

Telementoring As An Innovative Program In Basic Oncology Nursing Training

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INTRODUCTION

The results of a survey conducted from 20 major cities in Indonesia as many as 801 nurses, 41% had never received basic oncology nursing training. Oncology nurses must continually improve their knowledge and skills to achieve a professional predicate.

One way to increase knowledge and skills is through mentoring. Mentoring is designed to assist in nurturing nurses in improving peer relationships, improving skills, confidence and knowledge (Leggart, Balding, & Schifftan, 2015). Mentoring is usually used in situations where a nurse with more ability and experience provides support to nurses, who have lower ability and experience that are conducted formally or informally. In general, mentoring is done by face-to-face, in a work environment.

Overtime, mentoring is transformed with the use of information technology is often called telementoring. Telementoring as an innovative program in basic oncology nursing training using a knowledge sharing approach between oncology nursing experts in hospitals (hub) and oncology nursing clinicians (spoke), where a team of nursing experts will provide virtual mentoring, to amplify the capacity of oncology nursing service to provide the best service.

OBJECTIVE

The development of oncology nursing science will increase the demands of an oncology's nurse professionalism. Nursing care for cancer patient must continually improve knowledge and skills training. Oncology's nurse has a role in improving the quality of cancer nursing services and involved in cancer prevention programs in Indonesia

METHODS

Participants dan Duration

Basic oncology nursing training is conducted 5 days online and 5 days offline field practice at the training provider hospital. After that it was followed by telementoring where participants practiced independently at their respective hospitals and were assigned to make case reports. Telementoring are held every two weeks. Participants gathered virtually using a zoom meeting which was divided into 6 sessions share learning and submit assignments. The average participant who attends each zoom meeting session is 45 participants. The following is a table of participants in each session

Session	Number of Participants	Participant BONT	%BONT
Session 1	29	23	79.31%
Session 2	46	22	47.83%
Session 3	56	23	41.07%
Session 4	47	22	46.81%
Session 5	44	22	50.00%
Session 6	51	23	45.10%
Average	45.5	22.5	49.4%

Telementoring is carried out there are facilitators and dedactive to review the training subjects, then participants are given the task of presenting their cases and breakouts are carried out per group to discuss cases taken with each appointed mentor. Telementoring is done within 1,5 – 2 hours.

Monitoring and Evaluation Tools

Monitoring and evaluation tools used in the telementoring basic oncology nursing training uses 6 indicators, which consist of:

1. Attendance Rate
2. Frequency of telementoring indicator
3. Participant satisfaction indicator
4. Increase of knowledge indicator
5. Skill indicator
6. Attitude indicator

Reference:

Jacobs, K., Doyle, N., & Ryan, C. (2015). *The nature, perception, and impact of e-mentoring on post-professional occupational therapy doctoral students*. Occupational Therapy In Health Care, 29 (January), 201–213. <https://doi.org/10.3109/07380577.2015.1006752>

RESULTS

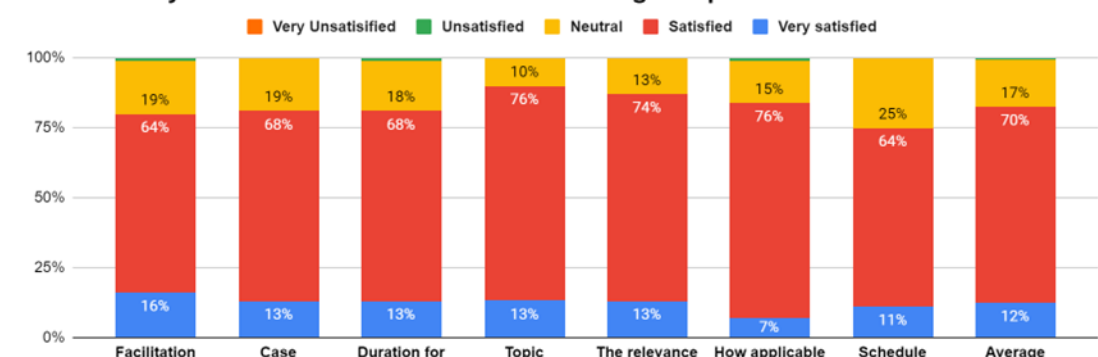
Attendance Rate and Frequency. Based on the average attendance data of participants in telementoring implementation basic oncology nursing training during sessions 1-6 obtained 72% for all participants.

Sessions 1-2	86.21%
Sessions 1-3	82.76%
Sessions 1-4	79.31%
Sessions 1-5	75.86%
Sessions 1-6	72.41%

Table 4. Average Participant Attendance for Each Session

Participants Satisfication. Based on a survey of participant satisfaction in the implementation of telementoring basic oncology nursing training obtained the highest level of satisfaction on the topic (89%), the relevance of the material (87%), and how the material can be applied (83%).

Please rate your satisfaction level on these training components:



There are several advantages of implementing telementoring basic oncology nursing training namely scheduled implementation, there are reminders for each activity, materials and information related to implementation more detailed and structured, more open and anyone is welcome to join in expressing opinions, participants are more familiar with using the media, and more focused in discussing assignments.

Increase of Knowledge. Based on online pre and post test surveys to find out the increase in participant knowledge, an increase of 80%. The advantages of implementing telementoring are that the resource person has competence according to their field and the method of delivery of the resource person is easy to understand according to the learning curriculum. The following table shows the average increase in participant knowledge in organizing telementoring for 3 months.

Activity	Pre-Post Assessment
1st month telementoring	77%
2nd month telementoring	71%
3rd month telementoring	92%
The average telementoring is 1-3 months	80%

Skill and Attitude. Based on the results of the participant's document review report, there was an 80% increase in skills.

CONCLUSIONS

Based on the results of the study it can be concluded that mentoring is a clinical learning method provided by a professional clinical nurse who has both new and experienced clinical competencies aimed at improving professionalism and clinical ability. Telementoring has the benefits of each of the indicators assessed, namely the average attendance and frequency of telementoring, participant satisfaction, increased knowledge and skill. The existing mentoring program in Indonesia should be integrated with existing social media services to improve the interaction between facilitator and participant.

