PETUNJUK TUTORIAL

BLOK KEPERAWATAN MATERNITAS II

Abortus

Post Partum Normal

Pre Eklampsia

Perdarahan Post Partum

Menopause

Coordinator :

Sri Sumaryani, S.Kep., Ns., MKep., SpMat., HNC

School of Nursing

Faculty of Medicine and Health Sciences

Universitas Muhammadiyah Yogyakarta

2013

**PETUNJUK TEKNIS TUTORIAL**

Modul Keperawatan Maternitas II memuat lima skenario terdiri dari dua skenario terkait perdarahan antepartum, satu skenario terkait kehamilan resiko tinggi dan satu skenario terkait komlikasi persalinan, dan satu skenario terkait dengan perdarahan postpartum. Semua skenario menggunakan bahasa Inggris.

Mahasiswa dibagi dalam kelompok-kelompok kecil, setiap kelompok terdiri dari sekitar 10 orang sampai 13 orang mahasiswa dan dibimbing oleh seorang tutor sebagai fasilitator. Saat proses diskusi tutorial perlu ditunjuk satu orang sebagai ketua diskusi dan satu orang sebagai sekretaris, keduanya akan bertugas sebagai pimpinan diskusi. Ketua diskusi dan sekretaris ditunjuk secara bergiliran untuk setiap skenario agar semua mahasiswa mempunyai kesempatan berlatih sebagai pemimpin dalam diskusi. Oleh karena itu perlu difahami dan dilaksanakan peran dan tugas masing-masing dalam tutorial sehingga tercapai tujuan pembelajaran.

Sebelum diskusi dimulai tutor akan membuka diskusi dengan perkenalan antara tutor dengan mahasiswa dan antara sesama mahasiswa, kemudian tutor menyampaikan aturan main dan tujuan pembelajaran secara singkat. Ketua diskusi dibantu sekretaris memimpin diskusi dengan menggunakan 7 langkah atau *seven jumps* untuk mendiskusikan masalah yang ada dalam skenario. *Seven jumps* meliputi :

1. Mengklarifikasi istilah atau konsep.
2. Menetapkan permasalahan.
3. Menganalisis masalah.
4. Menarik kesimpulan dari langkah 3.
5. Menetapkan Tujuan Belajar.
6. Mengumpulkan informasi tambahan (belajar mandiri)
7. Mensintesis / menguji informasi baru.

**DEFINISI :**

1. **Mengklarifikasi Istilah atau Konsep**

Istilah-istilah dalam skenario yang belum jelas atau menyebabkan timbulnya banyak interpretasi perlu ditulis dan diklarifikasi lebih dulu dengan bantuan, kamus umum, kamus kedokteran dan tutor.

1. **Menetapkan Permasalahan**

Masalah-masalah yang ada dalam skenario diidentifikasi dan dirumuskan dengan jelas.

1. **Menganalisis Masalah**

Masalah-masalah yang sudah ditetapkan dianalisa dengan *brainstorming*. Setiap anggota kelompok dapat mengemukakan penjelasan tentative, mekanisme, hubungan sebab akibat, dll tentang permasalahan.

1. **Menarik Kesimpulan dari Langkah 3**

Disimpulkan masalah-masalah yang sudah dianalisa pada langkah 3

1. **Menetapkan Tujuan Belajar**

Pengetahuan atau informasi-informasi yang dibutuhkan untuk menjawab permasalahan dirumuskan dan disusun secara sistematis sebagai tujuan belajar atau tujuan instruksional khusus (TIK).

1. **Mengumpulkan Informasi Tambahan (Belajar Mandiri)**

Kebutuhan pengetahuan yang ditetapkan sebagai tujuan belajar untuk memecahkan masalah dicari dalam bentuk belajar mandiri melalui akses informasi melalui internet, jurnal, perpustakaan, kuliah dan konsultasi pakar.

1. **Mensintesis / Menguji Informasi Baru**

Mensintesis, mengevaluasi dan menguji informasi baru hasil belajar mandiri setiap anggota kelompok.

Setiap skenario akan diselesaikan dalam satu minggu dengan dua kali pertemuan. Langkah 1 s/d 5 dilaksanakan pada pertemuan pertama, langkah 6 dilakukan di antara pertemuan pertama dan kedua. Langkah 7 dilaksanakan pada pertemuan kedua.

Tutor yang bertugas sebagai fasilitator akan mengarahkan diskusi dan membantu mahasiswa dalam cara memecahkan masalah tanpa harus memberikan penjelasan atau kuliah mini.

Tujuan instruksional umum atau TIU dapat digunakan sebagai pedoman untuk menentukan tujuan belajar. Ketua diskusi memimpin diskusi dengan memberi kesempatan setiap anggota kelompok untuk dapat menyampaikan ide dan pertanyaan, mengingatkan bila ada anggota kelompok yang mendominasi diskusi serta memancing anggota kelompok yang pasif selama proses diskusi. Ketua dapat mengakhiri brain storming bila dirasa sudah cukup dan memeriksa skretaris apakah semua hal penting sudah ditulis. Ketua diskusi dibantu sekretaris bertugas menulis hasil diskusi dalam white board atau flipchart.

*Learning atmosphere* disertai iklim keterbukaan dan kebersamaan yang kuat perlu dimunculkan pada saat pelaksanaan tutorial. Mahasiswa bebas mengemukakan pendapat tanpa khawatir apakah pendapatnya dianggap salah, remeh dan tidak bermutu oleh teman lain, karena dalam tutorial yang lebih penting adalah bagaimana mahasiswa berproses memecahkan masalah dan bukan kebenaran pemecahan masalahnya.

Proses tutorial menuntut mahasiswa agar aktif dalam mencari informasi atau belajar mandiri untuk memecahkan masalah. Belajar mandiri dapat dilakukan dengan akses informasi baik melalui internet (jurnal ilmiah terbaru), perpustakaan (text book & laporan penelitian), kuliah dan konsultasi pakar.

**Check List Penilaian Tutorial**

Tutorial mempunyai kontribusi sebesar 30 % terhadap nilai akhir blok, terdiri dari 15 % nilai rata-rata mini kuiz dan 15 % rata-rata nilai kegiatan pada setiap pertemuan tutorial. Adapun komponen yang dinilai setiap pertemuan dalam tutorial sebagai berikut.

Nama Mahasiswa :

NIM :

BLOK :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Criteria | Nilai (Pertemuan ……) | | | |
| Unsatisfactory | Satisfactory | Good | No judgment |
|  | Dealing with work |  |  |  |  |
| 1 | Preparation of task |  |  |  |  |
| 2 | Completeness in performing task |  |  |  |  |
| 3 | Brainstorming task |  |  |  |  |
| 4 | Active participation in a group |  |  |  |  |
| 5 | Report back |  |  |  |  |
|  | Dealing with others |  |  |  |  |
| 6 | Working in a team |  |  |  |  |
| 7 | Listening to others |  |  |  |  |
| 8 | Performance as a chair of a group |  |  |  |  |
| 9 | Summarizing discussion |  |  |  |  |
|  | Dealing with one self |  |  |  |  |
| 10 | Dealing with feed back |  |  |  |  |
| 11 | Giving feed back |  |  |  |  |
| 12 | The ability to reflect |  |  |  |  |
| 13 | Dealing with appointment |  |  |  |  |
| 14 | Being in time |  |  |  |  |

**Unsatisfactory** : below the expected average level of the tutorial group. Item for

improvement are clear and easy to mention. (Skor : 55 – 64,9)

**Satisfactory** : on the expected level of the tutorial group. Some issues for

improvement rest. (Skor 65 – 69,9)

**Good** : student performs better than expected average of the group (Skor

70 – 80)

**No judgment** : because student was absent to frequently. (Skor : 0)

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with abortion |

|  |  |
| --- | --- |
| **SCENARIO** | ***1 It’s painful ………….kriminalis***  A teenage girl with 16-weeks gestation comes to the clinic with complaints of lower abdominal pain, heartburn and a burning sensation in the waist after attempting abortion with the help of traditional midwife two days ago. From the examination results are stolsel, temperature 38°C. Client crying, feeling guilty, ashamed, and worried about the condition known to the parents. |

1. **Students Task:**

Make as many questions as possible related to the scenario!

1. **Method of Study:**

Small Group Discussion (SGD) employing the seven jumps method

1. **References:**

Berischer, N.A., Mackay, E. V. (1997). *Obstetric in newborn for midwives and medical students.* Toronto: Saunders

Lowdermilk, D. L., Perry, S. E., & Bobak, L. M. (1997). *Maternity and women’s health care*. Sixth edition. St.Louis: Mosby-Year Book, Inc

NANDA 2005-2006, *Nanda nursing diagnosis; definition & classification*. Philadelphia: Nanda International

*IOWA Outcomes Project, Editor Johnson, Mass, Moorhead, Nursing Outcomes Classification (NOC)*, Second edition, Mosby

*IOWA Intervention project, Nursing Intervention Classification (NIC*), Editor: McCloskey, Bulecheck, Second Edition, Mosby

**Minimal Theoritical Question and Alternative Answers :**

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with *Postpartum* |

|  |  |
| --- | --- |
| **SCENARIO** | ***2***  Seorang Perempuan, P1A0, post partum 24 jam yang lalu. Klien mengeluh mules, ASI belum keluar, dan belum bisa buang air besar. Klien belum mau merawat bayinya karena merasa masih lelah. Hasil pemeriksaan menunjukkan Tekanan darah 120/80 mmHg, Suhu 38°C, Nadi 88x/menit, Pernapasan 20x/menit, terdapat diastasis rektus abdominis. Klien menanyakan kepada perawat kapan bisa mulai melaksanakan sholat |

1. **Students Task:**

Make as many questions as possible related to the scenario!

1. **Method of Study:**

Small Group Discussion (SGD) employing the seven jumps method

1. **References:**

Pilliteri, A. (1995). *Maternal and child health nursing: care of the childbearing and childrearing family*. Philadelphia: JB Lippincott, Co

Mc. Kinney et.al. 2000, *Maternal-child nursing*. Philadelphia: W.B Saunders Company.

NANDA 2005-2006, *Nanda nursing diagnosis; definition & classification*. Philadelphia: Nanda International

*IOWA Outcomes Project, Editor Johnson, Mass, Moorhead, Nursing Outcomes Classification (NOC)*, Second edition, Mosby

*IOWA Intervention project, Nursing Intervention Classification (NIC*), Editor: McCloskey, Bulecheck, Second Edition, Mosby

**Minimal Theoritical Question and Alternative Answers :**

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with high-risk pregnancy |

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with postpartum complications |

|  |  |
| --- | --- |
| **SCENARIO** | ***3 What’s happening to me??*...................**  A mother (39 years old ), P3A0, with-4 hours postpartum ago, having a long partus history, suffered from having the forniks torn. She complained to feel drowsy and feel to have a lot of blood coming out from the vagina. The nurse’s examination showed that there was conjunctiva anaemic. Vital sign examination obtained the following information; blood pressure 90/80 mmHg, pulse: 100 beats/minutes, respiratory rate: 28 beats/minutes, and temperature: 36°C. The patient accept these conditions because patient principled that gave birth including one woman jihad. |

1. **Students Task:**

Make as many questions as possible related to the scenario!

1. **Method of Study:**

Small Group Discussion (SGD) employing the seven jumps method

1. **References:**

Lowdermilk,D. L., Perry, S. E., & Bobak, L. M. (1997). *Maternity and women’s health care*. Six edition. St.Louis: Mosby-Year Book, Inc

Mc. Kinney et.al. 2000, *Maternal-child nursing*. Philadelphia: W.B Saunders Company.

NANDA 2005-2006, *Nanda nursing diagnosis; definition & classification*. Philadelphia: Nanda International

*IOWA Outcomes Project, Editor Johnson, Mass, Moorhead, Nursing Outcomes Classification (NOC)*, Second edition, Mosby

*IOWA Intervention project, Nursing Intervention Classification (NIC*), Editor: McCloskey, Bulecheck, Second Edition, Mosby

**Minimal Theoritical Question and Alternative Answers :**

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with pre eclampsia |

|  |  |
| --- | --- |
| **SCENARIO** | ***4 Oh my God……….***  A mother (35years old) with 39-week of pregnancy was recommended by a midwife to the hospital. The followings were the client’s history; blood pressure 190/110 mmHg, oedema in both ankles and the urine test results showed that there was proteinuria 3+. The examination showed that she urinated twice in 24 hours and was only little. That did not happened in the previous pregnancies. In the examination using Doppler, it was found that the fetal heart rate = 170 beats/minute. The patient got MgSO4 therapy. She said resignedly to Allah with her condition because because patient believe that God will help her. |

1. **Students Task:**

Make as many questions as possible related to the scenario!

1. **Method of Study:**

Small Group Discussion (SGD) employing the seven jumps method

1. **References:**

Pilliteri, A. (1995). *Maternal and child health nursing: care of the childbearing and childrearing family*. Philadelphia: JB Lippincott, Co

Reeder, Martin, Griffin, 1997, *Maternity nursing family, newborn and women’s health care*. Eighteenth edition. Philadelphia: Lippincott

NANDA 2005-2006, *Nanda nursing diagnosis; definition & classification*. Philadelphia: Nanda International

*IOWA Outcomes Project, Editor Johnson, Mass, Moorhead, Nursing Outcomes Classification (NOC)*, Second edition, Mosby

*IOWA Intervention project, Nursing Intervention Classification (NIC*), Editor: McCloskey, Bulecheck, Second Edition, Mosby

**Minimal Theoritical Question and Alternative Answers :**

|  |  |
| --- | --- |
|  | **a. General Learning Objective :**  Upon the completion of this tutorial activity, the students are able to identify and perform nursing care to the clients with menopause |

|  |  |
| --- | --- |
| **SCENARIO** | ***5 Uncomfortable……………***  Ny A 48-year-old mother, complained easily tired and feel hot at night (hot flush), irritability, and often experience pain during intercourse with her husband. Clients experienced the irregular and long menstruation cycle. The maximum length of the previous menstruation is 7 days, but sincethe last 6 months the length of menstruation became 10-12 days. The Client felt hesistant to do the pray. |

1. **Students Task:**

Make as many questions as possible related to the scenario!

1. **Method of Study:**

Small Group Discussion (SGD) employing the seven jumps method

1. **References:**

Pilliteri, A. (1995). *Maternal and child health nursing: care of the childbearing and childrearing family*. Philadelphia: JB Lippincott, Co

Reeder, Martin, Griffin, 1997, *Maternity nursing family, newborn and women’s health care*. Eighteenth edition. Philadelphia: Lippincott

NANDA 2005-2006, *Nanda nursing diagnosis; definition & classification*. Philadelphia: Nanda International

*IOWA Outcomes Project, Editor Johnson, Mass, Moorhead, Nursing Outcomes Classification (NOC)*, Second edition, Mosby

*IOWA Intervention project, Nursing Intervention Classification (NIC*), Editor: McCloskey, Bulecheck, Second Edition, Mosby

**Minimal Theoritical Question and Alternative Answers :**

PETUNJUK SKILLS LAB

**BLOK KEPERAWATAN MATERNITAS II**