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EKSPLORASI PRAKTIK UMPAN BALIK PADA PEMBELAJARAN OPERASI KATARAK DI PROGRAM PENDIDIKAN DOKTER SPESIALIS MATA

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Intisari

Latar belakang: Pembelajaran operasi katarak berlangsung melalui keterlibatan langsung residen di ruang operasi di bawah supervisi pembimbing klinis. Dalam proses tersebut, umpan balik membantu residen memahami performa, mengenali kesalahan, serta mengembangkan strategi perbaikan keterampilan operatif. Praktik umpan balik di ruang operasi sering berlangsung secara singkat, spontan, dan lebih berfokus pada koreksi teknis. Model SHARP merupakan salah satu kerangka umpan balik terstruktur yang dikembangkan untuk mendukung proses umpan balik yang lebih dialogis dan reflektif. Hingga saat ini, penelitian mengenai praktik umpan balik dalam pembelajaran operasi katarak ditinjau dari elemen-elemen model SHARP masih terbatas.

Tujuan: Penelitian ini bertujuan mengeksplorasi persepsi pembimbing klinis dan residen terhadap praktik umpan balik dalam pembelajaran operasi katarak ditinjau menggunakan model SHARP serta mengidentifikasi faktor-faktor yang mendukung dan menghambat praktik umpan balik

Metode: Penelitian ini menggunakan kualitatif deskriptif dengan pendekatan analisis konten. Penelitian dilakukan di Departemen Ilmu Kesehatan Mata RSUP Dr. Sardjito Yogyakarta. Informan terdiri dari pembimbing klinis dan residen yang terlibat dalam pembelajaran operasi katarak dan dipilih menggunakan *purposive sampling* dengan strategi *maximum variation sampling*. Data dikumpulkan melalui wawancara mendalam semi terstruktur dan dianalisis menggunakan kerangka model SHARP (*Set learning objectives, How did it go, Address concerns, Review learning points,* dan *Plan ahead*) dengan bantuan perangkat lunak MAXQDA.

Hasil: Praktik umpan balik dalam pembelajaran operasi katarak menunjukkan kemunculan elemen-elemen SHARP yang bervariasi dan belum selalu berlangsung secara terstruktur. Elemen *Set Learning Objectives* lebih banyak muncul dalam bentuk pelaporan rencana tindakan oleh residen yang kemudian dikonfirmasi atau dikoreksi oleh pembimbing klinis. Elemen *How Did It Go* umumnya berlangsung dalam bentuk evaluasi performa berdasarkan tahapan prosedur dan checklist

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operasi, sementara refleksi residen secara mendalam belum tampak secara konsisten. Elemen *Address Concerns* menjadi elemen yang paling sering muncul melalui koreksi langsung terhadap kesalahan teknis, diskusi kesulitan selama operasi, serta penggunaan video operasi dan checklist fakoemulsifikasi untuk meninjau kembali performa tindakan. Elemen *Review Learning Points* tampak melalui penegasan pembimbing terhadap prinsip teknis dan poin penting prosedur operasi, meskipun belum selalu dilakukan secara konsisten pada setiap interaksi umpan balik. Elemen *Plan Ahead* muncul melalui arahan latihan lanjutan, latihan wet lab, pembelajaran mandiri, serta saran perbaikan untuk tindakan berikutnya yang masih didominasi oleh pembimbing klinis. Faktor pendukung praktik umpan balik meliputi penggunaan checklist fakoemulsifikasi, logbook, rekaman video operasi, fasilitas *dual eyepiece microscope*, serta hubungan pembimbing dan residen yang mendukung diskusi pembelajaran. Faktor penghambat meliputi keterbatasan waktu, tingginya beban pelayanan klinis, situasi ruang operasi yang dinamis, serta karakteristik operasi katarak dengan anestesi lokal yang memengaruhi proses pemberian umpan balik selama tindakan berlangsung.

Kesimpulan: Praktik umpan balik dalam pembelajaran operasi katarak telah menunjukkan beberapa elemen dalam model SHARP meskipun belum diterapkan secara formal dan belum berlangsung secara konsisten. Praktik umpan balik masih didominasi pendekatan korektif dan berpusat pada pembimbing klinis. Temuan ini menunjukkan perlunya penguatan praktik umpan balik yang lebih reflektif, dialogis, dan terstruktur dalam pembelajaran operasi katarak.

Kata Kunci: Umpan balik, Operasi katarak, Model SHARP, Pendidikan klinis

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EXPLORATION OF FEEDBACK PRACTICES ON CATARACT SURGERY LEARNING IN THE OPHTHALMOLOGY RESIDENCY PROGRAM

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Abstract

Background: Cataract surgery learning occurs through direct interaction between residents in the operating room under the supervision of clinical preceptors. During this process, feedback helps residents understand their performance, identify errors, and develop strategies for improving operative skills. Feedback practices in the operating room are often brief, spontaneous, and focused primarily on technical corrections. The SHARP model is a structured feedback framework developed to support a more dialogic and reflective feedback process. Currently, research on feedback practices in cataract surgery learning, grounded in the SHARP model, is limited.

Objective: This study aims to explore perceptions of clinical preceptors and residents regarding feedback practices in cataract surgery learning using the SHARP model and to identify factors that support and bariers feedback practices.

Methods: This study used a descriptive, qualitative approach with content analysis. The study was conducted at the Department of Ophthalmology, Dr. Sardjito General Hospital, Yogyakarta. The informants were clinical preceptors and residents involved in cataract surgery training, selected through purposive sampling with a maximum variation strategy. Data were collected through semi-structured, in-depth interviews and analyzed using the SHARP model framework (Set Learning Objectives, How did it go, Address Concerns, Review Learning Points, and Plan Ahead) with MAXQDA software

Results: Feedback practices in cataract surgery learning demonstrated the emergence of various SHARP elements that did not always occur in a structured manner. The Set Learning Objectives element appeared more frequently in the form of resident-reported actions, which were then confirmed or corrected by clinical preceptors. The How Did It Go element generally occurred in the form of performance evaluations based on procedural steps and surgical checklists, while in-depth resident reflection was not consistently evident. The Address Concerns element emerged most frequently through direct correction of technical errors, discussions of difficulties during surgery, and the use of surgical videos and phacoemulsification checklists to review performance. The Review Learning

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Points element emerged through clinical supervisors' affirmation of technical principles and key points of surgical procedures, although this was not always done consistently in every feedback interaction. The Plan Ahead element emerged through follow-up practice instructions, wet-lab exercises, self-learning, and suggestions for future procedures, which were still predominantly provided by clinical supervisors. Supporting factors for feedback practice include the use of phacoemulsification checklists, logbooks, surgical video recordings, dual-eyepiece microscope facilities, and mentor-resident relationships that support learning discussions. Inhibiting factors include time constraints, high clinical workload, dynamic operating room environments, and the characteristics of cataract surgery under local anesthesia, which influence the feedback process during the procedure.

Conclusion: Feedback practices in cataract surgery learning demonstrate several elements of the SHARP model, although they have not been formally implemented or implemented consistently. Feedback practices are still dominated by a corrective approach and centered on the clinical supervisors. These findings indicate the need to strength more reflective, dialogic, and structured feedback practices in cataract surgery learning.

Keywords: Feedback, Cataract surgery, SHARP Model, Clinical Education