



**OPTIMIZATION OF CASE REFLECTION DISCUSSION IMPLEMENTATION
AS CONTINUOUS PROFESSIONAL DEVELOPMENT FOR NURSES**

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ABSTRACT

X Hospital Jakarta is a hospital that has implemented Case Reflection Discussion as a program for the continuing professional development for nurses. However, its implementation has not been optimal. A change is needed to enhance the optimization of the Case reflection Discussion by using Graham Gibb's reflective cycle approach. Pilot Project method. It begins with problem identification, problem analysis, prioritization of issue, development a plan of action, implementation, and evaluation. There was a 70% increase in nurses who achieved a good level after the socialization. The evaluation of skill levels from each team showed that each team had an excellent skill level. The implementation of Case Reflection using Graham Gibb's reflection cycle approach has the potential to greatly benefit for nursing professional development. X hospital should distribute and socialize guidelines for the implementation of continuing professional development for nurses and Standard Operating Procedure for Case Reflection Discussion using Graham Gibb's reflective cycle approach to all care units.

Keywords: case reflection; continous professional development for nurses; discussion; graham gibb's reflective cycle

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INTRODUCTION

Continuous nursing staff development is essential to improve and maintain the professional abilities of nurses in providing nursing care services to patients (King et al., 2021; Mlambo et al., 2021). This is in accordance with the principle of continuous professional development activities or Continuing Professional Development, where these activities are useful for improving the professionalism of a nurse (Karas et al., 2020; King et al., 2021). One of the strategies for developing the professionalism of nurses in hospitals is to implement the Case Reflection Discussion program in nursing units (Amir et al., 2019; Ardian & Hariyati, 2017; Rusdiyansyah et al., 2022). Case Reflection Discussion is an approach method that involves nurses in analyzing, reflecting, and discussing cases or practical experiences in applying nursing care standards to patients based on their knowledge (Ardian et al., 2019; O'Neill et al., 2019). The case reflection discussion method with the Graham Gibbs Cycle approach (description, feelings, evaluation, analysis, conclusion, action plans) is the easiest to understand and structured method because it includes emotional elements that are important for a better understanding of past experiences, and can improve critical thinking and the development of better practices (Husebø et al., 2015).

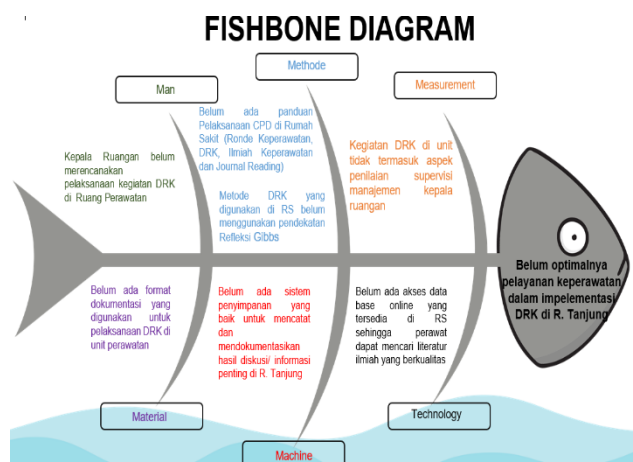
The implementation of DRK is influenced by the role and function of the nursing manager, one of which is the actuating function (Rusdiyansyah et al., 2022). Good direction can develop staff abilities and skills, and create a work environment that can increase motivation

and work performance (Kurniawati, 2023) and ultimately ensure safety for both patients and nurses (Suhesti et al., 2024; Zulkarnain, 2019).

Hospital X Jakarta is a hospital that has implemented the implementation of Case Reflection Discussion as a continuous professional development program for nurses. However, its implementation has not been running optimally. The hospital does not yet have a guideline for implementing continuous professional development activities for nurses, the Standard Operating Procedure for Implementing Case Reflection Discussions does not use the Graham Gibbs cycle reflective approach, discussion activities carried out in room X are only through Whatsapp Group, and the head of Room X does not yet have a plan for implementing DRK activities in the unit every month, as evidenced by the fact that 12.5% of nurses in Room X stated that they did not know that DRK activities were competency development activities that must be carried out in the unit. Based on these problems, a change is needed to improve the optimization of DRK implementation in the care unit. This is an innovation design that is expected to improve and maintain the knowledge and skills of the hospital's nurses, so that it becomes a consideration for researchers to use the development of this innovation. Looking at the existing background, the purpose of this study is optimizing the implementation of case reflection discussion as continuous professional development for nurses

METHOD

The research method in this study uses the pilot project method. This activity starts from problem identification, problem analysis, problem priority determination, preparation of Plan of Action (POA), implementation and evaluation. Data collection uses questionnaire, interview and observation methods. After the data is collected, the researcher conducts a problem analysis using a fishbone diagram, including man, material, method, machine, measurement and technology. After that, problem priority determination, preparation of POA using the POSAC approach, implementation, evaluation and follow-up plan are carried out. The pilot project activity took place in Room X at Hospital X Jakarta. The location consideration was the decision of the practice vehicle supervisor. In addition, Room X is a treatment room that treats mother and child patients with infectious and non-infectious diseases. Room X has great human resource potential, namely Room X nurses have a level of Nurse education that has reached 60%, nurses with a PK III competency level have reached 33.3%, but only 30% of nurses have the initiative and enthusiasm in enriching the unit with nursing knowledge.



RESULT

After obtaining the assessment data, a problem analysis was carried out using the fishbone diagram approach (5M + 1T), 8 problems were obtained that caused the suboptimal nursing services in the implementation of DRK (Case Reflection Discussion) in Room X, which were then weighted for problem priorities. Man, the resource analysis showed that the head of room

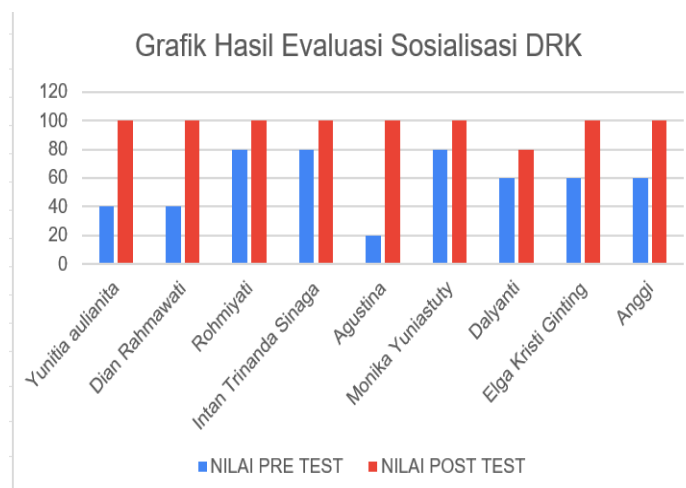
X did not have a plan for implementing DRK activities in his unit. This was evidenced by the results of the questionnaire, interviews and observations. 18.2% of nurses stated that the head of the room rarely planned routine meetings to discuss daily or weekly planning including discussing the evaluation of the implementation of DRK in the care unit, and 12.5% of nurses stated that they did not know that DRK activities were nursing competency development activities that must be carried out in the care unit. In addition, the head of the room had not planned the implementation of DRK in his unit. The implementation of DRK was only scheduled by the nursing department for the entire unit. Nursing development activities in the unit were limited to dissemination of knowledge through the unit's Whatsapp Group by one staff member. This was done if there was a unique nursing case, or there was an emergency incident in the unit. Morning briefing activities are also not used for case discussions or socialization of SOPs or policies.

Method, analysis of nursing services found that the hospital does not yet have guidelines for implementing ongoing professional development for nurses and the Case Reflection Discussion method used in the hospital does not yet use the Graham Gibbs cycle reflective approach. Measurement, the nursing team has not made DRK activities in the unit an aspect of the head of the room's management supervision assessment. Material, there is no documentation format sheet for the implementation of the Case Reflection Discussion (DRK) with the Graham Gibbs Cycle approach. This documentation format will make it easier for nurses to carry out DRK activities and as material for presenting DRK results to all staff in the unit. Machine, there is no good storage system for documenting important information results in treatment room X. Technology, there is no online database access available at Hospital X, so nurses have limitations in conducting literature searches. Based on the analysis of the problems and the weighting of the existing problem scores, 2 priority problems were obtained with the highest scores, namely there is no guideline for implementing continuous professional development for nurses at Hospital X Jakarta and the DRK method used does not use the Graham Gibbs cycle reflective approach method (Description, Feelings, Evaluation, Analysis, Conclusion, Action Plan).

Problem solving in the form of compiling a Plan of Action (POA) through the head of room management function approach, using the POSAC method (Planning, Organizing, Staffing, Actuating, Controlling). Planning, planning activities in the formation of a team to compile guidelines and Standard Operating Procedures. This activity was carried out on September 17-18, 2024. The drafting team consisted of 5 people, consisting of the Timkeryankep, nursing committee, head of room and students. Organizing and Staffing, the team prepared guidelines for implementing continuing professional development for nurses, revised the Standard Operating Procedure (SOP for Implementing Case Reflection Discussions (DRK), prepared a documentation format sheet for implementing DRK, and revised the assessment instrument for Case Reflection Discussion activities. At this stage, the head of the room also began planning for socialization activities, simulations and supervision of the implementation of Case Reflection Discussions. This activity was carried out on September 18-19, 2024. Actuating, the head of the room and students socialized the guidelines for implementing continuing professional development for nurses and the Standard Operating Procedure for implementing Case Reflection Discussions with the Graham Gibbs Cycle reflective approach, held simulation activities and made videos of the implementation of DRK. This activity was carried out on September 23-26, 2024. Controlling, in this activity, a final evaluation was carried out, namely the assessment of nurses' knowledge and skills in implementing DRK using the Graham Gibbs cycle reflective approach before and after the socialization was carried out. In addition, the head of the room makes a schedule plan for the Case Reflection Discussion (DRK) activities at UNIR per month, starting from October 2024. This activity

was carried out on September 23-26, 2024. The following are the results of the evaluation of knowledge and skills in implementing the Case Reflection Discussion with the Graham Gibbs cycle reflective approach.

Graph 1. Results of the Evaluation of the Implementation of the Case Reflection Discussion with the Graham Gibbs cycle reflective approach.



The results obtained for the evaluation of DRK socialization were that there was an increase of 70% of nurses who had a good level of knowledge related to the implementation of DRK with the Gibbs cycle after socialization. Knowledge evaluation used a multiplechoice question questionnaire with a maximum total score of 100.

Table 1.
Case Reflection Discussion Implementation Skills Assessment Table

Tim	Score	Information
Tim I	97	Very Good
Tim II	99	Very Good

Skill evaluation was conducted by the head of the room and students by observing the suitability of the implementation of the DRK simulation using the DRK implementation assessment instrument owned by RSAB Harapan Kita. The results of the skill level evaluation of each team were that each team had a very good skill level. The thing that needs to be improved in the implementation of DRK is the activeness of the discussion between participants. When a discussion occurs, it means that participants understand the important things explained by the team, especially the follow-up plan and efforts made when the problem occurs in the future.

DISCUSSION

One of the management functions that must be carried out by the head of the room is the actuating function (direction). The direction function in this case includes the process of providing guidance, support, mentoring, and conveying knowledge to nurses in the work unit. Good direction can develop staff abilities and skills, and functions to create a work environment that can increase motivation and work performance (Kurniawati, 2023). Case Reflection Discussion (DRK) activities in the care unit are one of the activities in the actuating function that can be carried out by the head of the room (Rusdiyansyah et al., 2022). The implementation of Case Reflection Discussion in the care unit is one of the strategies for developing the professionalism of nurses in hospitals (Amir et al., 2019; Ardian & Hariyati, 2017; Rusdiyansyah et al., 2022). Continuous nursing professional development for nurses is regulated in PMK No. 40 of 2017, where the CPD program is arranged according to the competencies at each career level. Nurses with career levels PK II and PK III are required to

have competencies, namely being actively involved in the implementation of evidence-based nursing care practices by means of case reflection discussions. Nurses in Room X have a higher percentage of nurses with career levels PK II and PK III than PK I and PK 1 orientation. This shows that nurses in Room X of X Hospital Jakarta do have very great potential in terms of knowledge and skills in carrying out nursing professional development.

This is also supported by the results of the evaluation of the level of knowledge and skills in implementing DRK with the Graham Gibbs reflective cycle method which was good after socialization. After the simulation, nurses stated that they felt it was easy to reflect on nursing cases that occurred while they were on duty. In addition, nurses easily reflect emotions and analyze follow-up plans if there are the same cases at different times. This is in line with the advantages of the case reflection discussion method with the Graham Gibbs Cycle approach (description, feelings, evaluation, analysis, conclusion, action plans), which is the most easily understood and structured reflective approach because it includes emotional elements that are important for a better understanding of past experiences, and can improve critical thinking and the development of better practices.(Husebø et al., 2015).The quality control program is one of the main functions of the head of the room. The hospital in this case is the Nursing Service Work Team and the Nursing Committee also plays a role in maintaining compliance and continuity in controlling the quality of nursing (Hariyati & Anisah, 2018). Fungsi pengendalian dari kepala ruangan diperlukan untuk menjaga kepatuhan pelaksanaan kegiatan Diskusi Refleksi Kasus (DRK) dan mempertahankan hasil evaluasi pelaksanaann DRK yang sudah baik, serta melakukan kegiatan monitoring terhadap upaya perbaikan dan rencana tindak lanjut yang didapatkan dari kegiatan Diskusi Refleksi kasus (tahap conclusion dan action plan).

The control function of the head of the room is needed to maintain compliance with the implementation of the Case Reflection Discussion (DRK) activities and maintain the results of the evaluation of the implementation of the DRK which has been good, as well as carrying out monitoring activities on improvement efforts and follow-up plans obtained from the Case Reflection Discussion activities (conclusion and action plan stages). Improving the quality of nursing services by implementing continuous nursing professional development, one of which is the implementation of the Case Reflection Discussion in the care unit. The implementation of Reflection Discussion with the Graham Gibbs cycle reflective approach helps staff to not only describe what happened, but also analyze and draw conclusions for future actions, test staff skills in realistic situations so as to improve their understanding and practical skills, trigger nurses to work according to standards, and help staff to be able to plan better and more effective steps forward (Ardian et al., 2019; Cheng et al., 2014; Rusdiyansyah et al., 2022). Therefore, efforts to improve the optimization of the implementation of Case reflection Discussion using the Graham Gibbs cycle reflective approach in the treatment room carried out by researchers together with the head of the room using the POSAC approach have the potential to have great benefits in the development of nursing professionals at Hospital X Jakarta.

CONCLUSION

The implementation of Case Reflection Discussion with the Graham Gibbs reflective cycle approach has the potential to have great benefits in the development of nursing professionals. Nurses have great potential in developing these activities. This is evidenced by the results of the evaluation in terms of good knowledge and skills after socialization. This activity is something new for the hospital. Therefore, a directive and control function is needed from the Nursing Service Work Team and the head of the room to maintain compliance and continuity in controlling the quality of nursing in this case the implementation of Case Reflection

Discussion (DRK) with the Graham Gibbs reflective cycle approach in the nursing unit.

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