TELEMENTORING AS AN INNOVATIVE PROGRAM IN
CLINICAL NURSING AND LEARNING PROCESS

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ABSTRACT

The clinical learning process in nursing service requires special mentoring programs to transfer knowledge and experience in a systematic way. Mentoring programs are often less effective and a burden to the mentor while performing the mentoring process to the nurse. A total of 23 papers from various online databases became a reference in compiling papers related to telementoring. Telementoring is an effective tool, in connecting between theory and nursing practice. The use of Telementoring method can improve the effectiveness of mentoring program, so as to improve the nurse's clinical ability.

KEYWORDS: Mentoring, Mentor, Preceptor & Telementoring

INTRODUCTION

The development of nursing science will increase the demands of a nurse's professionalism. To achieve a professional predicate, a nurse must continually improve knowledge and skills. One way is by the method of mentoring. Mentoring is designed to assist in nurturing nurses in improving peer relationships, improving skills, confidence and knowledge (Leggart, Balding, & Schiftan, 2015; Queensland Health, 2016).

So much of the benefits of applying mentoring to the nurse's development, regarding mentee's self-confidence in making decisions (Kim, Young Lee, Eudey, & Wong Dea, 2014), are able to perform tasks better, and able to plan their careers in the learning process. Moreover, mentoring is also capable of improving job satisfaction, improving the ability to communicate with both patients and with other health workers, and lower stress levels of nurses (Bontrager, Hart, & Mareno, 2016; Lalonde & Mcgillis Hall, 2016). 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.

The obstacles that make mentoring ineffective in the community nursing area, is related to transportation and distance that makes it difficult to meet, while the hospital high workload and scheduling is not appropriate to make mentoring is not going well. In addition, preceptor/mentor who have a high workload feel stress and depressed when having to do mentoring activities (Mingpun, Srissa-ard, & Jumpamool, 2015). These decades, mentoring has transformed into electronic-based mentoring such as email, text messaging, videoconferencing and other social media which is known as e-mentoring, virtual mentoring, online mentoring, cyber mentoring, or
telementoring (Jacobs, Doyle, & Ryan, 2015). Technology expected to answer the problems, encountered in the mentoring process.

LITERATURE STUDY

Telementoring

Mentoring is a relationship between two or more individuals, who give each other experience, support and specialization are mastered (Jacobs et al., 2015). Mentoring is one of the strategies, to improve academic ability of student and nurse with instrumental, psychosocial and academic support (Fisher et al., 2017). Mentoring is generally a face-to-face meeting between mentors.

Over time, mentoring is transformed with the use of information technology is often called telementoring. Telementoring has a different definition of telemedicine, which telemedicine is defined as a traditional process that uses audiovisual technology to support the treatment process to patients remotely (Breen & Matusitz, 2010). While Telementoring can be interpreted as the use of video and other types of communication, in providing assistance to individuals or conduct briefing (Cheallaigh et al., 2017). Telementoring is a method of transferring knowledge and experience to other service providers by using electronic communication media.

Communication process of mentor in telementoring according, to Scigliano (2011) (Table 1) gives a clear picture of what a mentor should do.

<table>
<thead>
<tr>
<th>Communication Kinds</th>
<th>Description</th>
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<tbody>
<tr>
<td>Coaching</td>
<td>Mentors provide formative feedback and feedback as students advance with work related to their projects, focusing on the first.</td>
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<tr>
<td>Guiding</td>
<td>Mentors help nurses accomplish specific tasks by providing case management procedures as well as independent actions. Mentee does his work with self-awareness.</td>
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<tr>
<td>Chatting</td>
<td>Mentors share personal stories, information about themselves and their families, views on their professional work, and so on. Typically, a curriculum or project-based discussion is not the main focus for this type of telementoring.</td>
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<tr>
<td>Co-Create</td>
<td>Mentors and mentees work together on specific nursing processes.</td>
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<tr>
<td>Discussion</td>
<td>Mentor with mentee constructively traces opinions about their views on cases that have been done together.</td>
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<tr>
<td>Impersonate</td>
<td>Mentor communicates with mentee characters. In this case the mentor is required to understand the characteristics of a mentee, ranging from daily life, hobbies, and cultural values embraced by the mentee.</td>
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<tr>
<td>Problem Solve</td>
<td>Mentor works with mentee to solve complex problems</td>
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<tr>
<td>Feedback</td>
<td>Mentors send constructive comments and suggestions to the mentee after reviewing their work, given either directly or through short messages.</td>
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<tr>
<td>Question and Answer</td>
<td>The mentor responds to questions asked by mentee either individually, small group, or large group). Normally, mentors and mentees do not share much about themselves or their circumstances in certain types of telementoring. Some mentors do not like this type of telementoring because their participation can be very disjointed, time consuming, and frustrating.</td>
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<tr>
<td>Sharing Information</td>
<td>Mentor recommends (sometimes collects and sends) special information to assist mentee in conducting clinical learning process.</td>
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<tr>
<td>Supervision</td>
<td>The mentor directs the work of the mentee directly according to the standards applicable in the working environment.</td>
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Benefits of Telementoring

Based on research, meta analysis of the mentoring, conducted by Eby et al. (2013) who developed a process-oriented mentoring program, they said that, the benefit of mentoring process is increasing ability and motivation, more specifically the attitude, habits, working relationships and service outcomes (Bontrager, Hart, & Mareno, 2016; Lalonde & Hall, 2016). Furthermore, the longer-term mentoring process helps to increase positive perceptions of instrumental support, psychosocial support and the quality of relationships between mentors and mentees (Eby et al., 2013). Another benefit of using telementoring is improving the interaction between mentor and mentee (Slade, Wolf, & Spadaro, 2013). Moreover, the process of mentoring in the community nursing area that is constrained by the access of places, with the telementoring then the interaction is not hindered.

One example of free telementoring is available and is very easy to use. This service provides a variety of communication and learning functions. This service medium is named Posterous. This service is designed simply by sending an email with attachment to Posterous or browsing content from the web, one can create a blog with text, video, photos, and music. Posterous provides privacy services, group sites, and subscription emails to inform each new group member of the post. Posterous can be used as a medium of telementoring mentor and mentee personally, also between mentor and group of mentee.

Effective Telementoring

Preceptor / Mentor online in providing good instruction should be like your own best friend, in communicating. Preceptor / mentor is always accompanying the mentee, providing mentoring and support after the briefing is done (Rand & Pajarillo, 2015). An important component in achieving telementoring effectiveness has time and place-related challenges so that, synchronization needs to be done with the consistency of mentee and open communication.

According to Eller, Lev, & Feurer (2014) in his qualitative study states that, there are 8 essential components in gaining interaction in an effective mentoring process, including: (1) open communication and ease of meeting; (2) Goals and challenges; (3) passion and inspiration; (4) caring relationships; (5) appreciation and trust; (6) the process of science exchange; (7) collaboration and confidence; and (8) role modeling (Nowell, White, Benzies, & Rosenau, 2017)

A mentor from a home or educational institution is a person, who has special skills in nursing (Rand & Pajarillo, 2015). Hospital guides, checklist skills, and teaching methods should be understood by mentors in providing mentoring. Building a good relationship with the mentee is an important role, that a mentor must possess.

The role of mentor who is able to support the success of the telementoring model is first, the mentor as Planner, plan and modify the learning curriculum, and supervision plan. Mentors are also required to be creative, in the design of virtual learning modules (Lewis & Flannery, 2016; Rand & Pajarillo, 2015)
Second, mentor as a Role model in which the mentor teaches and exemplifies ethical behavior-based professional behaviors, such as emotional stability that makes mentee feel comfortable (Eller et al., 2014; Lalonde & Mcgillis Hall, 2016). Information Providers, sharing info and updated experiences, develop information from research results and help gather information needed to develop competencies (Squillaci, 2015).

Third, the mentor as the Facilitator is developing resources by preparing the right materials as a reference in the learning process such as the results of recent research, SPO, guidelines, policies, etc. Accompany during practice, develop professional skills. Mentoring can also be done through social media where the mentee can at any time ask about things he or she can not accomplish (Queensland Health, 2016). Fourth, mentor as Evaluator which serves to evaluate learning and assess improvement ability and supervise (Scigliano, 2011).

In addition, the support of the work environment will also affect the effectiveness of mentoring. According to Robinson & Griffiths (2009), support that will affect the effectiveness of the program is the support organization, program, and policy institute clinics in hospitals and others. The support should also be accompanied by awareness of the hospital institution that must identify, select mentors who not only clinical experts, but also have clinical teaching skills as well as the ability to use adequate information technology.

Hospitals or other agencies need to consider a planned orientation program, new nurse background, expected preceptor characteristics, and a supportive environment to facilitate learning. New clinic, preceptor, and nursing institutions are involved in a responsibility during the orientation period in the tasks performed (Payne, Heye, & Farrell, 2014; Nielsen, Lasater, & Stock, 2016). Hospitals should facilitate a comfortable environment and complete facilities for new nurses so that, nurses can work comfortably and securely so that, nurses are able to provide optimal service to patients (Kim et al., 2014).

**Challenges for Implementation of Telementoring**

A mentor will address the challenges in the process of technology-based mentoring, in which the specifications of the tools used by a preceptor are not sufficient for virtual learning (Myrick, Caplan, Smitten, & Rusk, 2011). In addition a preceptor, who is still layman in the use of social media communication tools will be difficult to do mentoring to the mentee. Mentors are required to improve their skills in social media use, learn effective e-learning methods, and effective communication techniques through social media.

Another obstacle faced, by using telementoring Science is the smoothness of communication depending on the network provider used by the mentor or mentee, especially for the mentee in the community nursing area and placed in remote areas (Zachariah et al., 2012), which network access is very difficult to obtain even more in developing countries like Indonesia.

**CONCLUSIONS AND RECOMMENDATIONS**

Based on the above literature 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, clinical ability, confidence, collaboration, and reducing nurse turn over. A mentor should improve the ability to operate information media such as social media for the implementation of telementoring. The existing mentoring program in Indonesia should be integrated with existing social media services to improve the interaction between mentor and mentee.
Health agencies both public and private sectors collaborate in improving the resources of both human resources and facilities to support the implementation of the telementoring program.

IMPLICATIONS FOR NURSING PRACTICES

As a mentoring and learning program, telementoring completes the mentoring process. However, a mentee who has less experience of virtual learning should improve its capabilities, supported by curriculum development. Successful mentoring programs will enhance the skills, confidence, and independence of a mentor or mentee (Lewis & Flannery, 2016).

In addition, studies conducted by Myrick, Caplan, Smitten, and Rusk (2011) concluded that social media preceptor support is easy to do and easy to access. The results of this study also obtained data from interviews that the preceptor gain experience and new knowledge about social media integration and preceptor ship process. Preceptor feels positive support from the environment to share the mentee's pause information. Online preceptor with integration between mentoring and technology will increase the effectiveness and flexibility of mentor and mentee in interaction without the constraints of time and place.

REFERENCES


