Berret-Koehler Publisher, San Francisco,
- [2] Kirkpatrick, Donald L. 1998. Evaluating Training Programs: The Four Levels, 2ed, Berret Koehler Publisher, San Francisco,
- [3] Lawson, Karen. 2006. The trainer's handbook / Karen Lawson.— 2nd ed. Published by Pfeiffer an A Wiley Imprint.
- [4] Kutha Ratna. 2010. Theory, Methods, and Techniques of Literary Research. Yogyakarta: Student Libraries [5] Indonesian Ministry of Health. 2023. Post-Training Evaluation Guidelines, Jakarta. Health HR Training Center.
- [5] Indonesian Ministry of Health. 2017. Maternal and Neonatal Emergency Awareness Training Curriculum. Jakarta: Quality Directorate of the Ministry of Health.
- [6] Rudy Komarudin. 2013. The Impact of Certification on the performance of Citizenship Education Teachers in the City of Bandung. Indonesian education university. Library. Upi. edu
- [7] Zubaida, et al. 2007. Learning Innovation in the 21st Century. Banten, Global Aksara Press